



NOTICE OF TELECONFERENCE BOARD MEETING

Board Members

David Paris, D.C., Chair
Laurence Adams, D.C., Vice Chair
Rafael Sweet, Secretary
Janette N.V. Cruz
Pamela Daniels, D.C.

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

Thursday, August 18, 2022 and Friday, August 19, 2022

9:00 a.m. to 5:00 p.m.

(or until completion of business)

with the following physical meeting location available for Board members and public participation:

Department of Consumer Affairs
Hearing Room
1625 N. Market Blvd., Suite 102
Sacramento, CA 95834

Teleconference Instructions: The Board will hold a public meeting via Webex platform and in person. Pursuant to the statutory provisions of Government Code section 11133, teleconference locations are not provided. To access and participate via teleconference, please click on, or copy and paste into a URL field, the corresponding link below:

Thursday, August 18, 2022

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mcf7272be5845d5b0969d24932f278d89>

If joining using the link above

Webinar number: 2491 729 5301
Webinar password: BCE08182022

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+1-415-655-0001 US Toll
Access code: 249 172 95301
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Friday, August 19, 2022

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mc4c90bc49f2e983ae832c2395a9af36e>

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Webinar password: BCE08192022

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Access code: 248 019 37816
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Important Notice to the Public Regarding Friday, August 19, 2022: The Board plans to webcast the portion of the meeting being held on Friday, August 19, 2022, at <https://thedcpage.wordpress.com/webcasts/>. Webcast availability cannot, however, be

guaranteed due to limitations on resources or other technical difficulties that may arise. The meeting will not be canceled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe, please attend at the physical meeting location specified above or participate in the meeting via Webex Events. Meeting adjournment may not be webcast if adjournment is the only item that occurs after a closed session.

Note: Members of the public may also submit written comments to the Board on any agenda item by Monday, August 15, 2022. Written comments should be directed to chiro.info@dca.ca.gov for Board consideration.

The Board may take action on any agenda item listed on this agenda, including information-only items.

AGENDA

9:00 a.m., Thursday, August 18, 2022

1. **Open Session – Call to Order / Roll Call / Establishment of a Quorum**
2. **Strategic Planning Session**
The Board will engage in a strategic planning session to set goals and objectives for its next strategic plan. No other business will be conducted.
3. **Recess Until Friday, August 19, 2022 at 9:00 a.m.**

9:00 a.m., Friday, August 19, 2022

4. **Call to Order / Roll Call / Establishment of a Quorum**
5. **Board Chair’s Report**
6. **Review and Possible Approval of Board Meeting Minutes**
 - A. April 21-22, 2022 Board Meeting
 - B. May 20, 2022 Board Meeting
 - C. August 4, 2022 Board Meeting
7. **Ratification of Approved Doctor of Chiropractic License Applications**
8. **Ratification of Approved Continuing Education Provider Applications**
9. **Executive Officer’s Report and Updates on:**
 - A. Administration, Continuing Education, Enforcement, and Licensing Programs
 - B. Board’s Budget and Fund Condition
 - C. Business Modernization Project and Implementation of Connect System
 - D. Status of Board’s Pending Rulemaking Packages

10. Update, Discussion, and Possible Action on Legislation

- A. [Assembly Bill \(AB\) 646 \(Low\)](#) Department of Consumer Affairs: boards: expunged convictions.
- B. [AB 1662 \(Gipson\)](#) Licensing boards: disqualification from licensure: criminal conviction.
- C. [AB 1733 \(Quirk\)](#) State bodies: open meetings.
- D. [AB 2790 \(Wicks\)](#) Reporting of crimes: mandated reporters.
- E. [Senate Bill \(SB\) 189 \(Committee on Budget and Fiscal Review\)](#) State Government.
- F. [SB 1237 \(Newman\)](#) Licenses: military service.
- G. [SB 1434 \(Roth\)](#) State Board of Chiropractic Examiners.

11. Discussion and Possible Action to Address Licensees Repeating Continuing Education Courses (CCR, Title 16, sections 361-366)

12. Discussion and Possible Action on the Frequency and Scheduling of Board Meetings

13. 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 Board 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).]

14. Future Agenda Items

Note: Members of the Board and the public may submit proposed agenda items for a future Board meeting. However, the Board 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.]

Lunch Break – Petition Hearings Will Begin at 1:00 p.m.

15. Petition Hearing for Reinstatement of Revoked License

- Thomas Michael Klassy, License No. DC 23031, Case No. AC 2009-722

16. Petition Hearings for Early Termination of Probation

- A. Robert H. Glover, Jr., D.C., License No. DC 27573, Case No. AC 2010-808
- B. Lance Michael Mahoney, D.C., License No. DC 32281, Case No. AC 2016-1064

17. Closed Session – The Board Will Meet in Closed Session to:

- A. Deliberate and Vote on Disciplinary Matters, including the Above Petitions, Pursuant to Government Code Section 11126, subd. (c)(3)
- B. Confer with and Receive Advice from Legal Counsel Regarding *Elizabeth Acosta v. Board of Chiropractic Examiners*, Los Angeles County Superior Court, Case No. BC698162, Pursuant to Government Code Section 11126, subd. (e)

18. 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 Board Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board 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 Board, but the Board 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 Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125 and 11125.7(a)).

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

Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

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

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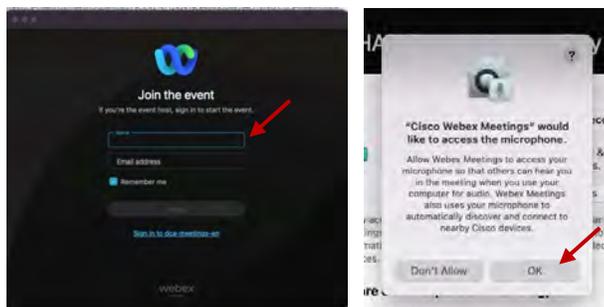
1 Click on the meeting link. This can be found in the meeting notice you received.

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DO NOT click “Join from your browser”, as you will not be able to participate during the meeting.



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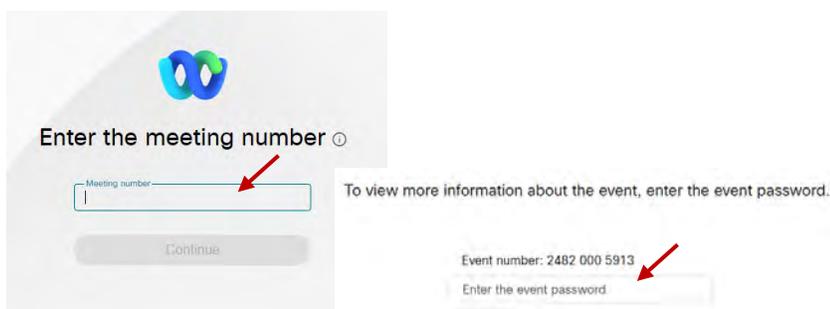
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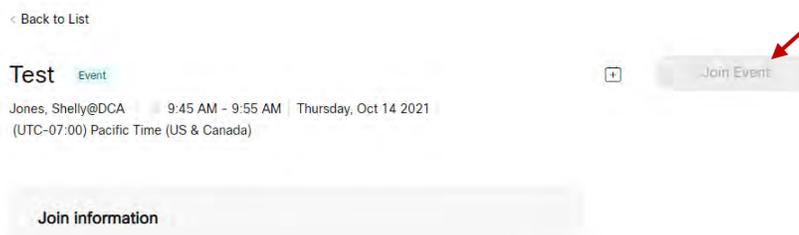
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3 The meeting information will be displayed. Click “Join Event” .



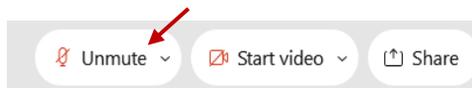
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Microphone

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



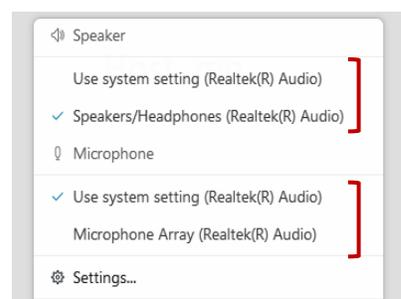
Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator enables their microphone at which time the attendee will be provided the ability to unmute their microphone by clicking on “Unmute Me”.



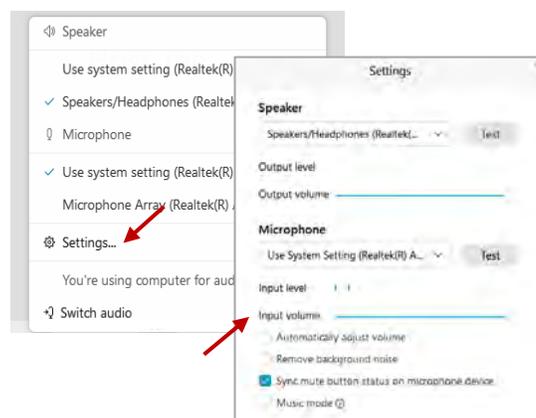
If you cannot hear or be heard

- 1 Click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window, select a different:
 - Microphone option if participants can't hear you.
 - Speaker option if you can't hear participants.



If your microphone volume is too low or too high

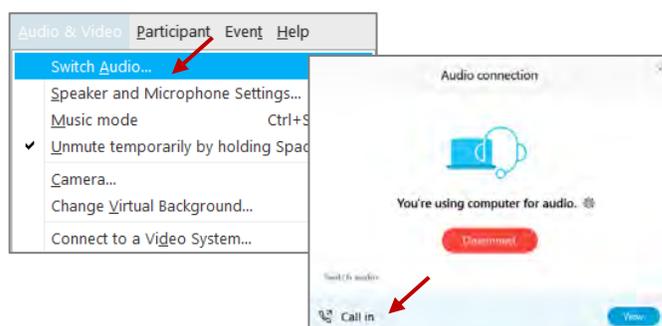
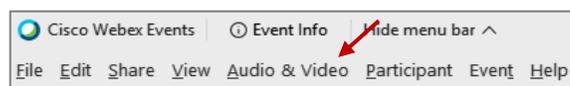
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
 - Click on “Settings...”:
 - Drag the “Input Volume” located under microphone settings to adjust your volume.



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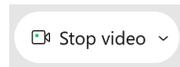
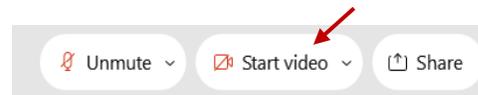
- 1 Click on “Audio & Video” from the menu bar.
- 2 Select “Switch Audio” from the drop-down menu.
- 3 Select the “Call In” option and following the directions.



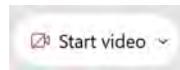
Web Camera

Only panelists (e.g. staff, board members, presenters) can access the web camera feature.

Camera control (Start Video/Stop Video button) is located on the command row.



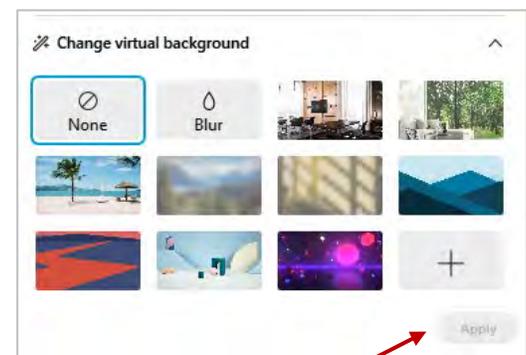
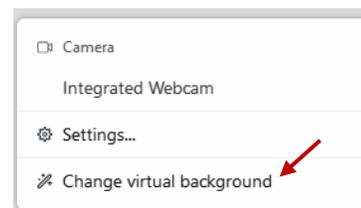
Green dot in camera = Camera is on: People in the meeting can see you.



Red dot in camera = Camera is off: No one in the meeting can see you.

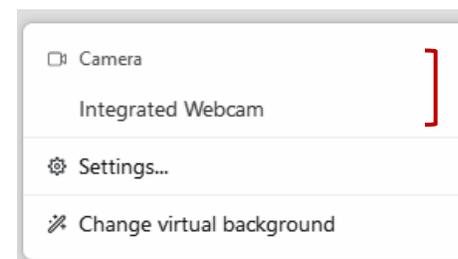
Virtual Background

- 1 To access virtual backgrounds, click on the bottom facing arrow located on the video button.
- 2 Click on "Change Virtual Background".
- 3 From the pop-up window, click on any of the available images to display that image as your virtual background and click "Apply".



If you cannot be seen

- 1 Locate the command row – click on the bottom facing arrow located on the video button.
- 2 From the pop-up window, select a different camera from the list.





**Agenda Item 2
August 18-19, 2022**

Strategic Planning Session

Purpose of the Item and Action Requested

On Thursday, August 18, 2022, the Board will engage in a strategic planning session to review the trends identified in the environmental analysis and set goals and objectives for the 2023-2025 Strategic Plan.

Ann Fisher and Elizabeth Coronel from the Department of Consumer Affairs' SOLID Training and Planning Solutions will facilitate this planning session.

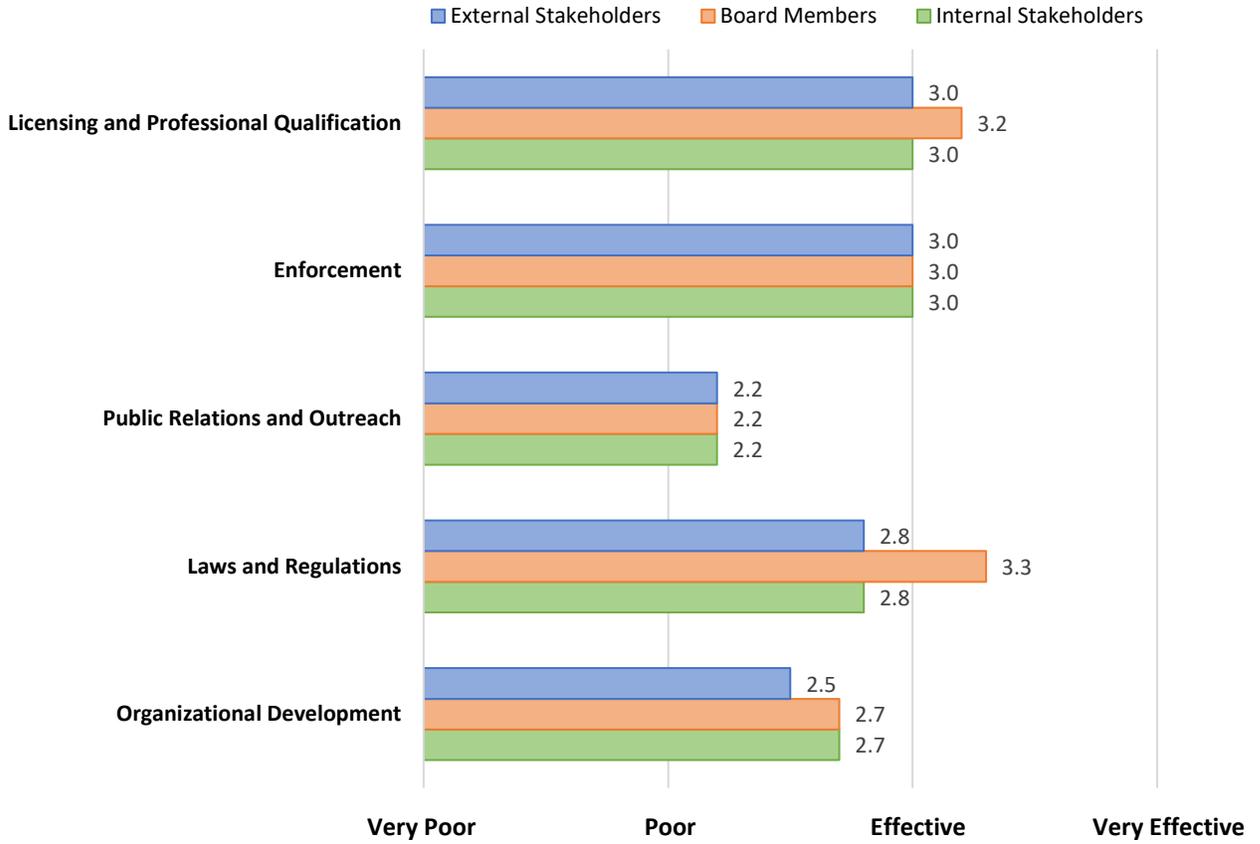
Attachments

1. 2022 Environmental Scan Summary
2. Board of Chiropractic Examiners Environmental Scan May 2022
3. Strategic Planning Objectives Worksheet

2022 BCE Environmental Scan Summary

Board Effectiveness

Stakeholders rated the Board’s strategic goal areas on a scale of 1 (very poor) to 4 (very effective). The chart below displays the average rating, with full details contained the report.



2022 BCE Environmental Scan Summary

Strengths and Weaknesses

Stakeholders were asked to share strengths and weaknesses for each of the Board’s strategic goal areas. The lists below contain a list summary of trends, with full details contained in report.

Licensing and Professional Qualification

Strengths	Weaknesses
<ul style="list-style-type: none">• Maintains Standards• Communication• Processing Time• Staff Quality	<ul style="list-style-type: none">• Continuing Education• Access to Continuing Education• Staffing Issues• Process Improvements Needed

Enforcement

Strengths	Weaknesses
<ul style="list-style-type: none">• Processes• Staff Quality• General Approval• Attitude/Approach	<ul style="list-style-type: none">• Staffing Issues• Processing Time• Process Improvements Needed• Relationships with Other Entities

Public Relations and Outreach

Strengths	Weaknesses
<ul style="list-style-type: none">• General Attitude• Communication• Newsletter• Online Services	<ul style="list-style-type: none">• Have Not Seen Outreach• Staffing Issues• Relationships with Other Entities• Internet Presence• Website

Laws and Regulations

Strengths	Weaknesses
<ul style="list-style-type: none">• General Approval• Processes• Keeping Up with Changes• Communication	<ul style="list-style-type: none">• Staffing Issues• Processing Time• Backlog• Cleanup and Updating

2022 BCE Environmental Scan Summary

Organizational Development

Strengths	Weaknesses
<ul style="list-style-type: none">• Internal Communication• Staff Training• General Approval• Online Services	<ul style="list-style-type: none">• Unaware of Activities• Processes• Staff Engagement• Communication• Board Mentorship, Vacancies

Opportunities and Threats

Stakeholders were asked to share opportunities and threats in the Board’s external environment. The lists below contain a list summary of trends, full details contained in report.

Opportunities	Threats
<ul style="list-style-type: none">• Virtual Continuing Education• Advocacy for Profession via Outreach• Compensation Structure, Insurance• Public Attitudes about Health	<ul style="list-style-type: none">• Compensation Structure, Insurance• Politics• Relationships with Other Healing Arts• Number of Licensees Falling• Scope Issues



BOARD of
CHIROPRACTIC
EXAMINERS
STATE OF CALIFORNIA

Environmental Scan

May 2022

Prepared by:

SOLID Planning Solutions

for the Board of Chiropractic Examiners

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

SOLID TRAINING AND
PLANNING SOLUTIONS

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Acronym Legend

Acronym	Definition
ACA	American Chiropractic Association
AEO	Assistant Executive Officer
AG	Attorney General
AGPA	Associate Governmental Program Analyst, a more senior analyst
ALJ	Administrative Law Judge
ASH	American Specialty Health
ASHP	American Specialty Health Plans
BCP	Budget Change Proposal, the method of requesting additional permanent staff members
BizMod	“Business Modernization”, DCA’s process of converting paper-based operations to a computer platform. The Board’s new platform is called Connect.
BreZE	One of DCA’s offered computer platforms (see BizMod).
CA	California
CAS	One of DCA’s older computer platforms for licensing (see BizMod).
CBCE	California Board of Chiropractic Examiners
CCA	California Chiropractic Association
CCE	Council on Chiropractic Education, or Chiropractic Continuing Education
CCR	California Code of Regulations
CDC	Centers for Disease Control and Prevention
CE	Continuing Education
CECs	Continuing Education credits

CEUs	Continuing Education Units
CMA	California Medical Association
Connect	The Board's new computer platform (see BizMod).
COVID	Coronavirus Disease-2019, the World Health Organization terms for disease caused by SARS-CoV-2
CPEI	Consumer Protection Enforcement Initiative, a DCA internal initiative
CPR	Cardiopulmonary resuscitation
CSIMS	California Society of Industrial Medicine and Surgery
DA	District Attorney
DC	Doctor of Chiropractic
DCA	Department of Consumer Affairs
DCP	Doctor of Chiropractic Program
DO	Doctor of Osteopathic Medicine
D of I	Division of Investigation, within DCA
DPT	Doctor of Physical Therapy
DWC Medical Unit	Division of Workers' Compensation – Medical Unit
DX	Diagnostic
EHR	Electronic Health Record
EMB	Evidence Based Medicine
EO	Executive Officer
ESWT	Extracorporeal Shock Wave Therapy
FAQ	Frequently Asked Questions
FCLB	Federation of Chiropractic Licensing Boards
Form 700	Statement of Economic Interests form, required by Board members and some staff

GLS	General Logistics Systems, a shipping vendor used by DCA
GPA	Grade Point Average
ICA	International Chiropractors Association
IT	Information Technology
KSA's	Knowledge, Skills, and Abilities
LAc	Licensed Acupuncturist
LE	Law Enforcement
MD	Medical Doctor
MRIs	Magnetic resonance imaging
NBCE	National Board of Chiropractic Examiners
ND	Naturopathic Doctor
NPs	Nurse Practitioners
NSAID	Nonsteroidal anti-inflammatory drug
O₂	Oxygen
OHR	Office of Human Resources, within DCA
OIO	Organizational Improvement Office, within DCA
PA	Physician Assistant
PACE	Providers of Approved Continuing Education, a program of the Federation of Chiropractic Licensing Boards (FCLB)
PCP	Primary Care Physician
PDF	Portable Document Format, a computer file format
PE	Physical Education, typically in schools
PR	Public Relations
PRA	Public Records Act

PT	Physical Therapy, or Physical Therapist
QME	Qualified Medical Evaluator
RA	Retired Annuitant, an experienced staffer working after retirement.
RX	Prescriptions
SC	South Carolina
SHP	Sexual Harassment Prevention, a training required of Board members and staff
SME	Subject Matter Expert in chiropractic enforcement
SOAP notes	Healthcare standard for documenting patient's Subjective, Objective, Assessment, and Plan information
SSM I	Staff Services Manager, level one
USP	Unique selling proposition
VA	Veterans Administration
WHO	World Health Organization

Introduction

One of the first steps in developing a strategic plan is to conduct a scan and evaluation of the environment in which an organization operates. This evaluation allows the organization to look at the factors that can impact its success. This report is a summary of the environmental scan recently conducted by SOLID Planning (SOLID) for the Board of Chiropractic Examiners (Board or BCE) in the month of March 2022.

The purpose of this environmental scan is to provide a better understanding of Stakeholders thoughts about the Board's performance and environment. External stakeholders include licensees, professional organizations, and members of the public. Internal stakeholders include staff members, management, and directors. Finally, Board members have been placed into a stakeholder group.

SOLID followed the SWOT Analysis (strengths, weaknesses, opportunities, and threats) method to solicit feedback from stakeholders. Feedback was solicited regarding the Board's internal strengths and weaknesses related to its goal areas (listed below) and external opportunities and threats related to the profession and environment in which the Board operates.

- Goal 1 – Licensing and Professional Qualification
- Goal 2 – Enforcement
- Goal 3 – Public Relations and Outreach
- Goal 4 – Laws and Regulations
- Goal 5 – Organizational Development

This document summarizes trends, including areas where stakeholder groups agree and disagree, while providing additional insight to assist the Board in developing objectives for the upcoming strategic plan. Please review this information carefully in preparation for the upcoming strategic planning session. At the strategic planning session, the Board members and Board leadership will discuss and evaluate this information as a group and identify new strategic objectives that the Board will focus on during the new strategic plan period.

If you have any questions about this report, please contact Ann Fisher with SOLID Planning at Ann.Fisher@dca.ca.gov.

Licensing and Professional Qualification

Ensure the continuous competency of all Doctors of Chiropractic by promoting licensing standards, professional conduct, and requirements for continuing education.

Effectiveness Rating

The chart below shows how the Board is rated by the stakeholder groups. The table breaks out the rating by group.



	External Stakeholders: Licensees and Others	Board Members	Internal Stakeholders: Leadership and Staff
Very Effective	21%	20%	0%
Effective	60%	80%	100%
Poor	13%	0%	0%
Very Poor	6%	0%	0%
Total %	100%	100%	100%
Total Responses	173	5	11

Summary of Licensing and Professional Qualification Strengths

- All stakeholders agree that the licensing and professional qualification unit maintains standards for licensees, assuring that all requirements are met before licensure.
- Internal stakeholders praise communication as a strength, both externally with licensees and applicants and internally among staff.
- Internal stakeholders state that processing timeframes meet or exceed targets.
- Board members and internal stakeholders value staff, with a Board member stating that staff provide them with the tools to do their jobs.

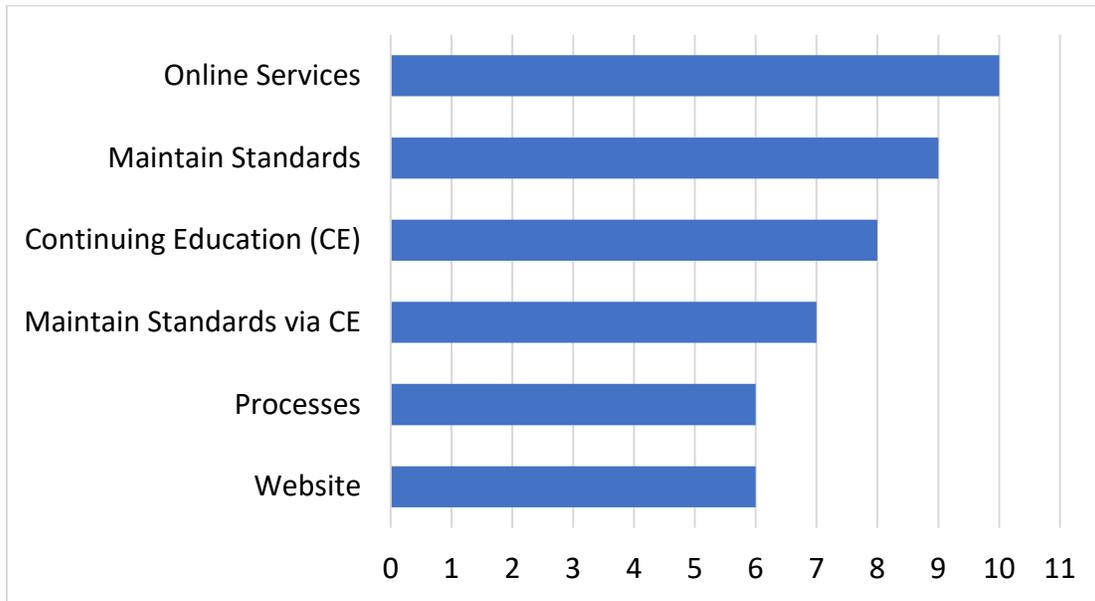
Summary of Licensing and Professional Qualification Weaknesses

- Board members and external stakeholders find issues around continuing education a weakness of the Board. Board members prioritize the quality and relevance of course content, while external stakeholders primarily mention quality, relevance of topics, and the number of hours required.
- External stakeholders speak strongly about ending the allowance of virtual courses, citing logistical issues including travel and clear visibility of demonstrations.
- Board members, leadership, and staff agree that there are staffing issues which impact the licensing performance of the Board. Board members mention staff attitudes and training, while internal stakeholders point out vacancies and the impact that has had on workload and performance.
- Both internal and external stakeholders comment that processes need improvement. External stakeholders are concerned with the renewal process and internal stakeholders are aware that the transition from paper-based systems to the online platform is still in process and thus has not proved to be a solution as of yet.

Trends in Licensing and Professional Qualification Strengths

External Stakeholder Comment Trends

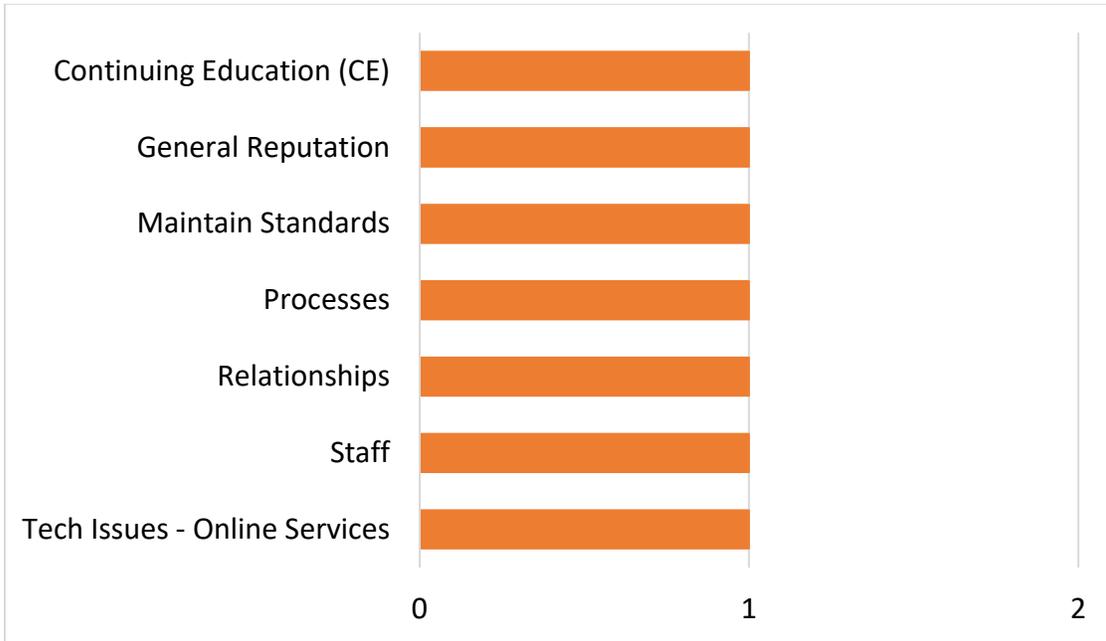
The bar chart and table below list the most mentioned strength topics cited by external stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Online Services	10
Maintain Standards	9
Continuing Education (CE)	8
Maintain Standards via CE	7
Website	6
Processes	6

Board Member Comment Trends

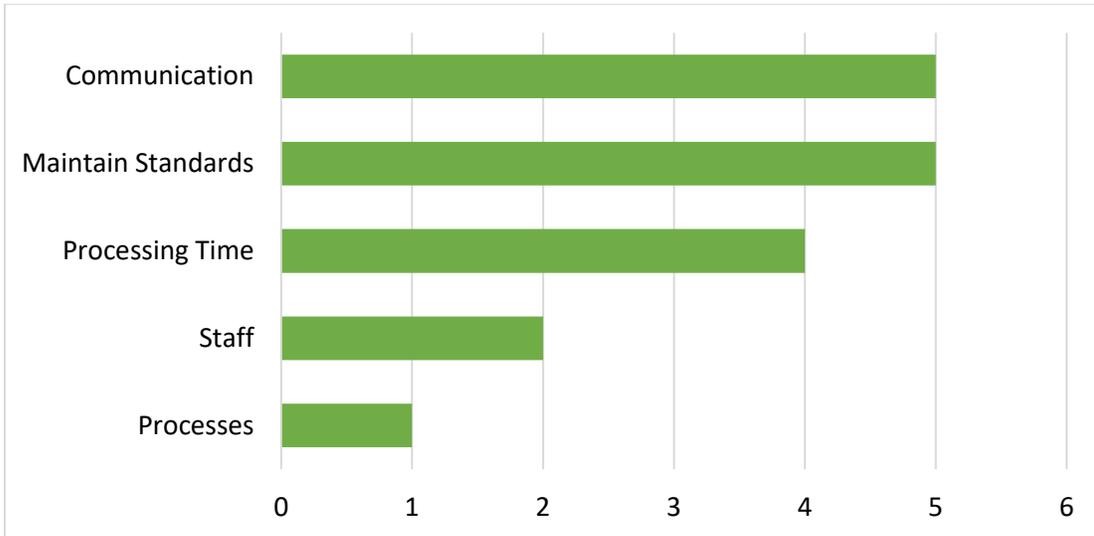
The bar chart and table below list the most mentioned strength topics cited by Board members along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Continuing Education	1
General Reputation	1
Maintain Standards	1
Processes	1
Relationships	1
Staff	1
Tech Issues - Online Services	1

Internal Stakeholder Comment Trends

The bar chart and table below list the most mentioned strength topics cited by internal stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.

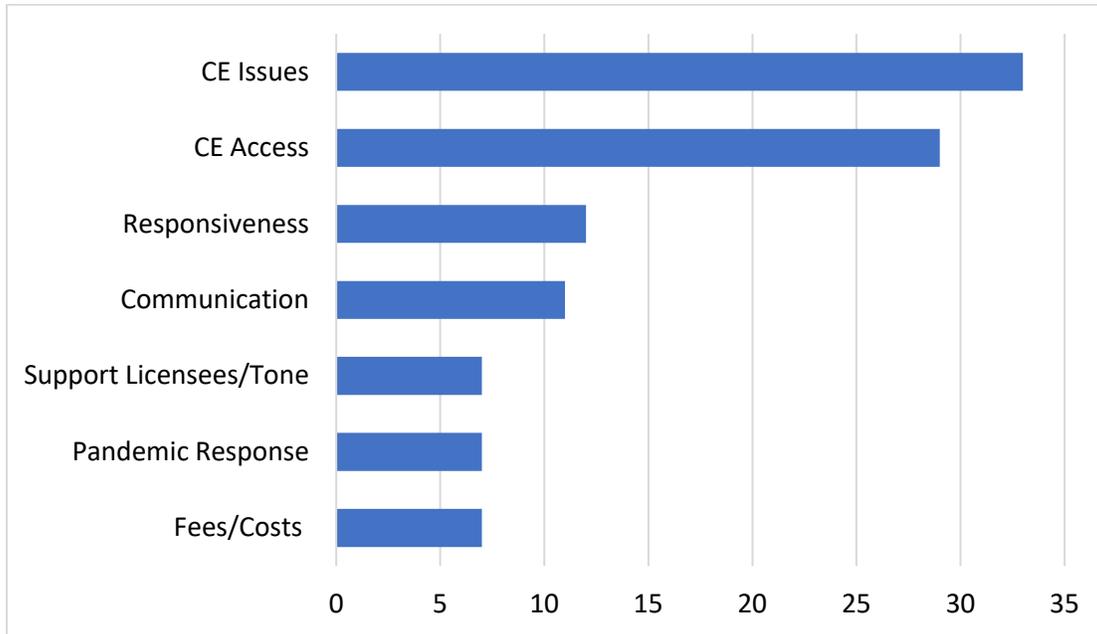


Topic	Number of Responses
Communication	5
Maintain Standards	5
Processing Time	4
Staff	2
Processes	1

Trends in Licensing and Professional Qualification Weaknesses

External Stakeholder Comment Trends

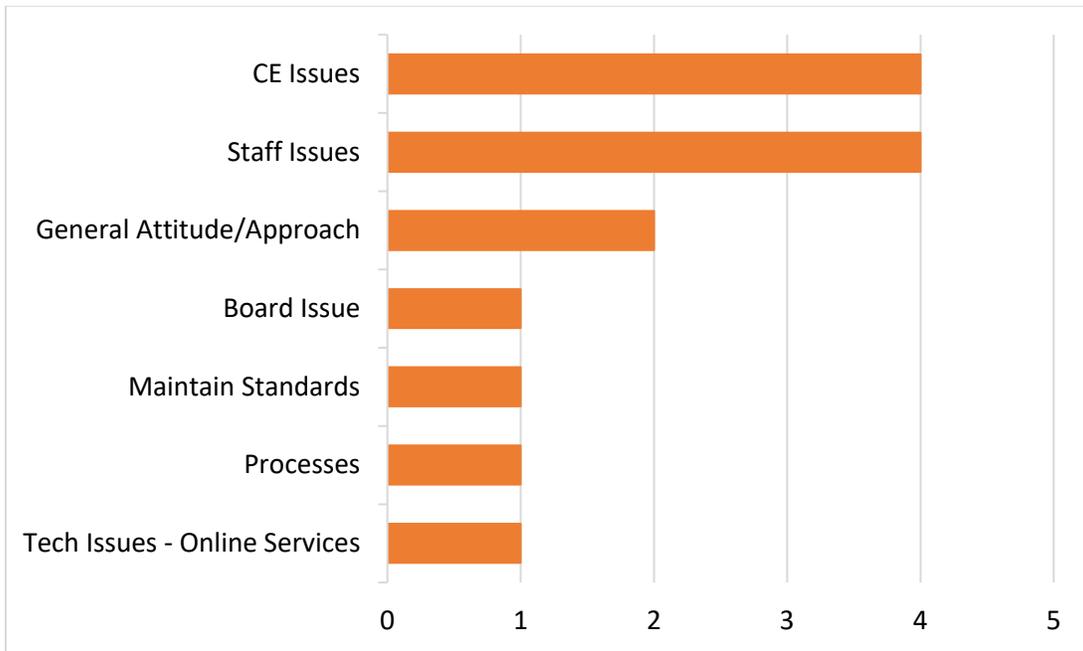
The bar chart and table below list the most mentioned weakness topics cited by external stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
CE Issues	33
CE Access	29
Responsiveness	12
Communication	11
Fees/Costs	7
Pandemic Response	7
Support Licensees/Tone	7

Board Member Comment Trends

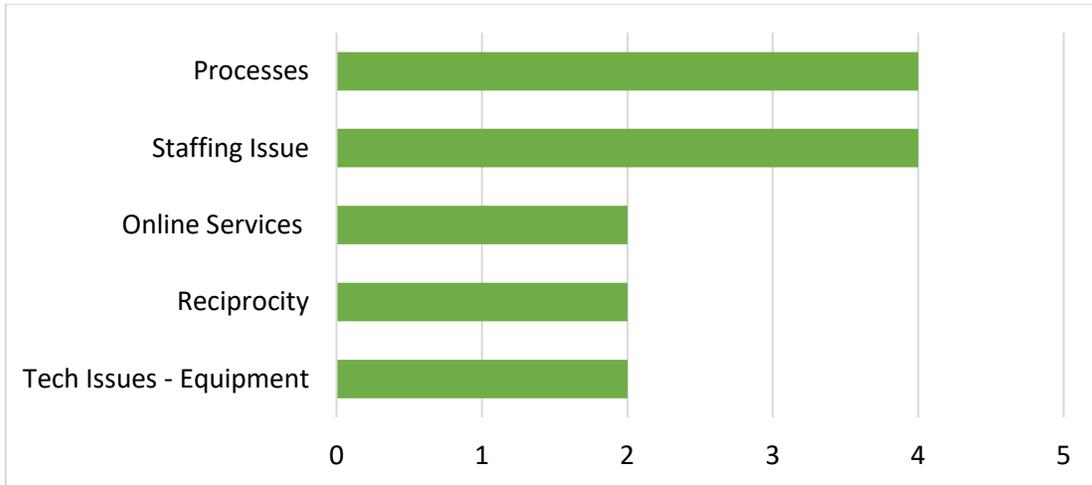
The bar chart and table below list the most mentioned weakness topics cited by Board members along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
CE Issues	4
Staff Issues	4
General Attitude/Approach	2
Board Issue	1
Maintain Standards	1
Processes	1
Tech Issues - Online Services	1

Internal Stakeholder Comment Trends

The bar chart and table below list the most mentioned weakness topics cited by internal stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Processes	4
Staffing Issue	4
Online Services	2
Reciprocity	2
Tech Issues - Equipment	2

DCA Active License Statistics

To ensure that the Department of Consumer Affairs (DCA) and its stakeholders can effectively execute the core mission of consumer protection, the DCA has established a transparent set of measurements to track licensing activity. The chart below shows the number and types of licenses issued during current and prior years, and year-over-year change for each category.

Definitions

Active Licenses - A license issued by a DCA entity that was active at any time during the period July 1 through June 30 of the year selected.

Renewed Licenses - A license that was renewed by a DCA entity to a licensee at any time during the period July 1 through June 30 of the year selected.

New Licenses - A license issued by a DCA entity to a first-time licensee at any time during the period July 1 through June 30 of the year selected.

License Application - An application for a first-time licensee received by a DCA entity at any time during the period July 1 through June 30 of the year selected.

State Fiscal Year (SFY) - A 12-month state accounting period which varies from calendar year and the federal fiscal year. In California State government, the state fiscal year runs from July 1 through the following June 30.

Licensing Measures Doctor of Chiropractic	SFY 2020-2021	SFY 2019-2020	SFY 2018-2019
Active Licenses	12,579	12,771	12,943
Renewed Licenses	10,092	12,197	12,427
New Licenses	269	274	311
License Applications	221	326	306

The data contained in this table is compiled from the Board licensing statistics and the [Open Data Portal](#) which uses monthly statistical reporting from DCA Boards and Boards. Open Data Portal data was last refreshed on 10/5/2020. SOLID obtained the portal data on 4/11/2022 and Board data on 5/2/2022 and 5/24/2022.

Summary of Recommended Licensing and Professional Qualification Objective Topics

The list below consolidates and categorizes objectives recommended by Board members and internal stakeholders. Refer to [Appendix D](#) for a complete list.

1. Continuing Education issues
 - a. Complete the updates to CE regulations.
 - b. Using the new IT system to audit and improve courses.
2. Tech Issues
 - a. Improving the new online system, Connect.
 - b. Updating equipment.
3. Process improvements
 - a. Utilize the current IT system to increase processing efficiencies.
 - b. Re-thinking processes to a more customer-focused approach.
 - c. Comparing processes across other health boards to establish best practices.
4. Shortage of licensees
 - a. Addressing the declining licensee population.
5. Staffing issues
 - a. Re-organizing office positions to meet program needs.
 - b. Retaining permanent staff.
6. Communication with licensees
 - a. Licensees need more guidance on everyday practices.
 - b. The Board can further emphasize licensee requirements.

Enforcement

Enforce laws and regulations to ensure consumer protection.

Effectiveness Rating

The chart below shows how the Board is rated by the stakeholder groups. The table breaks out the rating by group.



	External Stakeholders	Board Members	Internal Stakeholders
Very Effective	24%	0%	0%
Effective	57%	100%	100%
Poor	13%	0%	0%
Very Poor	6%	0%	0%
Total %	100%	100%	100%
Total Responses	130	4	12

Summary of Enforcement Strengths

- All stakeholders praise the Board's enforcement processes, mentioning improvements to processing timeframes and smooth operation of enforcement activities.
- Both Board members and internal stakeholders view staff as an asset, with appreciation for idea generation and setting consistent standards while leveraging experienced staffers.
- All stakeholders express general approval of the enforcement program and its performance.
- All stakeholders state support of the unit's general attitude and approach, including diligence and professionalism.

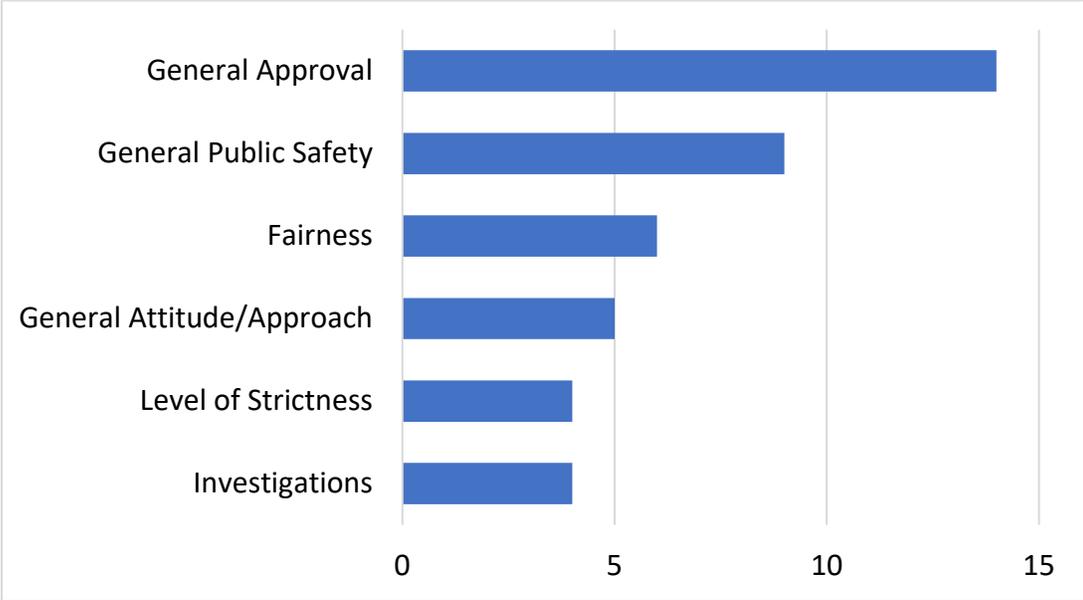
Summary of Enforcement Weaknesses

- Over half of internal stakeholders, as well as a Board member, are aware that staffing issues are impacting the enforcement efforts of the Board, including filling vacancies, training staff, and emphasizing the bigger picture.
- All stakeholders hold the impression that processing times are longer than they should be.
- All stakeholders would like to see improvement to processes, ranging from weeding out frivolous complaints to handling petitioner hearings and modernizing processes.
- Board members and external stakeholders see the potential for improving the Board's relationships with schools, law enforcement, and other chiropractic associations to communicate enforcement standards.

Trends in Enforcement Strengths

External Stakeholder Comment Trends

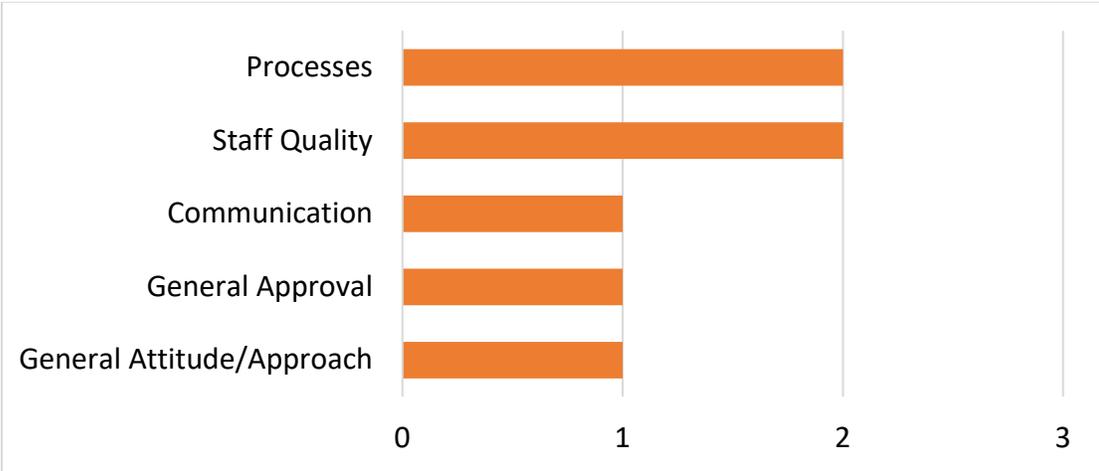
The bar chart and table below list the most mentioned strength topics cited by external stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
General Approval	14
General Public Safety	9
Fairness	6
General Attitude/Approach	5
Investigations	4
Level of Strictness	4

Board Member Comment Trends

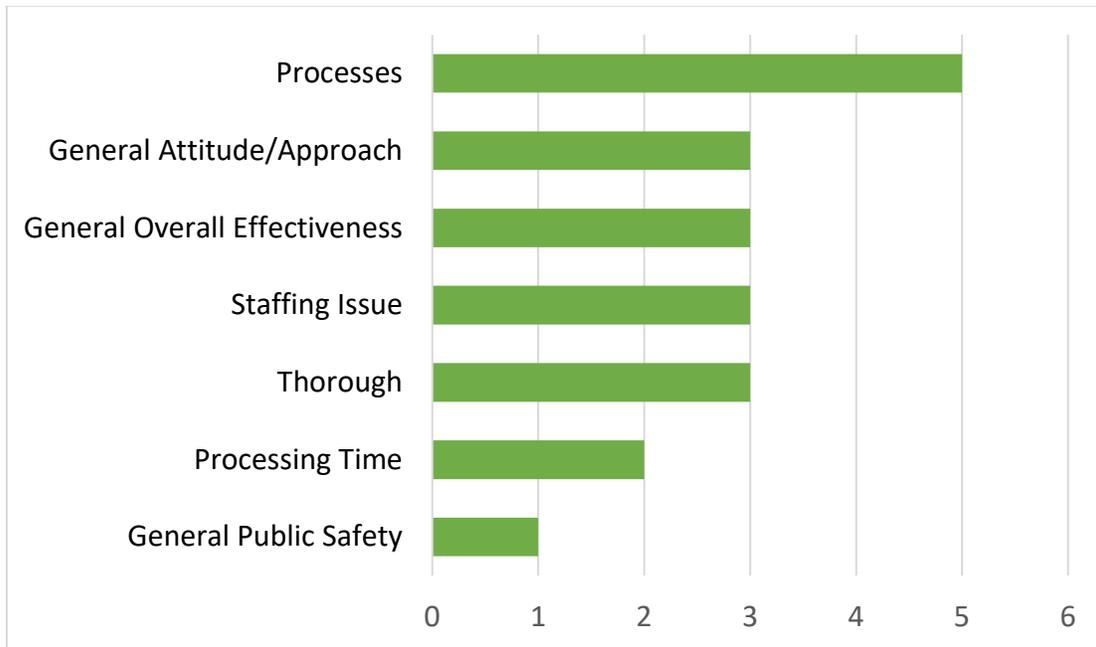
The bar chart and table below list the most mentioned strength topics cited by Board members along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Processes	2
Staff Quality	2
Communication	1
General Approval	1
General Attitude/Approach	1

Internal Stakeholder Comment Trends

The bar chart and table below list the most mentioned strength topics cited by internal stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.

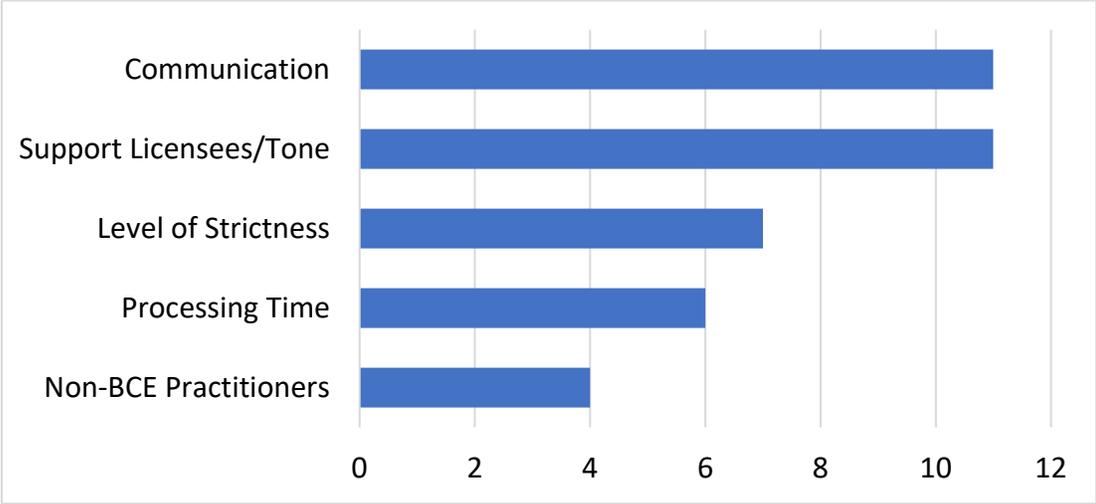


Topic	Number of Responses
Processes	5
General Attitude/Approach	3
General Overall Effectiveness	3
Staffing Issue	3
Thorough	3
Processing Time	2
General Public Safety	1

Trends in Enforcement Weaknesses

External Stakeholder Comment Trends

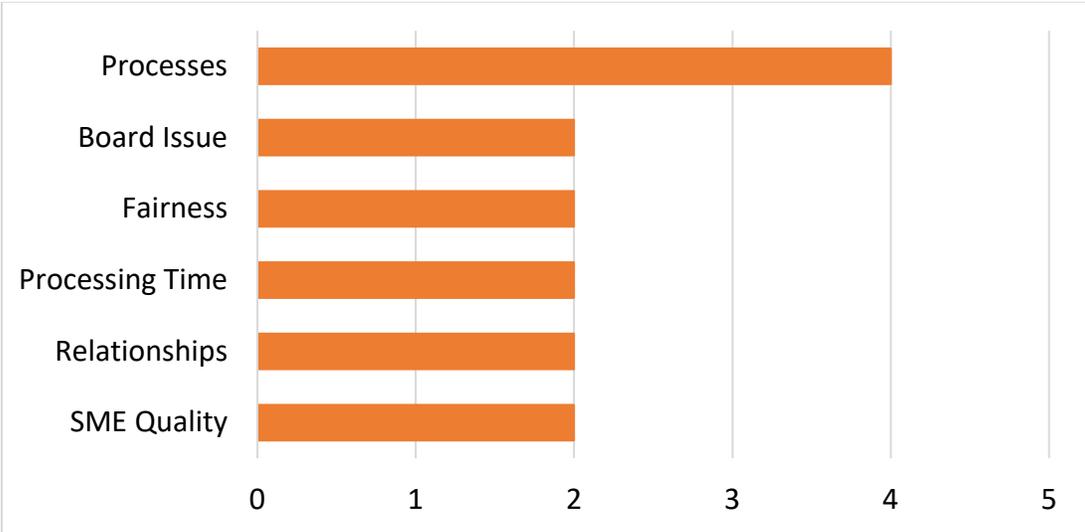
The bar chart and table below list the most mentioned weakness topics cited by external stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Communication	11
Support Licensees/Tone	11
Level of Strictness	7
Processing Time	6
Non-BCE Practitioners	4

Board Member Comment Trends

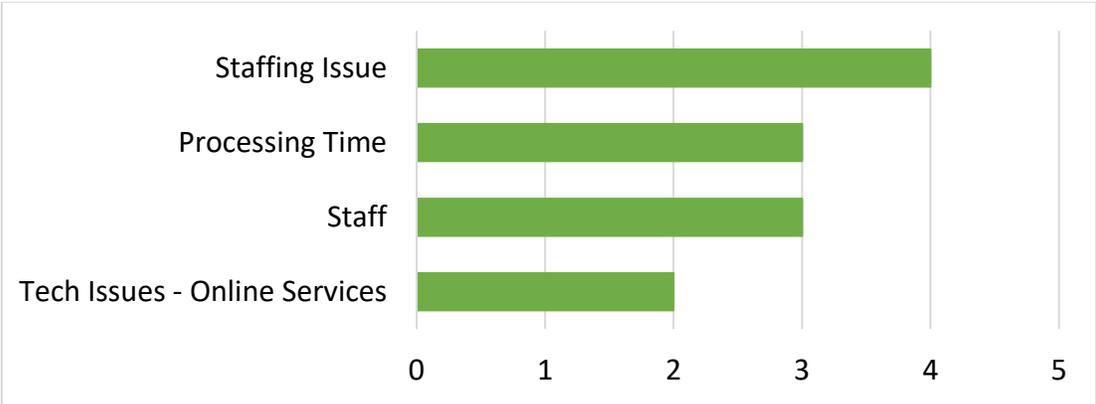
The bar chart and table below list the most mentioned weakness topics cited by Board members along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Processes	4
Board Issue	2
Fairness	2
SME Quality	2
Processing Time	2
Relationships	2

Internal Stakeholder Comment Trends

The bar chart and table below list the most mentioned weakness topics cited by internal stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Staffing Issue	4
Processing Time	3
Staff	3
Tech Issues - Online Services	2

DCA Enforcement Performance Measures Summary

The performance measures demonstrate DCA is making the most efficient and effective use of resources. Performance measures are linked to an agency's mission, vision, strategic objectives, and strategic initiatives. The chart below shows the number of days between the stages of investigating a consumer complaint for the Board. The column labeled “target” is the goal the Board has established for itself, which is consistent with the Consumer Protection Enforcement Initiative timeframes established for the Boards. The remaining columns show the actual number of days to move a complaint from one step of the investigation process to the next.

Definitions

- Complaint Volume (Intake Volume) - Total number of complaints and conviction/arrest notices received within the specified period.
- Complaint Intake (Intake Cycle Time) - Average cycle time from complaint receipt to the date the complaint was assigned to an investigator.
- Investigation (Investigation Cycle Time) - Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.
- Formal Discipline (Formal Discipline Cycle Time) - Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board/Bureau and prosecution by the Attorney General.)
- State Fiscal Year (SFY) - A 12-month state accounting period which varies from calendar year and the federal fiscal year. In California State government, the state fiscal year runs from July 1 through the following June 30.

Performance Measure	Target	SFY 2020-2021	SFY 2019-2020	SFY 2018-2019
<i>Complaint Volume</i>	n/a	474	785	642
<i>Complaint Intake (days)</i>	10	9	7	19
<i>Investigation (days)</i>	120	373	184	233
<i>Formal Discipline (days)</i>	540	899	1,046	796

Goal Area 2: Enforcement

The data contained in this table is compiled from the DCA Annual Report for each Fiscal Year with additional information provided by the Board on 5/24/2022.

Summary of Recommended Enforcement Objective Topics

The list below consolidates and categorizes objectives recommended by Board members and internal stakeholders. Refer to [Appendix D](#) for a complete list.

1. Training and expanding the pool of expert witnesses to improve outcomes.
2. Staffing issues
 - a. Fill staff vacancies.
 - b. More procedural training.
3. Processes
 - a. Investigative criteria more defined and consistent.
 - b. Make clear-cut standards to get recordkeeping cleaned up.
 - c. Address inefficiencies that are driving timelines.
4. Complete updates to the new online system.

Public Relations and Outreach

Communicate with consumers, licensees, governmental entities, and stakeholders about the current and evolving practice of chiropractic and the regulation of the profession.

Effectiveness Rating

The chart below shows how the Board is rated by the stakeholder groups. The table breaks out the rating by group.



	External Stakeholders	Board Members	Internal Stakeholders
Very Effective	10%	0%	0%
Effective	26%	40%	45%
Poor	41%	40%	33%
Very Poor	23%	20%	22%
Total %	100%	100%	100%
Total Responses	126	5	9

Summary of Public Relations and Outreach Strengths

- All stakeholder groups praise the general attitude of the Board in the area of public relations and outreach, mentioning good intentions.
- Both internal and external stakeholders note that there has been timely communication via the website and email.
- A Board member and a licensee both report that the newsletter is a helpful tool.
- Online services, specifically license renewal online, is a significant accomplishment that a Board member and external stakeholder identify as a strength of the Board.

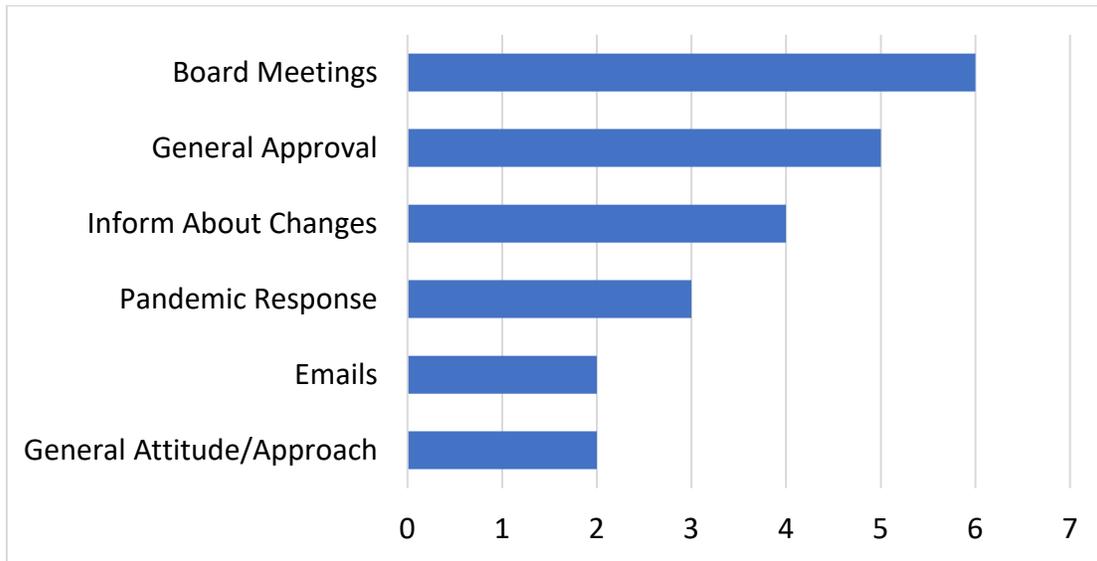
Summary of Public Relations and Outreach Weaknesses

- Over half of external stakeholders state that they have not seen public relations or outreach activities from the Board and consider this a weakness. A third of Board members also have not seen outreach directed at consumers or licensees.
- Internal stakeholders note that the staff person previously dedicated to handling this area left and has not been replaced, with others not able to pick up the workload.
- All stakeholder groups mention a desire to improve the relationships the Board has. While external stakeholders often mention other professional associations, there is also mention of building better relationships with other health care professions as well as with other governmental and regulatory agencies.
- Board members and an internal stakeholder mention the Board's lack of an internet presence as a weakness.
- Board members and an external stakeholder report that the Board's website makes it difficult to find information, feels outdated, and may not be updated frequently enough.

Trends in Public Relations and Outreach Strengths

External Stakeholder Comment Trends

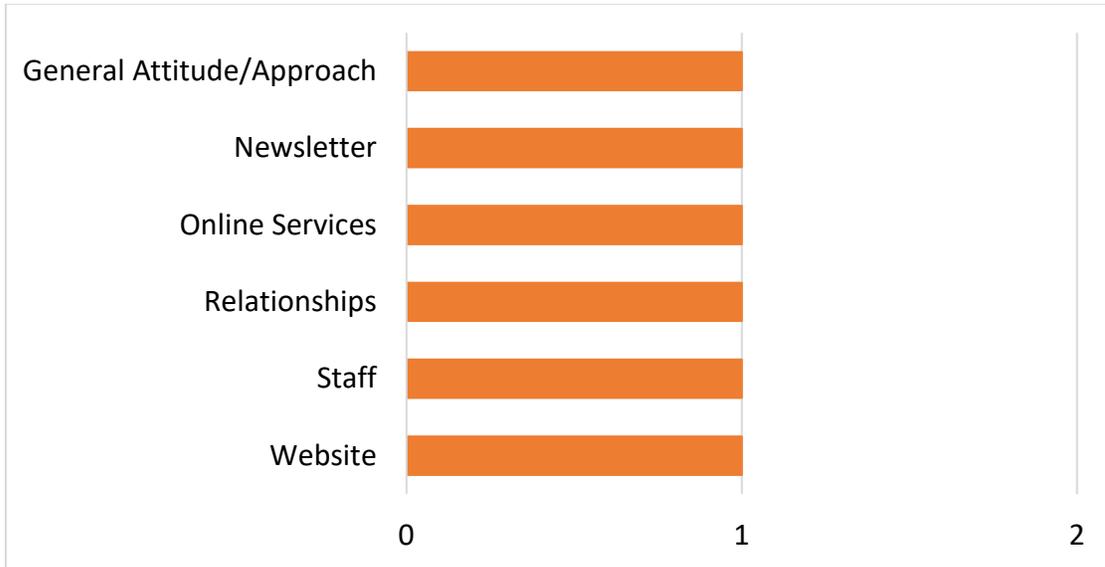
The bar chart and table below list the most mentioned strength topics cited by external stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Board Meetings	6
General Approval	5
Inform About Changes	4
Pandemic Response	3
Emails	2
General Attitude/Approach	2

Board Member Comment Trends

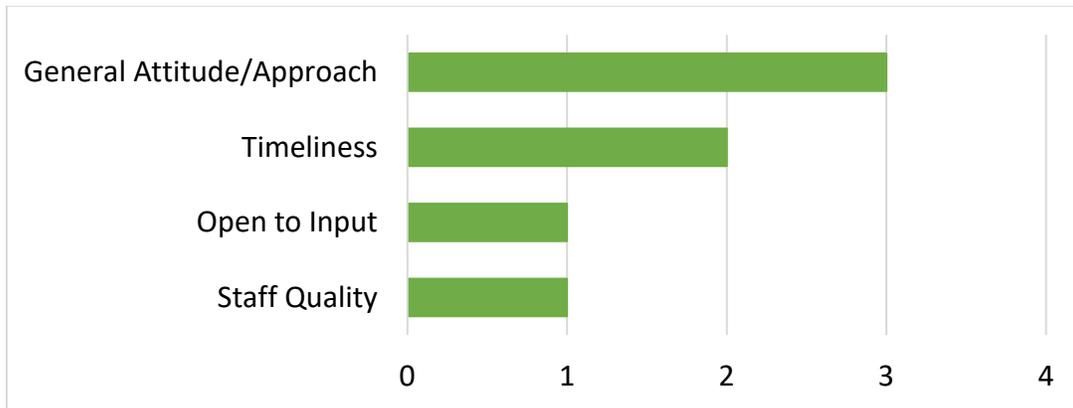
The bar chart and table below list the most mentioned strength topics cited by Board members along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
General Attitude/Approach	1
Newsletter	1
Online Services	1
Relationships	1
Staff	1
Website	1

Internal Stakeholder Comment Trends

The bar chart and table below list the most mentioned strength topics cited by internal stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.

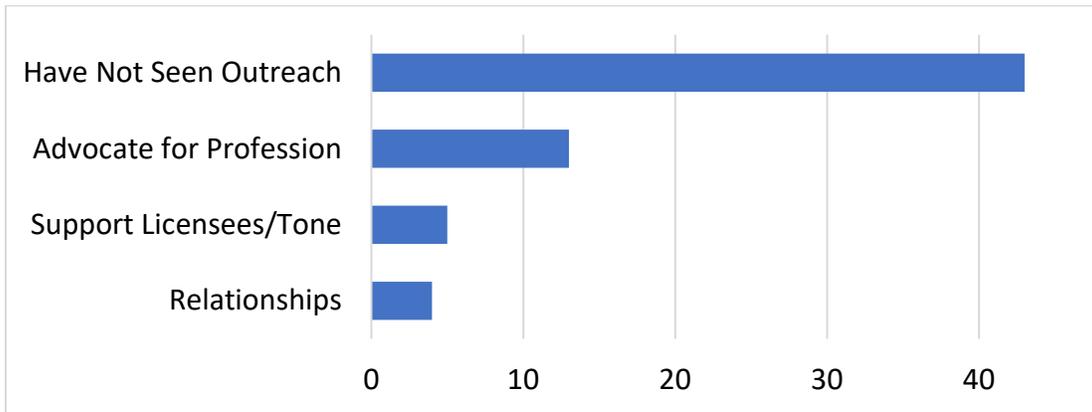


Topic	Number of Responses
General Attitude/Approach	3
Timeliness	2
Staff Quality	1
Open to Input	1

Trends in Public Relations and Outreach Weaknesses

External Stakeholder Comment Trends

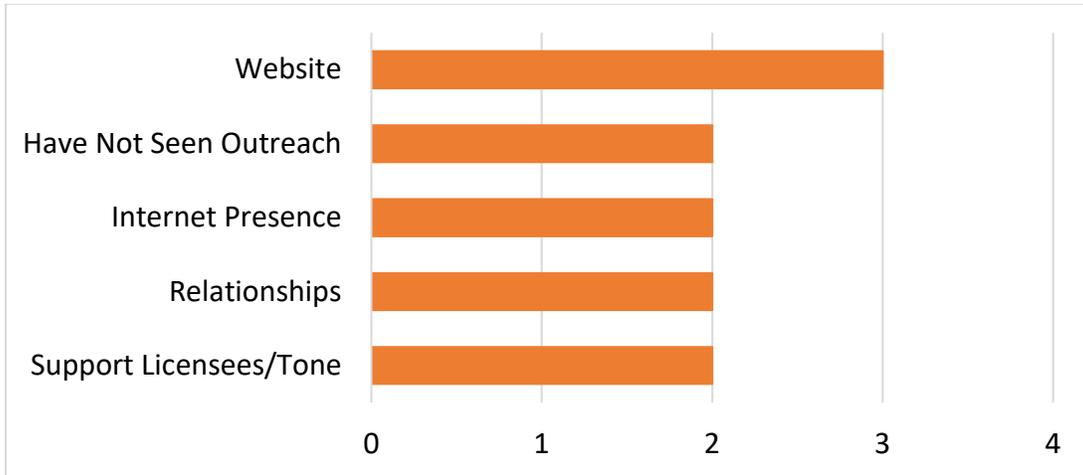
The bar chart and table below list the most mentioned weakness topics cited by external stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Have Not Seen Outreach	43
Advocate for Profession	13
Support Licensees/Tone	5
Relationships	4

Board Member Comment Trends

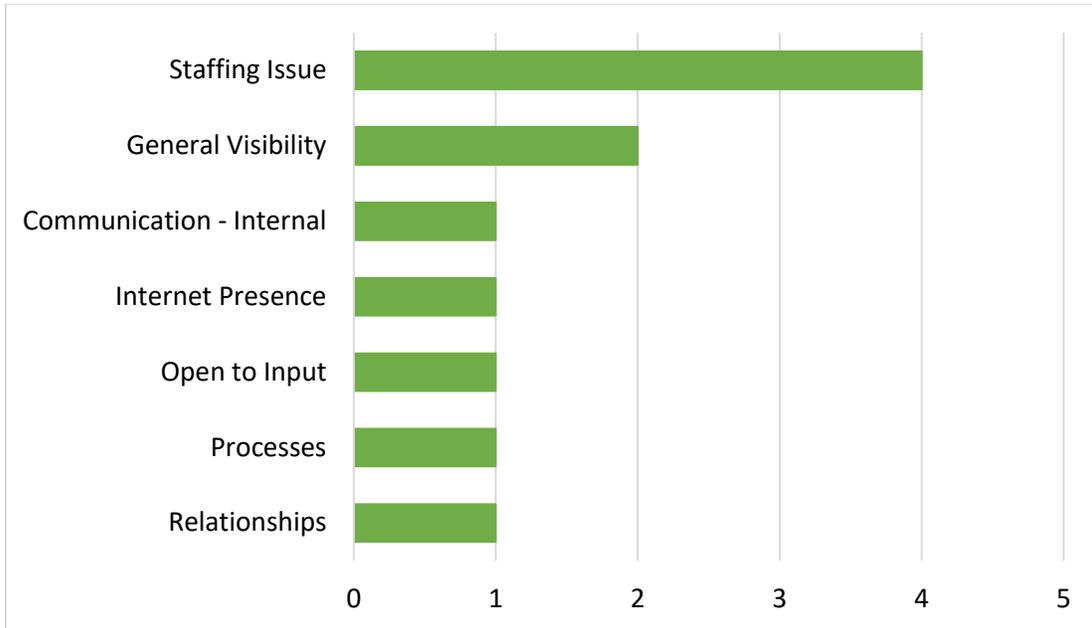
The bar chart and table below list the most mentioned weakness topics cited by Board members along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Website	3
Have Not Seen Outreach	2
Internet Presence	2
Relationships	2
Support Licensees/Tone	2

Internal Stakeholder Comment Trends

The bar chart and table below list the most mentioned weakness topics cited by internal stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Staffing Issue	4
General Visibility	2
Communication - Internal	1
Internet Presence	1
Open to Input	1
Processes	1
Relationships	1

Summary of Recommended Public Relations and Outreach Objective Topics

The list below consolidates and categorizes objectives recommended by Board members and internal stakeholders. Refer to [Appendix D](#) for a complete list.

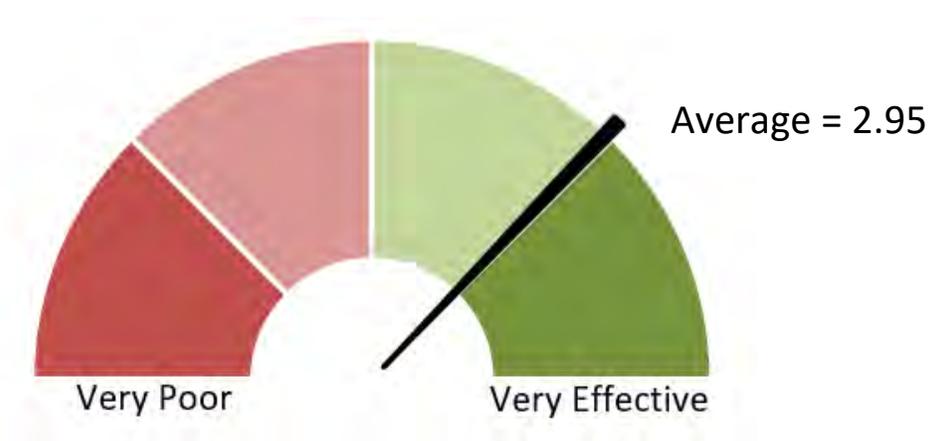
1. Relationships with legislators, other healing arts boards, other professional organizations, and other government agencies.
2. Build a robust, interactive social media presence to engage with stakeholders.
3. Communicate with licensees, as they don't know who's on the Board or what the Board does.
4. Update the Board's internet presence through social media and the website.
5. Add material to the Board website.
 - a. An FAQ section could demonstrate the new online systems.
 - b. A video explaining CE requirements for applicants.

Laws and Regulations

Ensure that statutes and regulations strengthen and support the Board’s mandate and mission.

Effectiveness Rating

The chart below shows how the Board is rated by the stakeholder groups. The table breaks out the rating by group.



	External Stakeholders	Board Members	Internal Stakeholders
Very Effective	14%	25%	0%
Effective	63%	75%	78%
Poor	12%	0%	22%
Very Poor	11%	0%	0%
Total %	100%	100%	100%
Total Responses	122	4	9

Summary of Laws and Regulations Strengths

1. All stakeholder groups feel a general approval of the compliance with the Board's legislative mandates.
2. Board members and external stakeholders are content with the processes in place to revise laws and regulations as needed.
3. External stakeholders praise the Board for keeping up with social, cultural, and technological changes. An internal stakeholder agrees that updates are being addressed.
4. External and internal stakeholders see that the Board communicates information when needed, that the regulations are readily available, and that the Board communicates common violations to licensees.

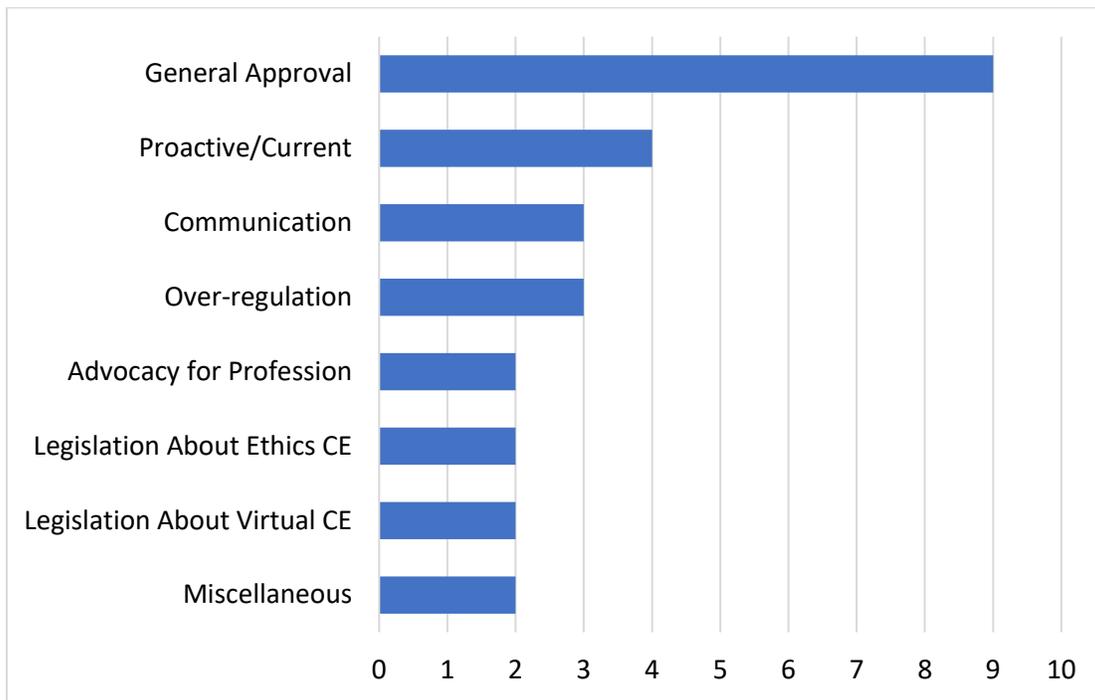
Summary of Laws and Regulations Weaknesses

1. Both Board members and internal stakeholders recognize that a lack of staffing has been a weakness in terms of laws and regulations, including the knowledge drain resulting from higher level retirements among staff.
2. Board members and internal stakeholders do see that, while the process is by nature somewhat slow, issues like lack of staff and quorum have delayed processing times further.
3. Internal stakeholders note that there is a backlog of regulations that have been in development for an extended time.
4. As both external and internal stakeholders note, laws and regulations need cleanup and updating, including those concerning disciplinary guidelines.

Trends in Laws and Regulations Strengths

External Stakeholder Comment Trends

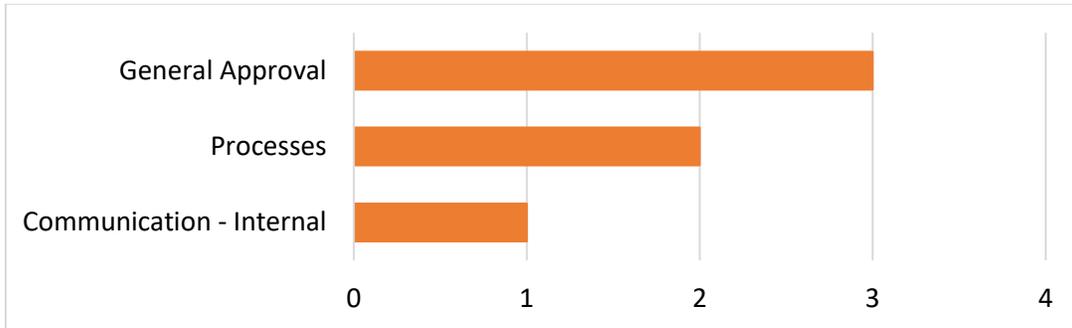
The bar chart and table below list the most mentioned strength topics cited by external stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
General Approval	9
Proactive/Current	4
Communication	3
Over-regulation	3
Advocacy for Profession	2
Legislation About Ethics CE	2
Legislation About Virtual CE	2
Miscellaneous	2

Board Member Comment Trends

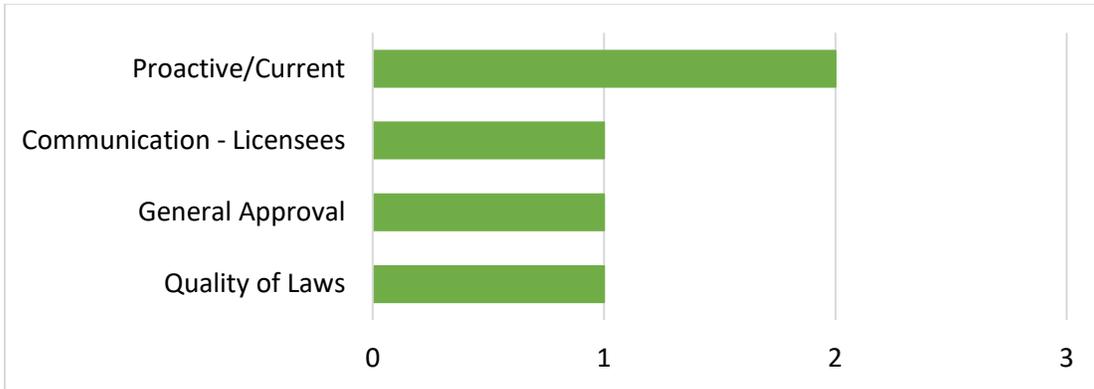
The bar chart and table below list the most mentioned strength topics cited by Board members along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
General Approval	3
Processes	2
Communication - Internal	1

Internal Stakeholder Comment Trends

The bar chart and table below list the most mentioned strength topics cited by internal stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.

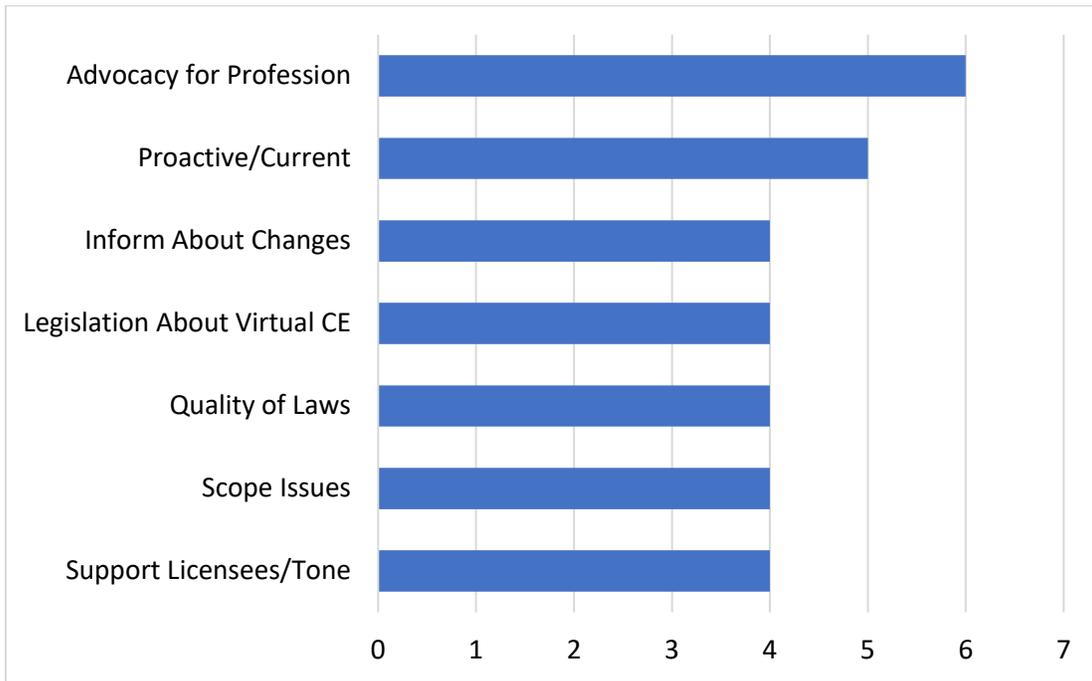


Topic	Number of Responses
Proactive/Current	2
General Approval	1
Communication - Licensees	1
Quality of Laws	1

Trends in Laws and Regulations Weaknesses

External Stakeholder Comment Trends

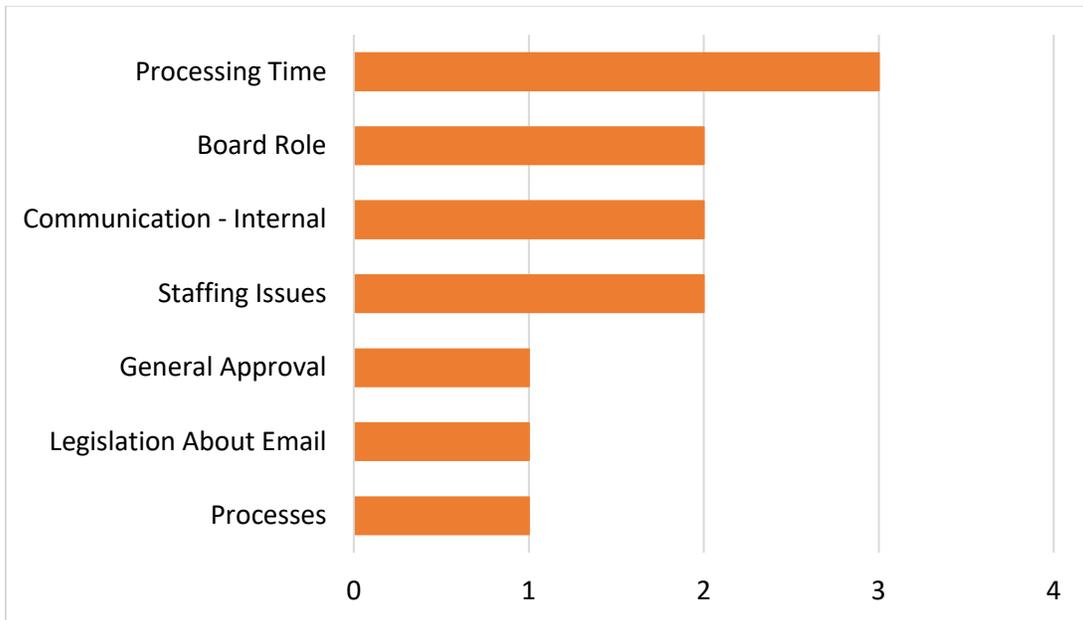
The bar chart and table below list the most mentioned weakness topics cited by external stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Advocacy for Profession	6
Proactive/Current	5
Inform About Changes	4
Legislation About Virtual CE	4
Quality of Laws	4
Scope Issues	4
Support Licensees/Tone	4

Board Member Comment Trends

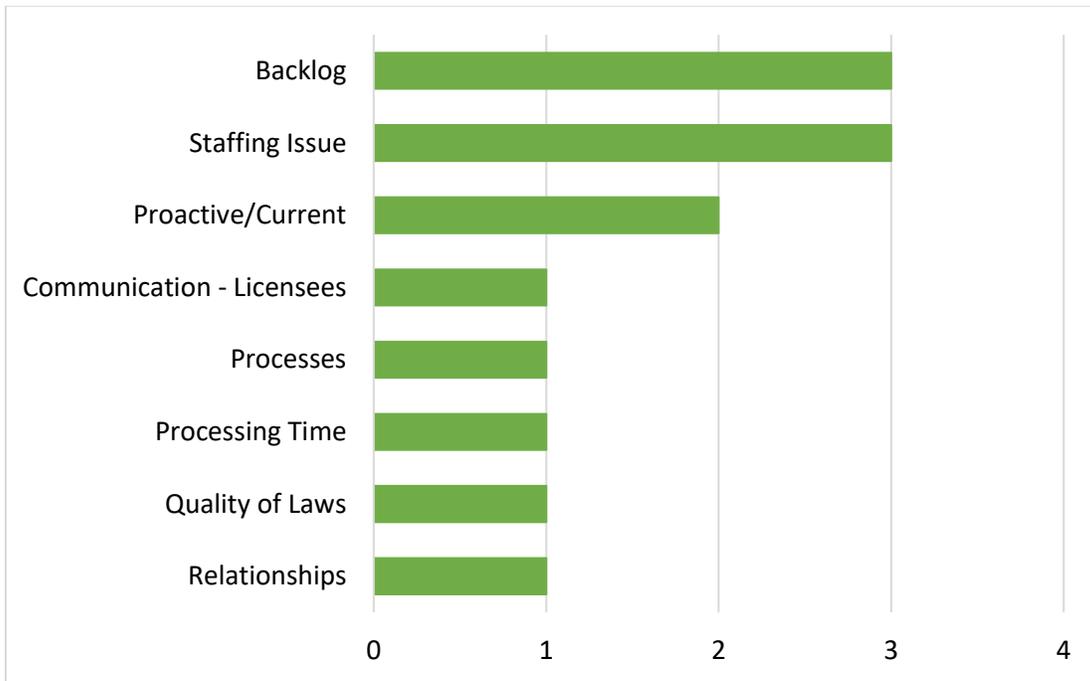
The bar chart and table below list the most mentioned weakness topics cited by Board members along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Processing Time	3
Board Role	2
Communication - Internal	2
Staffing Issues	2
Email	1
General Approval	1
Processes	1

Internal Stakeholder Comment Trends

The bar chart and table below list the most mentioned weakness topics cited by internal stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Staffing Issue	3
Backlog	3
Proactive/Current	2
Communication - Licensees	1
Processes	1
Processing Time	1
Quality of Laws	1
Relationships	1

Summary of Recommended Laws and Regulations Objective Topics

The list below consolidates and categorizes objectives recommended by Board members and internal stakeholders. Refer to [Appendix D](#) for a complete list.

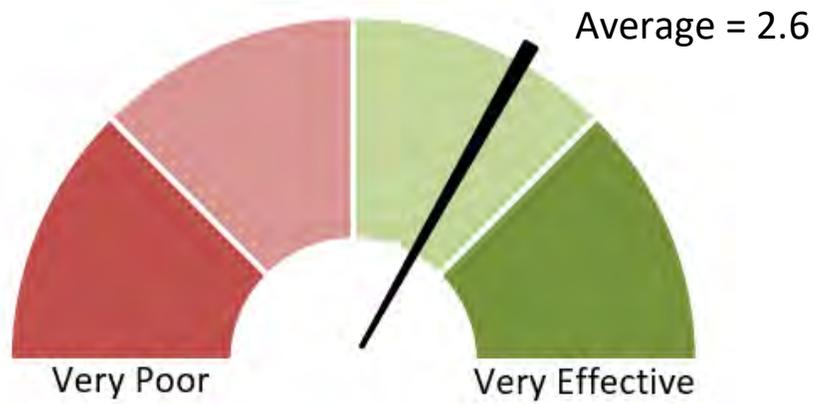
1. Commit to developing and promulgating more regulations.
2. Improve the efficiency of processes in moving proposed items.
3. Enact the backlogged regulations (including those concerning continuing education).
4. Have expert witness regulations in place and have a process in place to train more of them.
5. Training staff on the concept of developing regulations so more than one person can take on some of the rulemaking packages.

Organizational Development

Effective utilization of resources to meet goals and objectives.

Effectiveness Rating

The chart below shows how the Board is rated by the stakeholder groups. The table breaks out the rating by group.



	External Stakeholders	Board Members	Internal Stakeholders
Very Effective	11%	0%	0%
Effective	49%	67%	67%
Poor	20%	33%	33%
Very Poor	20%	0%	0%
Total %	100%	100%	100%
Total Responses	75	6	9

Summary of Organizational Development Strengths

- Board members find that internal communication is effective, both between staff and Board members and the Executive Officer and staff.
- Internal stakeholders feel that staff training is a strength, in that staff have been trained and are able to assist in many areas of Board operations.
- All stakeholder groups express general approval for the Board's performance, mentioning that the work gets done even with high volume and limited staffing.
- Internal and external stakeholders are pleased with the increase in availability of online services and the effect this has on convenience to the licensees and efficiency of staff.

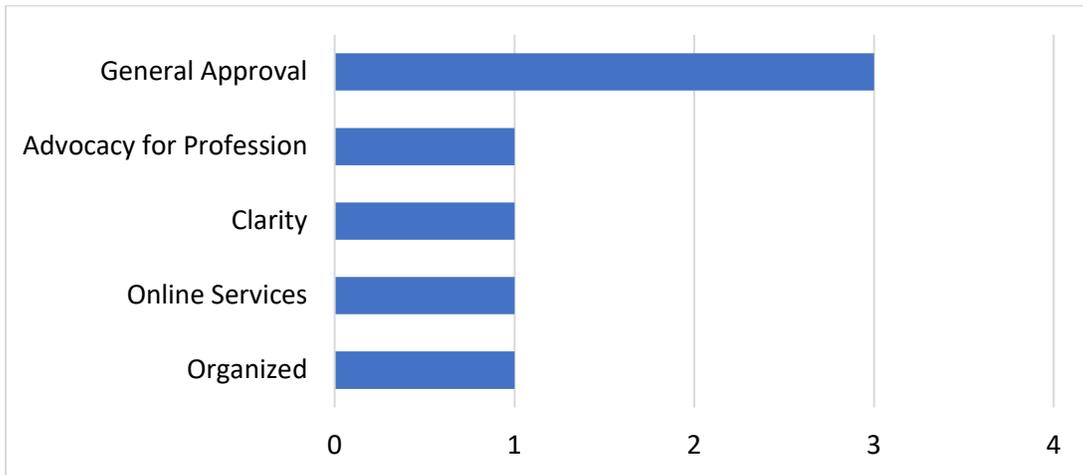
Summary of Organizational Development Weaknesses

- External stakeholders are largely unaware of the activities surrounding organizational development within the Board.
- Board members and internal stakeholders agree that improvements are needed in revising processes to become more efficient and user-friendly.
- All stakeholders agree that staff would benefit from having more involvement in decision-making to increase their connection to the work and reduce turnover. Re-structuring the staff is in process and will provide clarity in staff structure.
- All stakeholders find that communication is a weakness of the Board, which drives external stakeholders' lack of awareness and internal stakeholders' sense of lack of ownership.
- Board members express a desire for more deliberate and thorough onboarding and mentorship as well as calling out vacancies on the Board.

Trends in Organizational Development Strengths

External Stakeholder Comment Trends

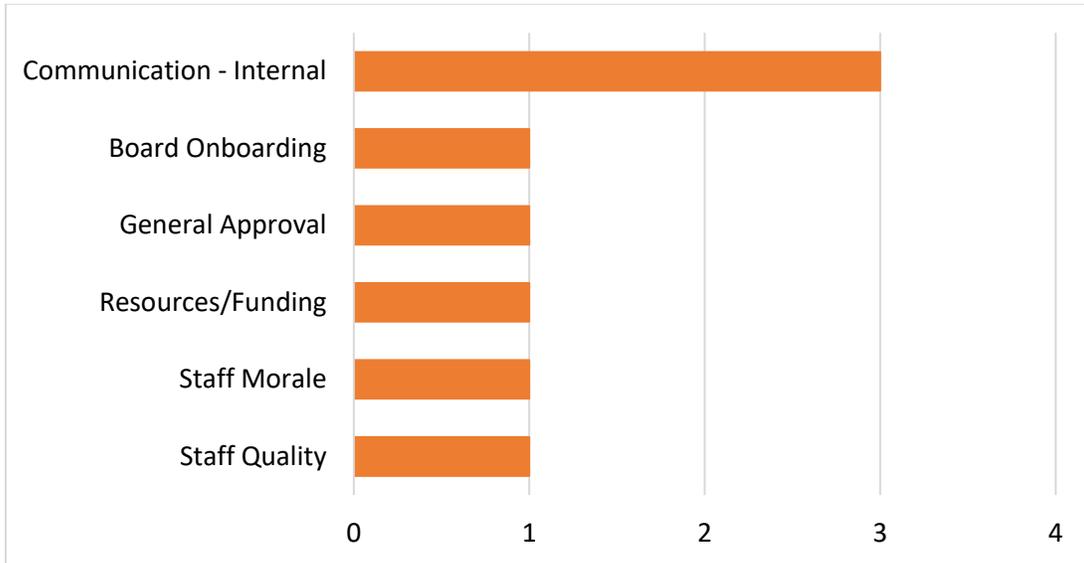
The bar chart and table below list the most mentioned strength topics cited by external stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
General Approval	3
Organized	1
Advocacy for Profession	1
Clarity	1
Online Services	1

Board Member Comment Trends

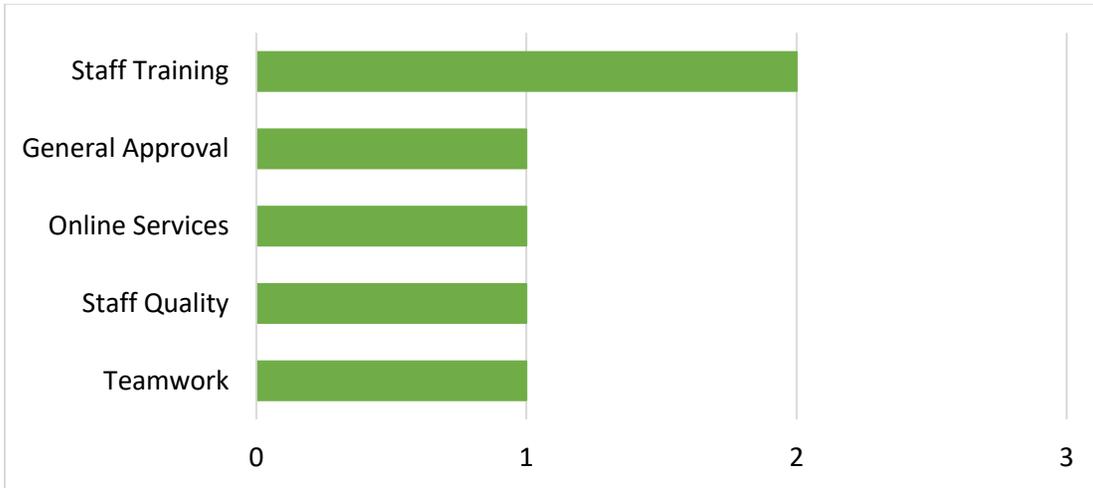
The bar chart and table below list the most mentioned strength topics cited by Board members along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Communication - Internal	3
Board Onboarding	1
General Approval	1
Resources/Funding	1
Staff Morale	1
Staff Quality	1

Internal Stakeholder Comment Trends

The bar chart and table below list the most mentioned strength topics cited by internal stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.

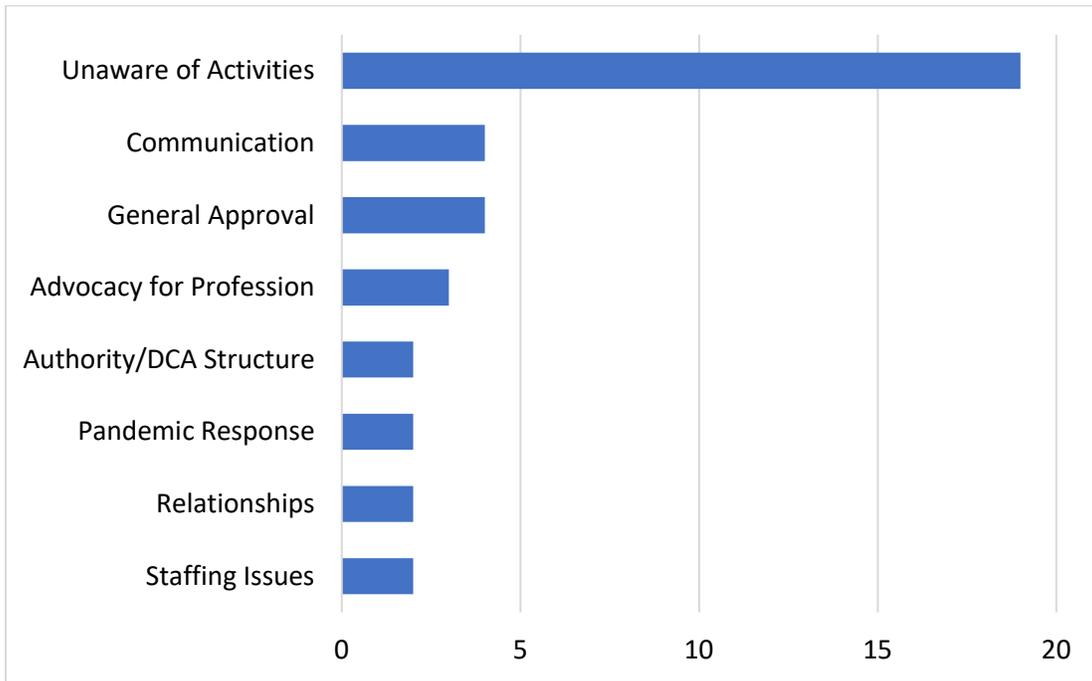


Topic	Number of Responses
Staff Training	2
General Approval	1
Online Services	1
Staff Quality	1
Teamwork	1

Trends in Organizational Development Weaknesses

External Stakeholder Comment Trends

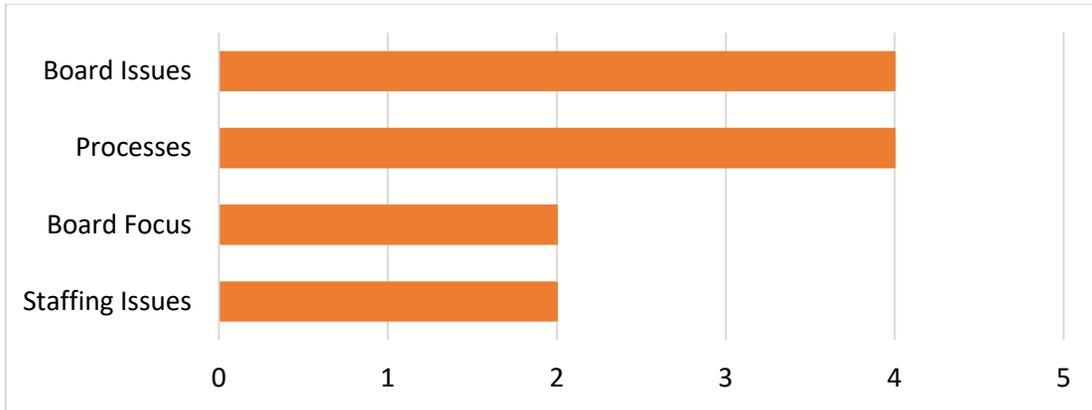
The bar chart and table below list the most mentioned weakness topics cited by external stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Unaware of Activities	19
Communication	4
General Approval	4
Advocacy for Profession	3
Authority/DCA Structure	2
Pandemic Response	2
Relationships	2
Staffing Issues	2

Board Member Comment Trends

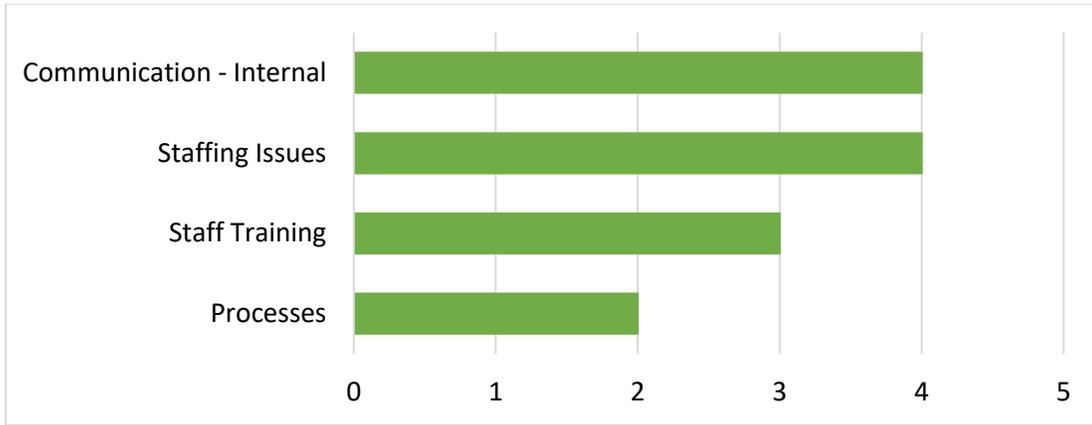
The bar chart and table below list the most mentioned weakness topics cited by Board members along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Board Issues	4
Processes	4
Board Focus	2
Staffing Issues	2

Internal Stakeholder Comment Trends

The bar chart and table below list the most mentioned weakness topics cited by internal stakeholders along with the corresponding number of comments received. Refer to [Appendix C](#) for a complete list of trends and comments.



Topic	Number of Responses
Communication - Internal	4
Staffing Issues	4
Staff Training	3
Processes	2

Summary of Recommended Organizational Development Objective Topics

The list below consolidates and categorizes objectives recommended by Board members and internal stakeholders. Refer to [Appendix D](#) for a complete list.

1. Create clear processes and procedures and put them in place.
2. Promote robust ongoing training and development of all staff.
3. Re-evaluate the fee structure because the budget has been dwindling over time, so getting on solid ground financially is a priority.
4. Improve communication, particularly from management to staff.
5. Intentionally improving Board member onboarding to set a helpful and collaborative tone.
6. Re-organizing staff structure and then ensuring staff competencies.

Opportunities and Threats Summary

There are many factors that may impact the future direction of the profession involving the Board. These could be opportunities the Board may want to capitalize on or threats it needs to mitigate.

Stakeholders were asked to list potential opportunities and threats in the Board's external environment that they felt could impact the profession and Board's regulatory role. The following include responses that the Board might reference when creating its strategic plan. Refer to [Appendix E](#) for a complete list.

Opportunities

- Providing Continuing Education via online/virtual methods may become standard.
- Advocacy for the profession through informing the public of the advantages of consulting a chiropractor.
- Compensation structure, particularly the inclusion of chiropractic care in insurance plans.
- Public attitudes about health may increase interest from consumers looking for drug-free and holistic approaches to back pain.

Threats

- Compensation structure, particularly the decision to not include chiropractic care in insurance plans.
- Politics could be a threat, with some people urging more lobbying and involvement as well as some advocating for staying completely out of the views and opinions of both patients and practitioners.
- Relationships with other healing arts professions are seen as a threat, in that medical doctors might view chiropractic doctors as inferior, while nurse practitioners are on track to begin writing prescriptions in the future.
- Number of licensees is seen as a threat, mainly if people abandon the field due to lack of revenue.
- Scope issues, including allowing medication prescribing but also seeing other professions performing manipulation of the spine.

Appendix A – Data Collection Method

Data for this report was gathered by surveying stakeholder groups that are important to the success of the Board. A total of 466 responses were received from BCE leadership and staff, Board members, and external stakeholders. Survey methods may have differed; however, all stakeholder groups were asked the same questions.

Stakeholders include any individual or group who is influenced by or influences your program, whether they are internal or external in relation to your program and agency. Key stakeholders play a crucial role in your program’s success; thus, it is important to identify key stakeholders to understand their roles and prioritize them based on their impact to your program.

Stakeholder Group	Surveying Method	Date	Number of Responses	Response Rate within group
Leadership	Interviews	February 2022	2 of 2	100%
Staff	Focus Groups & Online Survey	February 2022	13 of 14	93%
Board Members	Interviews	February 2022	6 of 6	100%
External Stakeholders	Online Survey	February 2022	445	n/a

The survey was distributed to external stakeholders via the Board’s email subscription list of 1,078 licensees. In addition, professional associations were asked to assist in spreading the word about the survey. Thus, a response rate cannot be determined for the external stakeholder group.

Classification of External Stakeholder Relationship with BCE

Relationship with BCE	Number of Responses	% of Responses
BCE Licensee	420	94%
Industry stakeholder (representing a Professional Association?)	5	1%
Representing a School or College	3	1%
Consumer group/member of public	8	2%
Other	10	2%

The eight public “Other” respondents include one seminar leader/Chiropractic college adjunct faculty, one person representing international regulatory boards, one licensee who is retired inactive, one CE credentialed provider for the state of California, one D.C. professional representative, one former licensee, one provider of malpractice Insurance, and one provider of remedial education.

Note : the survey link was distributed via the Board’s email list on March 1, 2022. The link was re-distributed by a third party to a group of potential respondents on March 22, 2022. The percentage of comments mentioning the concept of Continuing Education access (via Zoom or other virtual methods) more than doubled, from 13% (12 of 93 comments) among early respondents to 27% (15 out of 56 comments) of the later respondents.

Appendix B - Survey Data Reliability

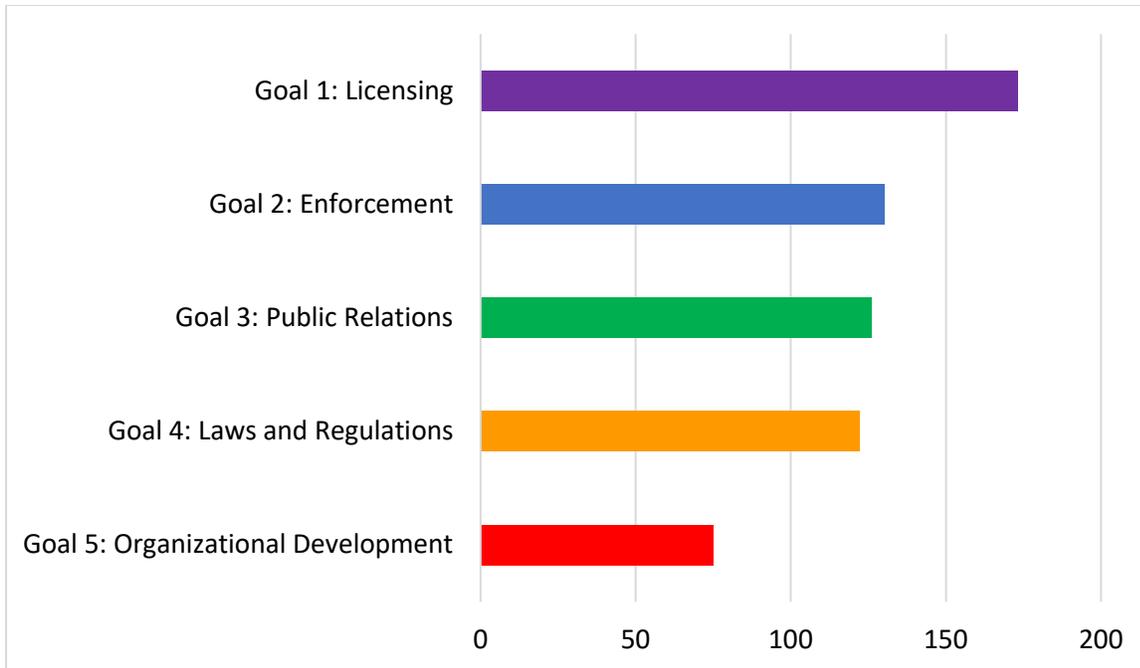
This section discusses external stakeholder data only. The external stakeholder survey received 445 responses. Participants could skip questions or select “no comment/not applicable”; thus, individual questions may have less than 445 responses/comments.

Goal Area Effectiveness Data Reliability

Based on the number external stakeholder survey responses to each of the goal area’s effectiveness question, we can be 95% confident their opinions represent all California stakeholders plus or minus the confidence interval percentage indicated below. The table below provides data reliability for each goal area; for a narrative explanation see each goal area data reliability statement.

Goal Area Effectiveness Data Reliability Table

Goal Area	Number of Responses	Confidence %	Confidence Interval %	% of Responses with Very Effective and Effective Ratings	% of Stakeholders that Would Rate Effectiveness the Same Way
Licensing and Professional Qualification	173	95%	7%	82%	75% to 89%
Enforcement	130	95%	9%	81%	72% to 90%
Public Relations and Outreach	126	95%	9%	35%	26% to 44%
Laws and Regulations	122	95%	9%	77%	68% to 86%
Organizational Development	75	95%	11%	60%	49% to 71%



Licensing and Professional Qualification Data Reliability Statement

Based on 173 external stakeholder survey responses regarding Licensing and Professional Qualification, we can be 95% confident their opinions represent all California stakeholders plus or minus 7%. From the responses, 82% of external stakeholders rated the Board’s overall Licensing and Professional Qualification effectiveness as Very Effective or Effective. Based on the response rate, we can be 95% confident between 75% and 89% of external stakeholders would rate the Board’s Licensing and Professional Qualification effectiveness the same way.

Enforcement Data Reliability Statement

Based on 130 external stakeholder survey responses regarding Enforcement, we can be 95% confident their opinions represent all California stakeholders plus or minus 9%. From the responses, 81% of external stakeholders rated the Board’s overall Enforcement effectiveness as Very Effective or Effective. Based on the response rate, we can be 95% confident between 72% and 90% of external stakeholders would rate the Board’s Enforcement effectiveness the same way.

Public Relations and Outreach Data Reliability Statement

Based on 126 external stakeholder survey responses regarding Public Relations and Outreach, we can be 95% confident their opinions represent all California stakeholders plus or minus 9%. From the responses, 35% of external stakeholders rated the Board’s overall Public Relations and Outreach effectiveness as Very Effective or Effective. Based on the response rate, we can be

95% confident between 26% and 44% of external stakeholders would rate the Board's Public Relations and Outreach effectiveness the same way.

Laws and Regulations Data Reliability Statement

Based on 122 external stakeholder survey responses regarding Laws and Regulations, we can be 95% confident their opinions represent all California stakeholders plus or minus 9%. From the responses, 77% of external stakeholders rated the Board's overall Laws and Regulations effectiveness as Very Effective or Effective. Based on the response rate, we can be 95% confident between 68% and 86% of external stakeholders would rate the Board's Laws and Regulations effectiveness the same way.

Organizational Development Data Reliability Statement

Based on 75 external stakeholder survey responses regarding Organizational Development, we can be 95% confident their opinions represent all California stakeholders plus or minus 11%. From the responses, 60% of external stakeholders rated the Board's overall Organizational Development as being Very Effective or Effective. Based on the response rate, we can be 95% confident between 49% and 71% of external stakeholders would rate the Board's Organizational Development the same way.

Data reliability calculator: <https://www.surveysystem.com/sscalc.htm>

To help improve data integrity, the online survey did not provide a neutral option when asking about effectiveness. Instead, stakeholders completing the survey chose between a positive choice (Very Effective or Effective) and a negative choice (Very Poor or Poor). This allows the Board to better understand whether stakeholders have a positive or negative view of the Board in various areas.

Appendix C – Strengths and Weaknesses Data

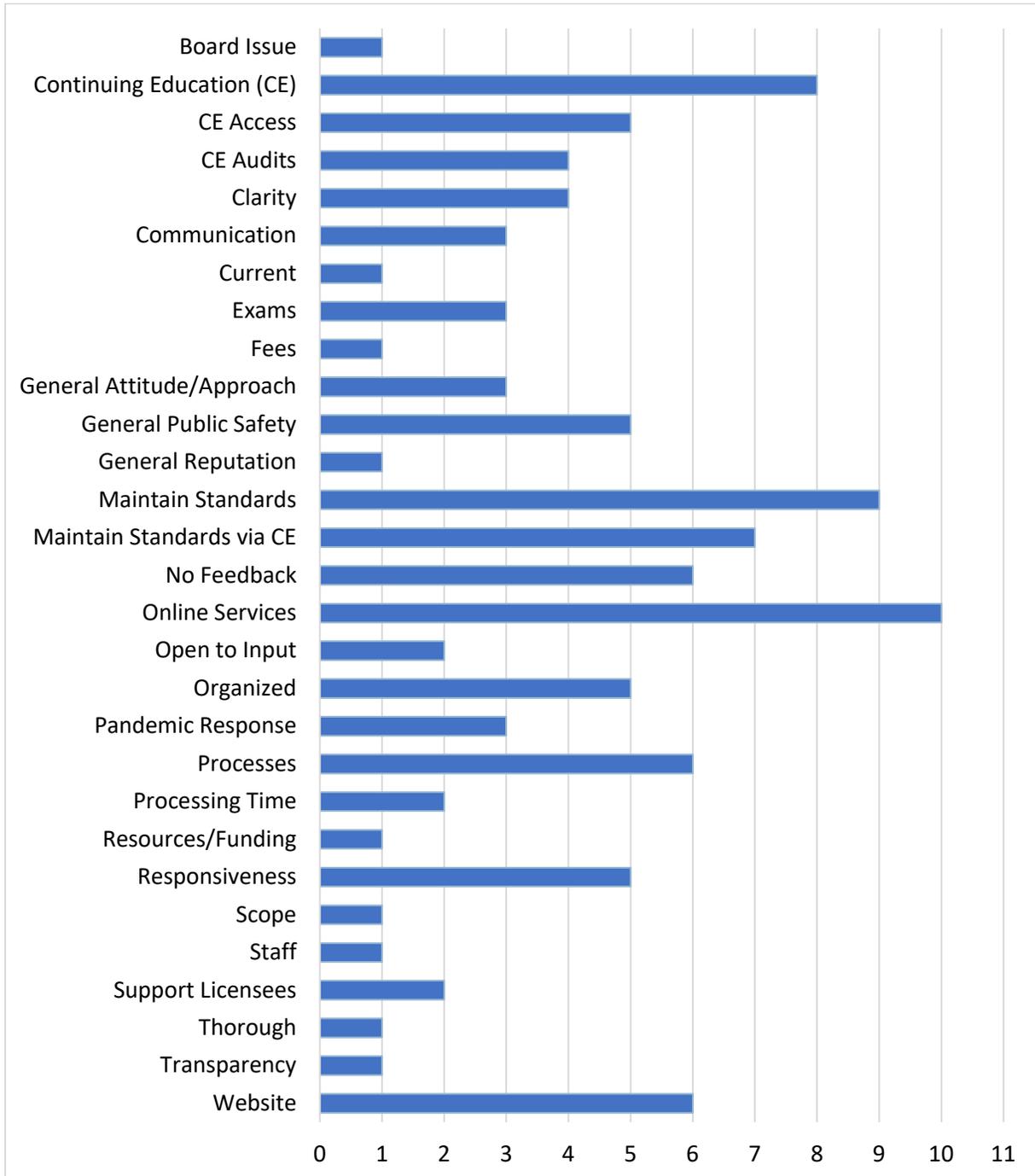
This appendix contains the raw data relating to the Board’s strengths and weaknesses collected from the online surveys and interviews.

- The comments in this appendix are shown as provided by stakeholders.
- Comments that appear similar or on a specific topic have been organized into categories.
- Comments that were repeated multiple times are grouped with the amount shown in parentheses.
- To organize comments by topics, comments may have been divided when necessary.
- The comments have not been edited for grammar or punctuation to preserve the accuracy, feeling, and/or meaning the stakeholder intended when providing the comment.
- Comments that contained personal information or offensive terms have been redacted.

Licensing and Professional Qualification

Strengths

External Stakeholders



Board Issue

- Having practicing Chiropractors on the board is a strength.

Continuing Education (CE)

- They provide a guideline for continuing education.
- I think the CE requirements are a good thing as I continue to learn "pearls" that I can put into practice after 35 years of being in practice. If not required, I'd most likely not sit in on many of these seminars.
- They must enforce CE
- Do certify many classes for relicensing
- Strong on organizing continuing education that we can access and learn from as doctors of Chiropractic.
- They do a great job providing continued education every year.
- CE- re-licensing education
- List available CE courses

CE Access

- They made Zoom an option for in person CCE credits.
- allowing zoom classes for CE was a great idea! I've been taking CE since 1979, never liked the hotel format, since I'm hearing impaired. When instructors would show technique, only the closest few docs could see the moves. Now, with ZOOM, i can turn up the volume, and I always get to view the techniques. I hope that ZOOM will continue to be an option in future.
- Enabled Doctors of Chiropractic the opportunity to do live CE online. Saves time, money and gives more opportunity to learn or experience different instructor and information.
- Allowing live zoom seminars for live credit
- Allowed Zoom classes to substitute for Live continuing education.

CE Audits

- Periodic audits of CEC by licensees.
- I believe confirming the CEs claimed will help us keep everyone honest.
- Audits of CE work fine.
- There is random audit for compliance of CE

Clarity

- Clear and concise teaching.
- very straight forward expectations

Appendix C: Licensing and Professional Qualification - Strengths Data

- Making clear the rules that regulate practice
- Clearly stated scope of practice description, re-licensing requirements at a minimum.

Communication

- The board keeps the profession up-to-date with standards, requirements and changes.
- Communication with licensee.
- Communication the last few years has been much better.

Current

- Keep license up to date

Exams

- testing
- Testing
- Run multiple, well organized Licensing examinations.

Fees

- I appreciate the yearly fee for my license has not gone up (much).

General Attitude/Approach

- I can tel that they work hard and try to do the best they can.
- I believe the board does well. As with any bureaucracy there can be glitches, but any I have had have been straightened out easily.
- No complaints

General Public Safety

- Follows the laws of California pertaining to Chiropractic.
- Licensing professional qualification
- Consumer protection has been very good
- BCE does a great job in this area, with the current regulations in place.
- license drs

General Reputation

- Provides a visible and legal representation of Chiropractic professionals in the State of California.

Maintain Standards

- Upholding requirements. Audits ensure CE requirements are being met.
- They provide professional standards and regulations for our profession

Appendix C: Licensing and Professional Qualification - Strengths Data

- Follow rules and regulations
- Offer licenses to qualified doctors
- Does BCE offer any services to the profession outside of testing standards?
- Testing and continuing education
- The purpose of the board is for public safety.
- BCE's greater strength is working in the background to ensure that we, as chiropractors, conduct ourselves in a professional and competent manner.
- Consistency and fairness in maintaining standards of conduct and practice.

Maintain Standards via CE

- Requiring CEUs to remain licensed.
- I am in agreement with the additional hours requires for relicensure.
- The continuing education standards rules rake and regulations of the board are solid we are very low consumer complaints and the profession does not change that drastically to warrant much change in this area.
- Approval of seminar content.
- CE requirements and policing of renewals
- not substandard CE requirements
- Ensure that DCs continue their professional education.

No Feedback

- to busy to know answer to this question
- Not sure as I really feel the CE requirement is a joke.
- ???
- none. In my opinion the BCE is a failure.
- They suck up to the MD
- IDK: I DO NOT SEE WHAT IF ANYTHING YOU ALL DO WELL FOR THE POSITIVE BENEFIT OF THE CHIROPRACTIC HEALTH CARE SYSTEM.

Online Services

- CE Approvals sent to CE Provider via e-mail
- Reminders and thank you so much for finally implementing an online renewal!!
- Most things can be now more seamless online as apposed to outdate mail.
- Online CE and payment available online

Appendix C: Licensing and Professional Qualification - Strengths Data

- The online license renewal system works well.
- I appreciated being able to do it [renew my license] online this past year.
- Online licensing renewal has improved the process
- I love the ability to upload education certificates directly in the system when renewing.
- Glad to see ability to pay for license Renewal online versus having to mail in a paper check.
- Ability to check licensee status online

Open to Input

- Seeks stakeholders opinions on important topics
- Enable stakeholders to present concerns

Organized

- I believe that they Keep an organized licensing and continuing education process.
- Seems well organized
- organization & Development
- Well organized
- My only knowledge is that they are well organized and timely in this process

Pandemic Response

- Creating online resources due to COVID but with limit communication to the community at large that it is suppose to be servicing.
- Providing flexibility to professionals that allows them to obtain their CE requirements During this pandemic was less stressful for myself personally.
- Good work communicating changes through COVID and permitting not in person CEUs.

Processes

- They do a great job sending the relicensing information out prior to you birthday month.
- Excellent record keepers.
- Requiring annual CEU's is best practice for ensuring competency, but having records for renewal would be more efficient in my opinion.
- Management of DC license status and renewal process.
- Renewing my license is relatively easy and straightforward.
- My experience is that the licensing process is fine.

Processing Time

- Renewal of my license was speedy.

Appendix C: Licensing and Professional Qualification - Strengths Data

- I got my license renewal quickly.

Resources/Funding

- BCE is most effective at collecting dues from Professional Chiropractors, to support the Boards expenses.

Responsiveness

- They are pretty responsive, timing wise.
- Responding to questions or concerns in a timely manner.
- Do answer questions on the phone in person
- When i have needed to phone- the BCE is always responsive.
- Respond promptly to correspondence

Scope

- I believe the chiropractic board is fulfilling their mandate to protect the public and assist the profession in protecting scope of practice

Staff

- Nice people

Support Licensees

- I was able to get a California license through reciprocity when the California Executive Director made a phone call with the Minnesota Executive Director. Very personal, nice service!
- You guys make everything worse. As a DC licensed since 1989, I can say that you come across as my adversary, not my friend.

Thorough

- thorough process in licensing.

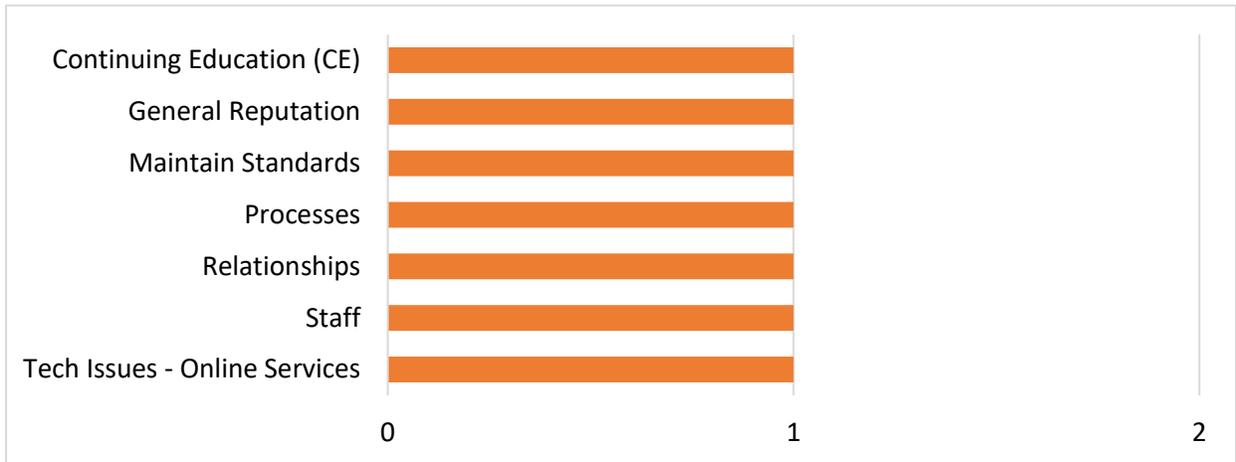
Transparency

- Transparency

Website

- I appreciate the web site and ongoing updates
- User friendly website
- Website is user friendly. Easy to find rules and regulations.
- There is a website for contact by phone although response time can be improved.
- Glad to see updated website.
- ease of website navigation

Board Members



Continuing Education (CE)

- We do accept CE of other health care boards.

General Reputation

- I think we're doing a good job. I've been to schools, I teach CE so am interacting with doctors, seeing the questions they are asking, their interest level, and have for many years. I think we're doing well.

Maintain Standards

- This area has three main parts to it, as I see it. Those are Licensing, professional standards, and CE. Licensing standards are done well, the Board has worked on their core competencies and on updating the regulations. Most of the professional standards come through the schools and the Council on Chiropractic Education (CCE), as far as standards of practice.

Processes

- We have a decent process in place for initial licensing.

Relationships

- There's a strong relationships among board members and staff; people are willing to meet, there are no uncomfortable questions.

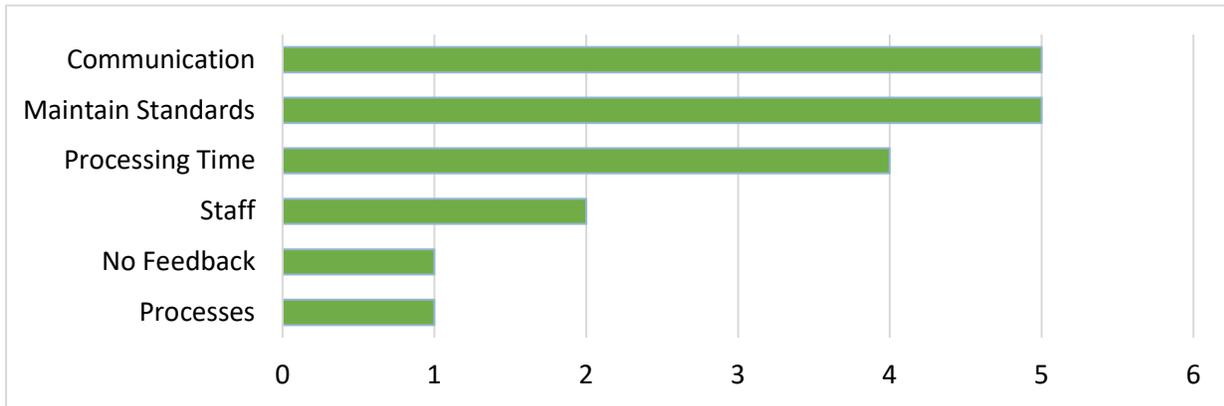
Staff

- Staff is good at making sure the proper steps are taken. Staff has us making sure we can do our job as thinkers, then legal can come in to restrict us.

Tech Issues - Online Services

- Automation of the licensing tasks is super helpful, and needed to reduce the cost of running things. They're implementing more and it is moving in the right direction.

Internal Stakeholders



Communication

- Our board has great communication between ourselves.
- Our newsletter was nice, it was informative for both the licensees and consumers.
- interpret law well to the licenses.
- We communicate with our applicants and licensees.
- posting timely on website

Maintain Standards

- Ensuring that the requirements for licensure and renewal are being met.
- BCE is committed to ensuring applicants meet licensing requirements to practice chiropractic in California.
- ensuring minimum qualifications are met.
- We hold licensees to good standards, through national exam plus state-specific exam.
- CE is required annually. We are re-vamping CE requirements to bolster the consumer protection.

No Feedback

- No experience yet - new employee this year

Processes

- We're in BizMod. We'd been hindered for a long time through being in phase 3 of Breeze, and we didn't convert. We've been reliant on paper and excel spreadsheets. Now Licensing is in Connect and we have more functionality, and it's ongoing.

Processing Time

- Turnaround time of received documentation is done in a timely manner.
- We meet all processing timeframes.

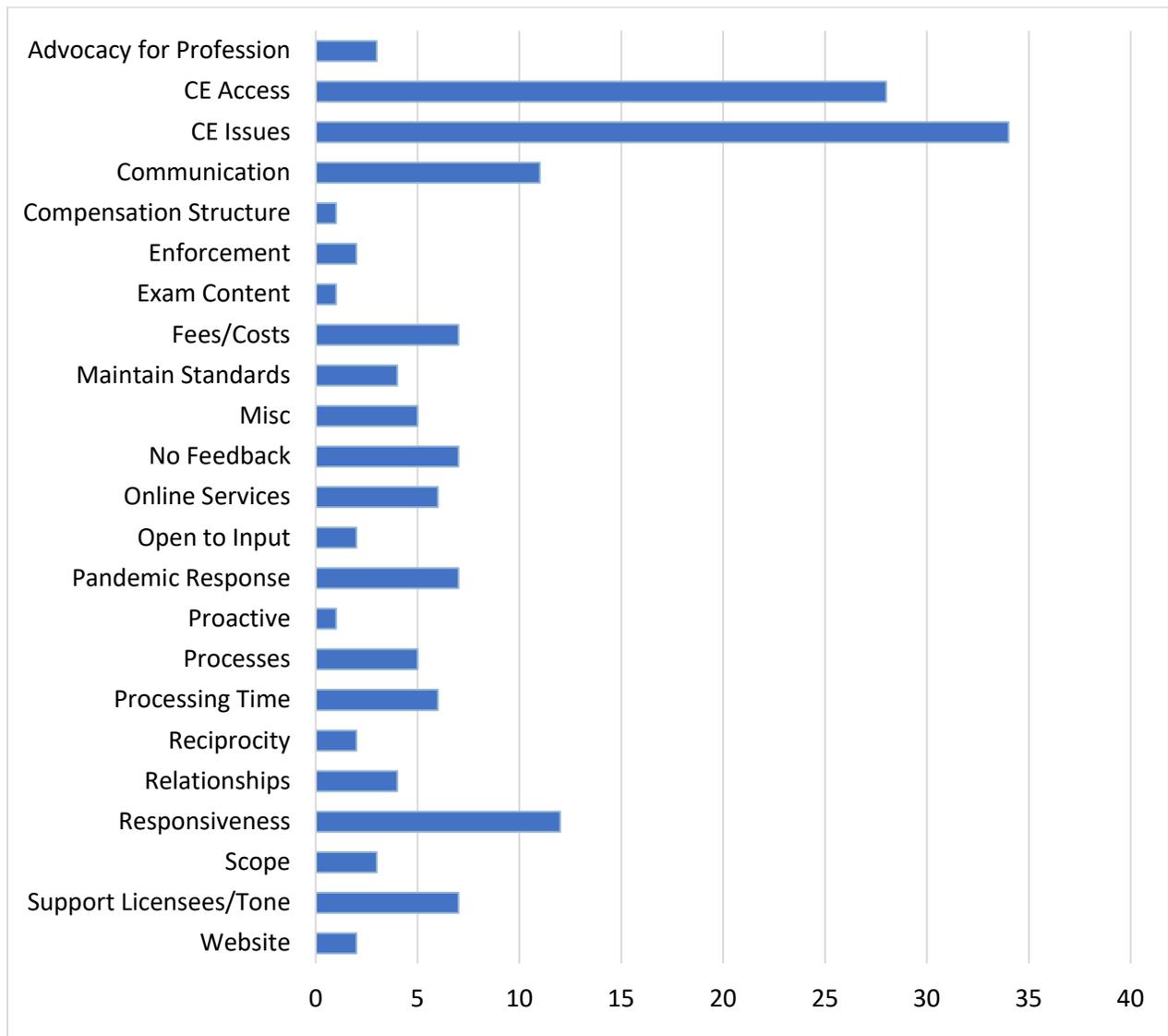
- Processing times for licensing
- No big backlogs. We aim for 14 calendar days to turn around for most cases, we're meeting that almost.

Staff

- Licensing Manager is very caring and knowledgeable
- customer service

Licensing and Professional Qualification Weaknesses

External Stakeholders



Advocacy for Profession

- Creating sense of cohesiveness and team pride in our profession

Appendix C: Licensing and Professional Qualification - Weaknesses Data

- The BCE needs help in improving and promoting chiro in the general population. Get the chiro the same respect, clout, and pull as the M.D.'s in all aspects of health care and practice.
- With the opioid pandemic in full bloom the scope of chiropractic needs to be protected and expanded! Coupled with the physician shortage and the enhanced criteria of a nurse practitioners coming about! we are physicians and should maintain that status...actually grow it!!

CE Access

- Expand online CE learning options
- The weaknesses of the board in regards to continuing education fall on several factors number one live interactive video conferencing should be made a standard rule based upon the times we live in. The pandemic has shown us that this system works for all levels of education from preschool kindergarten elementary middle school high school and collegiate levels as well as all professional organizations and should be added as a format for all chiropractors to receive their education through this platform. It's a shame that the board has not done this yet after almost 2 years of this pandemic and temporary injunction's are good but they do not solve the problem and should be made a permanent additional platform for all education including the teaching of chiropractic technique.
- I think it is a mistake to limit the zoom seminars as ability to take live classes. They have been very interactive, enable you to take classes that you would not travel to because they are too far away, and you have a prime seat in each one.
- I think it would be beneficial to be able to continue receiving live CE credits via live zoom classes. Many states have this option available for licensees and it works out well.
- Flexibility on continuing education delivery. Allow live remote training beyond the pandemic. Zoom allows ease for both presenter and attendees.
- work towards supporting dr's ability to take CE online.
- online seminars
- Lack of approval of zoom seminars for live hours.
- Need to allow more online education
- Online continuing education in place of live training is important as well and must be extended or implemented permanently. It is alleged that the licensing Board of Chiropractic examiners does have control over this matter, however, the fees were increased by the same entity, were they not?
- Also, extend the use of zoom for live seminars and play your part in reducing exposure of doctors to crowded rooms.

Appendix C: Licensing and Professional Qualification - Weaknesses Data

- Expecting us to go back to live continuing education With continuing threat of Covid. I've learned so much more on zoom without the distraction of so many people around me and I can finally see during technique. Thank you for listening.
- I think we need to keep the option for remote live learning. There's no reason to force chiropractors to travel, pay for mileage, food, and lodging so they can get their credits. It's safer on zoom. Covid is not over and many chiropractors do not follow any safety protocols so I don't want to be in a room with them. Additionally, I think you get people paying better attention online. You have to answer questions and be on camera the whole time. In a live seminar, you can sit in the back and read the newspaper the whole time and get credit while learning nothing. Additionally, for technique hours, you can see better on zoom or other online platforms than you can trying to crowd around a table for a demonstration. I'm 5'3" and I've never been close enough to a table to see a live demo. In the next question, there should be an option between poor and effective.
- Also, they make it difficult for out of state licensees to obtain the continuing education hours by requiring in person learning and not providing other means to meet the requirements- live stream, zoom, etc. During the pandemic, not all states allowed for travel and, despite having taken 25+hours of continuing education for the 2022 license year, I was denied an active license because I did not have enough "in person" hours.
- Over the years, you've doubled required Continuing Ed hours, but have done very little to make these hours easily accessible. Zoom meetings offer a better educational experience (can see better - because everyone has a front row seat, can hear better because audio can be adjusted to personal preference, and can breathe better because not spending the day in a stuffy hotel room. In addition, online education offers a wider range of choices because I don't have to drive 8 hours if I want to attend a seminar in Northern CA, but live in Southern CA. Every seminar everywhere is available to everyone. It is a shame that it too Covid to make this an available option, and it is very sad to hear that this option is going away in the near future. Being forced back into hotels seems like a huge step backwards.
- To the point, Continuing education requirements are, in my opinion, BETTER suited to the ZOOM teaching environment, and that includes the technique classes. I have attended many in person classes over the years, and now a couple of the ZOOM technique classes, and I find that I get much more out of the ZOOM classes than the in person classes. Reasons why this is include: I can actually see what the instructor is doing, there is more engagement with the student docs attending, more thoughtful questions arise, and since we are all in our homes (or what have you) we are more comfortable and not distracted by some person taking in the class. Furthermore, it has been my observation in the past with in person CEC that many attending would simply be surfing the web while the class was going on. The manner in which Back to Chiropractic manages their ZOOM lessons mitigates that behavior and, again, increases class participation. I think the BCE would be wise to adopt or permit ZOOM CEC in perpetuity.
- Bring back and make ZOOM seminars for in-person CEC credits permanent ! Taking a seminar via ZOOM for in-person credit is so much better than having to travel and sit in a

Appendix C: Licensing and Professional Qualification - Weaknesses Data

cold hotel conference room to take a class. Zoom allows for better technique classes, less pollution to the planet, saves gas (just look at the prices) and is so much more convenient! In this area, the BEC is effective, but it could be SO MUCH MORE EFFECTIVE with ZOOM seminars!!!!

- Extend license renewal thru Zoom meetings. Help practicing DCs save time, money and gas with Zoom meetings please.(No hotel stays, no meals out).
- Putting a cap or an end to zoom classes as a substitute for live continuing education. They should continue to allow it and make it a permanent option.
- Allow Zoom option to continue for CE's.
- Allow for Zoom live seminars for the 12 hour portion that has in the past been required to do at an actual seminar location.
- Zoom online format should be allowed for the Live portion of the requirements for CEUs. There are other states who have successfully implemented an online version for Live requirement.
- Allow online live Zoom to count for CEU ongoing.
- They want to make the Zoom/ online option temporary. Every other professional license has online options for all credits. To advertise you can now take 12 credits online was false advertising as you still had to do 12 in person. So it was just an additional 12 hours of CCE added but could be done online. The Zoom and online classes are far superior to getting to a distant destination to sit in an uncomfortable room with a possibly less than good view of instructor under fluorescent lighting eating road food. This all at great expense, especially with the cost of gas. In addition unnecessary exposure to COVID.
- Reaction times are too slow We've been waiting approval for continuing education changes to approve zoom seminars permanently to be acceptable as live ce credits. During the pandemic it has been made apparent that zoom seminars have been an effective and convenient way to reinforce continuing education. I am a mother of 2 and it is very difficult to arrange childcare for them for 12 hours for an in person seminar. However 2 hours on my lunch break on a weekday. Or 4 hours while watching the children on a Sunday is very manageable. Please improve the approval process for things like this.
- Why would you ever take away the advantages of ZOOM instruction? Constantly reviewing Technique, that we have already mastered, presented in overcrowded classrooms where you can't even see the instructor is stupefyingly ineffective, and an enormous waste of everyone's time and resources. The Zoom instruction has allowed wonderful close-up views especially of technique and X-ray; but also every other power point presentation, never previously provided before. To go back to the crowded classrooms trying to peer over every other person in front of you in order to see the instructor or the dim small projection screen is inconceivable. What an incredible waste of a learning opportunity, that can only benefit the Chiropractic Profession overall
- continue with online web zoom

- eliminating the live, online CE.

CE Issues

- Requiring too many hours (12 per year is plenty) and in specific subjects. How can you expand if you limit what we can learn?
- slow at getting change done (modernizing) as concerns updating CE requirements to meet current needs and current technology- seem to keep kicking the can down the road e.g. synchronous webinars = live seminar
- Does the BCE offer some form of continuing education?
- In 10+ years of offering CE I have never seen a BCE member at an approved CE program to confirm course outline being adhered to or attendance verification observed for compliance.
- Dramatically change the nature of how continuing education is regulated. You are the only reason that several gurus and charlatans target chiropractors through CE seminars that are best described as scams.
- CE requirements confusing to DCs and heading toward increased complexity and confusion. Inconsistent application of CE subject categories to CE applications. Inane, time-consuming, and expensive CE system of separate applications for separate subjects within a single CE course
- My own experience of accidentally forfeiting my license during COVID because of the confusion around the extension for live credit requirements BUT still having to send in the renewal slip with the payment and not signing the declaration of credits obtained was horrid and it took months to get help to figure out my error and rectify it. Maybe a phone call could have been made to me as I had never had license issue before in over 25 years... very upsetting.
- Interactive CCE
- Providing an easy to access and searchable list of Chiropractic CE providers and courses. The industry of CEUs has become its own business that is being monetized with limited benefit.
- Put hours requirement back to what they were
- The adoption of more CE does not make or equate to better/safer/more effective Chiropractors. 12 hours is plenty of CE. 24 hours is excessive unless you have a special certification that would require more information
- Reducing the number of yearly hours required back to 12. In these times of tremendous psychological and financial stress what is the purpose of 24 hours.
- Advanced seminars
- Better enforcement of regulations on CE providers. Some do not observe the regulation that requires "Each hour of continuing education credit shall be based on at least fifty (50)

Appendix C: Licensing and Professional Qualification - Weaknesses Data

minutes of participation in an organized learning experience." I have completed 12 hours of CE credit in less than 45 minutes. Download the course notes and the test; use key word searches to answer the test questions. I only did this as an exercise to see how fast a cheater could complete 12 hours.

- Having 24 hrs of CE every year is ridiculous.
- It appears they observe for 'certain' words in course outline to allow for CE category without the academic skill level or specific profession knowledge to alter a CE category.
- They need to implement the 100% audit system that has been rumored for 2 years or more. Where CE Providers send in their attendee lists and that info gets cross-referenced over all licensees.
- Depending on who reviews CE Application a CE Category is not consistently accepted as submitted year in and year out
- Confusing guidelines regarding accepted live zoom dates for which birthdays.
- CE: very complicated and cumbersome to track. consider a CE tracking service, like SC uses (I think it is called CE tracker?)
- The guidelines set for continuing education can be redundant for actually being able to further our education whilst getting continuing education hours because we are required to take the same courses repeatedly to get the required hours within the framework of the guidelines.
- variable quality of CE. no requirement for speakers to disclose to the attendees any conflicts of interest, etc - that is standard in the medical CE industry
- BCE needs to acknowledge that there is more to being a Chiropractic Health Provider than the relentless regurgitation of required C.E. Technique instruction. Didn't we all successfully complete years of Technique in our college training? Didn't we all have to demonstrate our technical skills in order to practice in the state of CA? Is it so inconceivable to the BCE members that years of practice will hone Technique skills? If after five or ten years you haven't achieved technical mastery, you're not going to still be in business. Why after years of successful practice are we annually required to be subjected to 6 hours of the same Technique that we learned in College, taught by instructors with far less experience than we may have? In our profession we learn from every new patient that we meet. Yet we have no opportunity to share knowledge gained with our Colleagues because we have to sit in meeting rooms at our desks and vie for viewing angles to perhaps get a glimpse of the instructor and maybe get a hint at what they are trying to present. Fortunately, it is usually the same thing that we already learned with hands on technique in College. Sadly it needs to be said to the California BCE that NOT ALL Chiropractors are as unethically devious and of such wretched moral character as the dismal portrayal of our Profession by the BCE's required annual C.E. curricula on Ethical misbehavior.
- More business and finance training would have been very useful.

Appendix C: Licensing and Professional Qualification - Weaknesses Data

- Allow for more variety of continuing education seminars. Allow for CEUs to transfer from other certifications that DCs hold.
- Too Narrow standards that should be open to acceptable continuing education from other disciplines; medical training; Physical therapy; nursing; Spanish language training proficiency; The current standard of billing, coding, technique, etc, does not help me become a better health care provider.
- Not require categories that really serve no purpose to make you a better practitioner.
- It would be great to have a resource library of board meetings that when watched could be used for relicensure hours, similar to attending a board meeting in person.
- My primary criticism as a DC since 1971, was how continuing education failed my age category. I asked the providers (chiropractic colleges) many times for the kind of in-depth upgrading such as in biochemistry, embryology, and other studies from where these studies have gone since our graduation. That can not be done in 12 hour “sound bites” classes. It would require a much greater exposure. The current continuing Ed is much more directed at continuing skills for more recent graduates and completely fell short of my needs, requiring I must self educate. Which, btw, gets zero credit towards renewal of license. I have many times sat through tediously boring presentations that only filled the required hours and funded the colleges. This last year due to my age and the lack of good, challenging and truly educating programs, I made the decision to allow my DC license and identity lapse. I am also educated in Feldenkrais education, certified to teach and enjoy the challenge of continuing my learning and skills. I am sad to say, I lost my respect for being a Doctor of Chiropractic in the state of California.
- More flexibility for CEUs would be nice. Other states do not require their CEUs be verified by the state. Since I live out of state but work under my CA license in the VA it is hard to find in person hours accepted by CA board outside CA. Using something like PACE accreditation would mean standards would be upheld but provide more flexibility. Complicated CEU process.
- The requirement for 24 hours of continuing education each year is an unsubstantiated and onerous requirement. There is no research showing that more hours of required continuing education makes doctors better doctors.
- Twenty-four hours is too many hours of CEUs required each year. Twelve hours was better, and eighteen might be okay as well with a split of ten online and 8 in person or something like that.
- After a certain timeframe (20, 25 years) if the doctor has had no complaints lessen or drop the continuing education requirement. Unfortunately we don't really learn how to adjust by working on each other anymore. I could learn just as much by reading a 20 page document or watching a one hour you tube video. It has become a waste of time and money to go 2-3 hours away and spend most of a weekend to get in person hours.
- There needs to be some mechanism to ensure that the licensing hours taken are applied/utilized. It does no good to learn the latest/greatest if you do not use it.

Communication

- The BCE has no outreach to the Profession that they control. I have never received communication from the CBCE other than for demands for payment for annual relicensing. The CBCE shows the practicing Chiropractor no respect nor appreciation for keeping the Profession viable. They have never asked for feedback before, that I am aware of. If they have, the CBCE has only asked feedback from sources that they favor, to hear what will make them feel good about themselves. There is no venue for any discourse.
- The board could communicate major issues and a summary of progress as they proceed through the regulatory process to all licensed DCs.
- Communicating with licenses the changes in the rules that regulate practice
- Support our profession better by actually providing resources when inquiries are made instead of referring licensee's out to another org.
- communication to / for the DC.s
- licensing: provide timeline of approval process?
- It seems to be difficult as a lay person to truly understand what sometimes is really going on or being adressed or accomplished..
- [Creating online resources due to COVID but with] limit communication to the community at large that it is suppose to be servicing.
- Public relation
- public Relation & outreach
- Having important decisions made on our requirements with a much longer advanced notice. It would help for planning our schedules in advance with more time to have if there is a family or professional emergency.

Compensation Structure

- Needs improvement with insurances so that chiro can get paid what we are worth!

Exam Content

- The X-ray exam did not resemble day-to-day Chiropractic practice.

Fees/Costs

- Financial stability. BCE should go to a two year license. This would halve the cost to the BCE for providing this service.
- its too expensive at 350 dollars a year to keep an inactive license. I am retired ,living on a fixed income and want to keep my license but not sure whether I still can/should due to annual cost.
- Not being able to justify licensing fee increases as COVID and CE credits has generally hurt many Chiropractors business as business owners

Appendix C: Licensing and Professional Qualification - Weaknesses Data

- Verifying my CA license (live) for application to another state DC license has a ridiculous fee (\$125). [The other state didn't want to look it up. They wanted to speak to a human.]
- The cost of renewing our licenses doubled as well as the CE requirements, both of which I think were terrible.
- Cost of license is a joke!
- The cost of the license increasing in recent years also doesn't seem warranted, just another excessive cost put on the doctors in an already expensive state.

Maintain Standards

- Being swayed by “medical opinion “ that turns out later to be harmful. Be patient and always seek the truth. The problem is sanctioning a Doctor for a position he takes that is correct but is directly opposed to current medical opinion an example would be the current Covid 19 vaccine is safe and effective.
- If not Currently a part of the standard application process, the board should do a background check on all applicants. There are businesses that monitor all 50 states and for a reasonable fee can provide notification to the board of any activity against a California licensee.
- Never once have you inquired about my competency as a DC. You are only worried about paperwork, fees, fines and punishments. Everything is about compliance, not competence.
- Having 2200 hours of medical diagnosis in school that we aren't legally allowed to use was wasteful.

Miscellaneous

- Perform an internal audit of rules and regulations to insure they are in compliance with our initiative act
- The board is not an independent entity. Our profession is under the same class as hairdressers.
- Additionally, without a public vote, the Board came under the DCA.
- politics
- Does not accommodate seating for our professional requirements.

No Feedback

- The limited contact that I have with the board as a licensee I see no weakness. As an expert witness, I see no weakness at all.
- Not sure how to define this metric
- Not sure.
- I don't have the perspective to know if they're able to improve or even how they could improve.

Appendix C: Licensing and Professional Qualification - Weaknesses Data

- None
- to busy to know answer to this question
- Have been licensed in CA. Since 1976. Have no idea of how things operate today.

Online Services

- ONLINE license renewal process is in need of improvement. Public access to licensees name address and contact information are not up to date. Lack of email addresses, phone no.
- Use of the website for renewal was difficult in terms of the categorization of post grad credits.
- Instructions on submitting/ uploading documents is cumbersome
- Some regulations are just outdated and need a revamp. Regarding licensing, the recent addition to online application and payment has improved a lot the process, but there is still room for improvement in terms of the submission of documents from schools to the Board. A portal for the applicants, the schools and the board to follow what has been submitted/accepted would be very helpful.
- Access to more forms/submissions online.
- CCE's checked online, like the insurance agent license

Open to Input

- Does not incorporate stakeholder feedback into decision-making
- Value the input of the practicing Dcs.

Pandemic Response

- Timely communication and answer questions to dcs regarding Covid issues
- The change in re-licensing requirements and deadline extension during COVID was confusing and information did not always align on the website with the e-mails sent out. I know it was a fluid and challenging time, but it was an added stress to figure out if we were treating patients as essential workers and under what additional exposure.
- Helping us navigate through the pandemic seems to have been a challenge to all but curious if that now were being regulated by the dept of health vs our own entity things are different/complicated...
- the general fear to address COVID and vaccinations effectively.
- Ever since COVID started, I have seen other medical professionals board quickly responded and accommodated how they renew their licenses. It's frustrating to see it took us a long time to decide we can renew our licenses virtually.
- Advice or guidance throughout the pandemic.
- The BCE was thrust into a new circumstance, just as we all were, when COVID struck. I applaud the BCE for adapting on the fly to the harsh reality that followed. But in the wake of

so many businesses discovering that they could have many of their employees work from home, be just as productive (if not actually more so) and do so at a reduced cost, it seems that the BCE is slow to jump on that trend.

Proactive

- Say you cannot change regulations but when it comes to more money or extending hours for re-licensing they are right on top of it.

Processes

- There have been challenges in some years with mailing renewals in time. Also every other year renewal would be much better for everyone.
- Instead of asking for CEU certification after the fact submit prior to renewal or at time of completion of CEU class/meeting.
- I am an approved educational provider for continuing education. Every year when I re-apply for course approval the Board's approval is for 12 months from that date instead of making the approval for a calendar year. This means that every year afterward I must re-apply earlier & earlier, as the date for renewal keeps getting pushed back. Why can't the Board simply keep the approval process based on a calendar year?
- Lack of regulation and oversight of preceptor program. Many graduates use the program for years before gaining their own license. The regulations make reference to "board approved preceptorship programs" but nowhere does it specify any criteria for the board to approve or deny a program.
- Have difficulty at times with license renewing predominately for corporations and satellite processes..

Processing Time

- Since one of their main jobs is to accept the fees for our licenses , it galls me that they require the checks to be sent more than a month before they are due so they have time to process them..why does it take so long?
- Board is unable to make changes. They have been working on changing continuing education Rules & Regs for 9 years and still have not done it. For two years they have not made video conferencing an option for the live CE requirement.
- The satellite certificate process needs to be instant, not take weeks . You restrict some doctors from supporting their families and working. What other profession does this?
- Changing staff leads to delays in CE processing
- The delay after graduating from school is ridiculous. Other states people can be licenced within a week of graduation. There is no reason that the majority of required information could not be sent a month or 2 prior to graduation. The majority of students have all hours and requirements finished months prior to graduation.

Appendix C: Licensing and Professional Qualification - Weaknesses Data

- The board should use their influence to standardize the timeline for licensing. I have the unfortunate task of transferring from Washington state to California State. The system is ridiculously ineffective and the best California state could offer was an estimation of between one and five months after I wrote board exams to get my license approved and activated. This is completely unacceptable. I'm now on month five which has cost me being passed over onto employment opportunities at over \$120,000 per year. CBCE is completely unmoved by their lack of effectiveness and efficiency. If this were a private enterprise they would fail and be bankrupt, as they should be.

Reciprocity

- Reciprocity across all states should be mandatory . All Chiropractic colleges should be accredited.
- Drastically improve license reciprocity with other states.

Relationships

- They suck up to the MD
- They are not part of the Federation of Chiropractic Licensing Boards, which is allows for more continuing educations classes and other beneficial seminars. 37 states are part of this Federation but California is not one of them.
- You need to improve relations with our state association.
- Would be nice to have more of a voice as a profession in the state of California. I'd propose a way to enact a voting process amongst all active and current Californian licensee on rules and governing factors that would affect our profession.

Responsiveness

- They don't answer the phone, and rarely return a phone call within 24 hours as stated on their messages.
- There were days when no one answer the phone calls. Voice Messages not promptly responded. No way to know if public comments & questions(by phone & email) were passed on to higher levels for considerations
- Get better at answering the phone
- Board is not available for questions. Not easy to get answers to specific questions.
- They can provide more support for doctors that need timely support in licensing. At times, doctors need licenses or satellite certificates or website updates expedited for purposes of insurance company verifications, and the board staff could not care less. I had my QME license approach expiration because the address was not matching and it took the board 1 month to update the website. And they still did it wrong.
- Return phone calls
- responses from the Board are slower than I would like

Appendix C: Licensing and Professional Qualification - Weaknesses Data

- usually, I cannot get a live human being on the phone to ask a question. perhaps you could allow me to leave a message and return the call later
- not much I can say, as every time I called, either there is no answer and no one bothers to call you back. So I try again and again.
- Sometimes they are delayed in response.
- Last minute approvals, delayed response times
- It is difficult to get an answer from the board on problems related to licensing.

Scope

- Promoting inclusion with MD's and DO's.
- In approaching the representation of Chiropractic Professionals as wholly providers of customer service to consumers, the practitioners do not benefit from the due regard that other healthcare professional receive. Our Medical and Chiropractic training prepares us for one level of work and the BCE chooses to downgrade the group to a level in which little to no professional training is required. As such a diminished group, opportunities to collaborate with other professional groups (i.e. Medical) are restricted, thus limiting the professional services available to the consuming public.
- Allowing other professions (ie MDs) or politicians to dictate or influence our scope of practice.

Support Licensees/Tone

- SEEMS THE ONLY REASON FOR THE BCE; REVENUE GENERATION FOR THE STATE. AND ENFORCEMENT NO BENEFIT FOR DC. #3,4,5 ""0"" BENEFIT.
- The Ethics C.E. requirement to sit through the barrage of inexplicable threats against our licenses by the BCE's projection of their own moral insecurities on practicing Chiropractors is depressing and demoralizing. It is heart wrenching to know that our own BCE is of such an intensely low opinion of the Professional Chiropractors that they require this annual reminder of how much they hate us. And de facto their own profession. Are there no California CBE members that actually feel good about this profession that I love and respect? Perhaps some CBCE members hold their own morality to be of such high esteem that they deem others, who not of the same philosophical dogma, can only be the heathens that need to be constantly chastised, bullied and monitored lest they be left on their own devices. The CBCE controls our Profession passing laws and judgements based on only their individual standards and biases. Small cliques of people control the fate of the entire Profession. The CBCE is unreachable and untouchable. The CBCE needs to be reminded that without the average hard working Chiropractor, the CBCE would not exist.
- On the rare occasion when I called to ask a question or needed clarification - I've received a snippy attitude and was told to go to the website! That has certainly kept me from wanting to call again and diminished my opinion of the CA BCE.
- The board has failed to support practicing doctors of chiropractic.

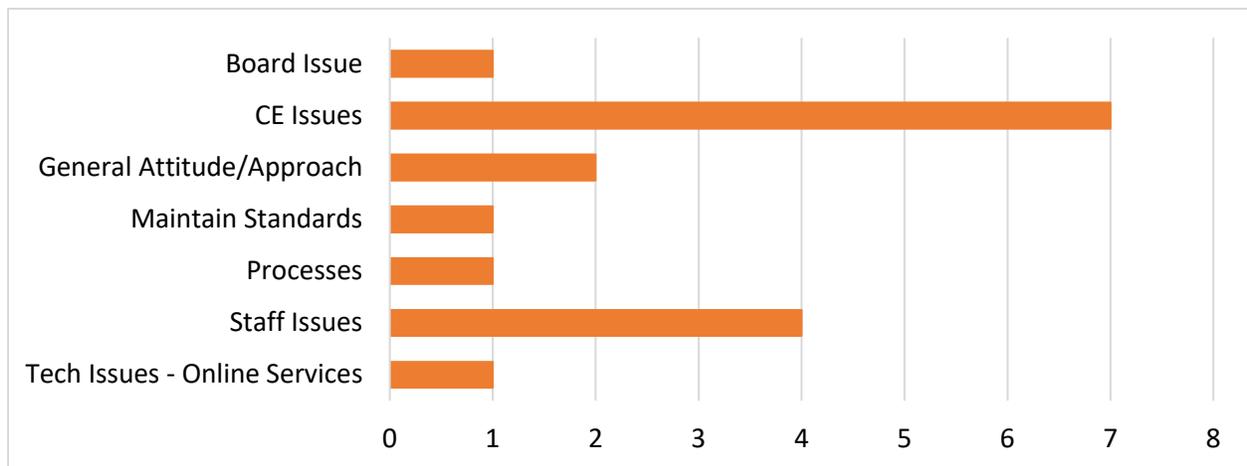
Appendix C: Licensing and Professional Qualification - Weaknesses Data

- BCE is very unapproachable cold and aloof. And I often wonder why do I have to pay so much to receive so much lack of care and disrespect. I truly feel you hate DC's and yet we are the one who have been supporting the organization with our yearly dues.
- on rare occasions that I was able to talk to someone, I had to hurry and finish my questions as the person was really impatient.
- The Board feels adversarial, not supportive.

Website

- Website navigation for license renewal is poor.
- There is a plethora of info on the website which is good but some forms need reorganization and clarity.

Board Members



Board Issue

- We want to split Licensing from CE to make two committees. That will allow us to split regulations packages and gives our board members an opportunity to serve on other committees that meet their interests.

CE Issues

- After taking a CE course, the feedback goes to the teacher, so it does not allow BCE to get honest objective feedback. This is especially a problem when licensees take the same courses over again simply to satisfy their requirement.
- As for professional conduct and discipline, there's a lot of room for growth. I'd like to see a focus on establishing guidelines with CE in the discipline process, to prevent those who have been reinstated from doing repetitive CE of the same courses, without showing meaningful CE. It doesn't benefit the individual and could be harmful to the public. It's skirting around the rules, and we have not done a good job of establishing protocols to prevent that from occurring.

Appendix C: Licensing and Professional Qualification - Weaknesses Data

- A big CE regulatory package is moving, and we're looking to break that up. Moving one big package is harder, so we're breaking it up.
- Licensing and CE (Continuing Education) are two separate issues. As far as virtual CE and subject matter requirements, I think most feel we're ahead of ourselves. We need to see if we're really comfortable with the purpose of CE, and that conversation come from the needs. Then we can talk about how many hours needed, things like that.
- Many licensees don't understand their own CE. We should share the idea of being a responsible licensee, and share our resources.
- For our CE, we could put some exit testing as an element of the CE. It could give us an idea of how the licensees are doing. We should have some tool to wrap up the ideas and see how much people are absorbing, paying attention.
- Requirements for CE need to be modified. I don't feel the required 24 units includes emergency procedures. The Board's job should be more helpful to licensees on how not to screw up. Like, licensees should need CPR every 2-3 years, they should have standards or courses on emergency procedures. Licensees do what they were taught but sometimes it isn't enough. Stroke prevention, emergency treatments need to be discussed. The Board can come up with something that unites the profession, so every licensee knows what is expected. Patients don't understand that they do need to tell the doctor pertinent information, so when something goes wrong, we find they didn't read the informed consent. The Board should help licensees navigate that in tools and classes and seminars; how to look for this, ways to communicate to patients. Professional conduct needs CE for instances like casual requests to adjust family, friends, in non-clinical settings.

General Attitude/Approach

- I'd like us to be more proactive in the little efficiencies. For instance, we set up a meeting with CE provider staff to just listen to stakeholder suggestions. Paper brings inefficiencies, including mail delivery, etc. Is there a reason why we don't do PDF type-through documents? We need to listen, then take that input back to see what we can adopt.
- In our customer service role, I sense a negative tone of 'why are they so late'? We need to remember to honor the stakeholders.

Maintain Standards

- Our standards could come up some. I've participated in a few of the National Board Specialist exams, and I think that the level of competency is there for the most part, but we could be more challenging.

No Feedback

- No big challenges.

Processes

- Responsiveness and processing times are issues. It's hard to say if they are individual instances. Covid is a factor but there are process issues to work out. We need to honor

Kristin's [Acting Executive Officer] role to manage staff. As far as escalating stakeholder issues, if it gets pushed from a board member, it gets done, so is that an issue of how things get prioritized or is it a workload issue?

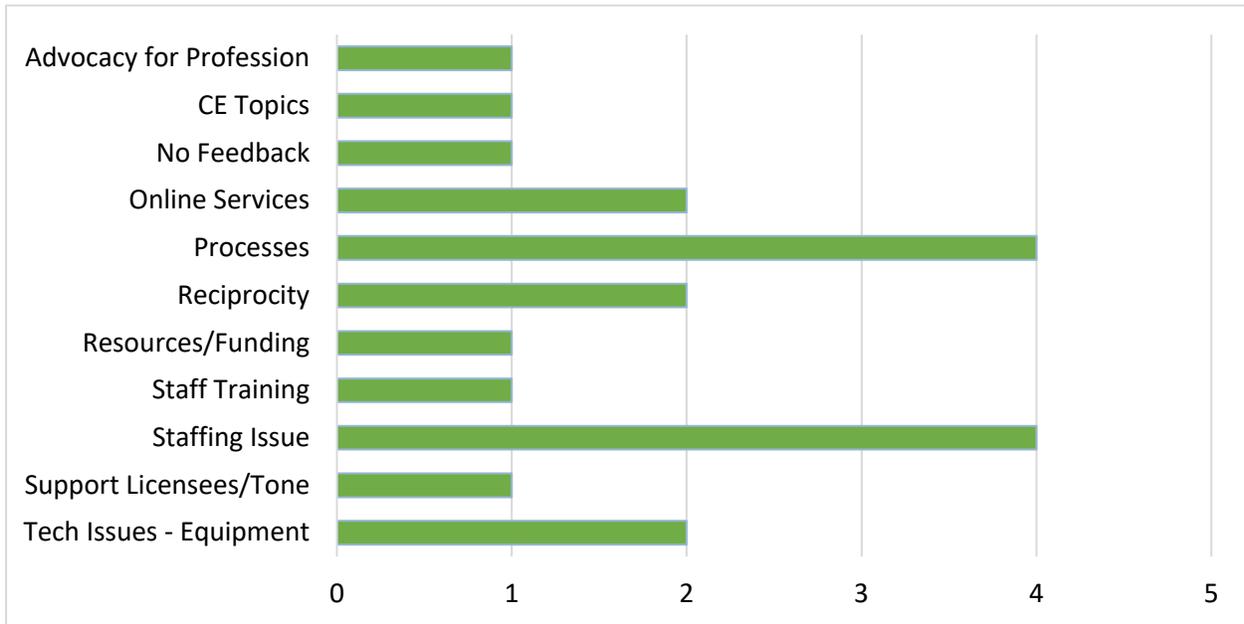
Staff Issues

- There has not been consistent staff in CE who understand chiropractic and professional development. The level of staff turnover prolongs timelines and inhibits performance through staff's lack of understanding the objectives.
- I'd like to change the culture at the office, to reward staff for improving efficiencies.
- Answer the phones. Are we that short on staff? Getting a person to answer the phone for every call, so it doesn't always go to voicemail would be great. Most calls are licensing stuff, but this is also Organizational Development.
- As far as escalating stakeholder issues, if it gets pushed from a board member, it gets done, so is that an issue of how things get prioritized or is it a workload issue?

Tech Issues – Online Services

- Staff could be more productive, and BizMod is a big help. It feels like we're in the dark ages. We're needing to go through the huge DCA process, and that's slow and cumbersome. Project dashboards for all to see would be really nice but I don't know if we could get that on our own, or whether DCA offers this? It's clearly best practice, so we should have it.

Internal Stakeholders



Advocacy for Profession

- Insurance rarely accepts chiropractic. Now physical therapists broadened their scope so there is some overlap. Chiropractors feel left out of the mainstream medical profession. It's hard to move the profession forward.

CE Topics

- I'd like to see additional required continued education in the areas of ethics and boundaries. Or perhaps its the content that is being taught at seminars that should be addressed and not so much the required hours.

No Feedback

- No experience

Online Services

- As the world transitions to the golden age of technology it seems that this board is going to get caught in the past. The outdated CAS system causes problems when it interacts with other programs (connect). I believe the problems will get worse as time goes on. Other technology will get better by the year, and by staying stagnant we are actually going backwards.
- There are electronic verification websites that could be adopted for license verifications.

Processes

- the processes are so different for every thing and too much paper is used.

Appendix C: Licensing and Professional Qualification - Weaknesses Data

- BizMod is in progress, so we're doing everything twice, once in the legacy systems and once in Connect. The online platform is buggy, so we're spending time working through that. Getting automated will be great but that's a year or two out.
- Looking at our processes, we're fixing what we can through legislation.
- The internal process of getting people licensed is outdated, paper-based, and not easy to navigate for applicants. We're on Connect for Licensing but not Continuing Education. The CE component is still developing. One challenge was that we went into Connect mirroring the paper-based process, when we should have started from scratch. We're looking to OIO to help us with re-thinking that to make the whole process more user-friendly.

Reciprocity

- In Professional Qualifications, reciprocal licensing is a bit burdensome. Applying for a reciprocal license is more burdensome than getting a brand new license. It's not at all streamlined. They must provide us with everything that a new applicant does, plus their other state's verification, plus maybe take parts of the national exam. It would be hard to fix. The Act says we'll reciprocate to other states. But the regulations timeframes would present a big challenge. We might need to open up the Act, and it would need to go to a new initiative. It might be a regulatory change, but it might not. The Act is fairly specific on processes.
- On the concept of reciprocity, right now, the two processes are almost identical. If they're licensed in another state, they still have to do everything again. We're not making it very welcoming. Scope of practice across state lines is different. For instance, in CA you can't puncture skin or administer medications. We don't want to broaden California's scope, but we should make it clearer and easier. Maybe we could work with other state boards. Currently it's more difficult than it could be. It would help to align versions of the national exam. (the benefit to the applicant is that if they took the 1990's national exam, then it means they need to go through reciprocity rather than take the new exam. There are ways we can improve that process. Once the other state's background check was done, we should accept their certification.

Resources/Funding

- budget is not sufficient to support program and rising costs

Staff Training

- Cross training, training options for staff are minimal

Staffing Issue

- Staffing issues often cause delays in processing which increases the workload as more people call to check on the status of their application or renewal.
- We struggle with staffing. We are short staffed which causes work overload and stress in the workplace.

Appendix C: Licensing and Professional Qualification - Weaknesses Data

- Fill vacant positions to ensure processing timeframes and quality customer service continue.
- We have been lacking staff for a couple of years now; there are 5 or 6 vacancies, which is a lot for a small board. We've hired seasonal clerks & Ras (retired annuitants) but then they leave. We have no clerical (2 vacant), one vacant AGPA, another vacant AGPA. One seasonal clerk filling one clerical. Had performance issues, people on leave. Cashiering, mail opening, etc. was being done by managers. Very few applications coming in, it's a covid thing.

Support Licensees/Tone

- Some staffers are very process-driven but forget to step back and recognize the reason behind what we do. The forms can be confusing. When errors come in, staff used to just return the whole package to the applicant. We're working on changing that mind-set, encouraging staff to put yourself in the customer's shoes.

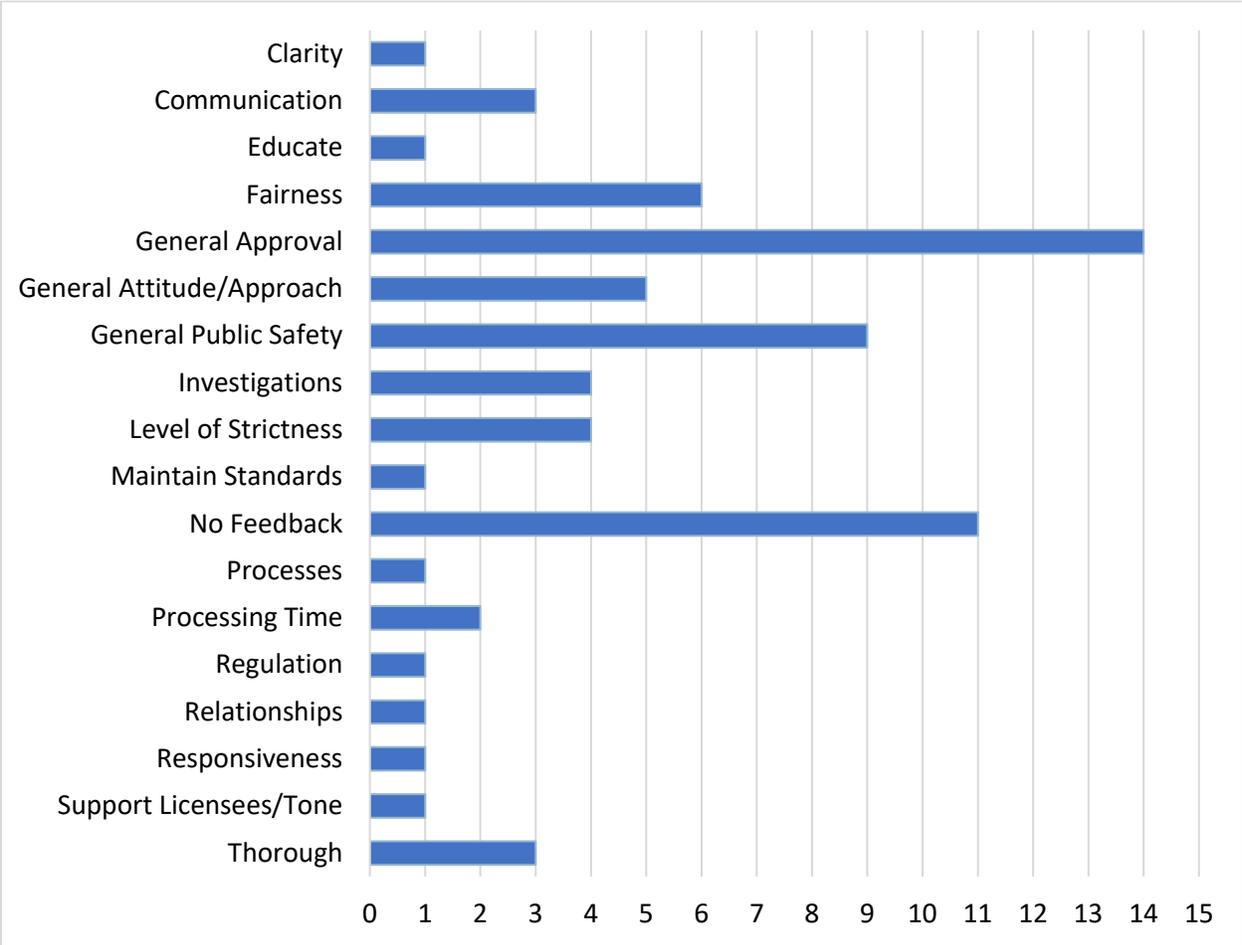
Tech Issues – Equipment

- lack of proper IT equipment to perform job efficiently, some key licensing functions are still manual processes
- Can't telework as much due to paper-based, and no equipment.

Enforcement

Strengths

External Stakeholders



Clarity

- Clearly stated consequences of infraction/violation.

Communication

- They always send the regulations when appropriate.
- regular updates, like the list of delinquencies is helpful. getting it to everyone is challenging.
- communication as far as enforcement.

Educate

- education

Fairness

- For what I have seen in my 32 years of practice, BCE has been effective at enforcing standards of practice, rules and regulations in a fair manner. I think it has the right balance of power and intelligence.
- I have heard that the BCE has acted with fairness. Considering some consumer complaints are unfounded, it is important to investigate as an innocent Chiropractor should be protected too.
- BCE is fair in terms of enforcement.
- I think they go out of the way to try and be fair.
- They seem to act in a fair and ethical way and enforcing the laws.
- I believe they try to be fair to all in the complaint process. They work well with me as an expert witness when reviewing complaints.

General Approval

- I think the BCE does a very good job in this regard.
- The board is doing a good job
- I feel they to an effective in the area of enforcement.
- As far as I know the board does well with enforcement of our state laws.
- Doing well.
- BCE is very effective in terms of enforcement.
- Have only heard the stories of others who violated licensing requirements so don't have the ability to speak on this directly, but I am glad to see that enforcement is actively being pursued
- Seems appropriate
- seem to act appropriately in licensing enforcement of violations by professionals
- Audits, not sure about others areas
- Excellent in the area for enforcement
- This area is fine.
- Adequate
- No complaints

General Attitude/Approach

- I like that they seem to take complaints seriously.
- You are energetic with enforcement, but blind and limp when it comes to insuring DC's are good chiropractors.

- I feel the Board is very diligent in pursuing enforcement issues when it come to protecting the public.
- They take seriously there mandate of public protection
- The investigations I have reviewed have been done professionally.

General Public Safety

- The BCE certainly enforces laws. Which is good to protect the public from the rare miscreants that misbehave and damage the publics trust in our Profession..
- The board is able to address complaints and audit DCs as needed.
- The BCE does a good job of policing the professionals and taking action against the licenses of those who decline to practice within defined legal boundaries. There is more to enforcement than catching and punishing the guilty. There is the discernable positive presence of the enforcing agency in the lives of licensees and the consuming public.
- I think they do well in enforcing laws and defending the public from fraud
- Holding licensees accountable for breaking the rules
- Violations of license
- Public safety, license enforcement.
- Enforcement of CCR
- Help to root out bad actors in the profession.

Investigations

- Allow other DC's to determine what are "community standards" when assessing complaints.
- Investigating accusations
- Responding to and investigating complaints by patients.
- Investigating accusations

Level of Strictness

- They are strong on prosecuting unprofessional conduct. They do enforce laws and regulations.
- Too strict sometimes
- Extremely rigid and prosecute with impunity.
- It seems as if the board does have a strong level of enforcement with the violators in the state.

Maintain Standards

- They revoke licenses of Chiropractors who are deemed not fit to represent our profession.

No Feedback

- no experience with enforcement of chiropractors.
- Not sure, I do feel that anyone who violates the ethics should lose their license
- Unknown. No personal experience. I hear the BCE is good at enforcing.
- ???
- I assume they are doing a good job. I haven't heard any complaints recently.
- I do not follow much going on currently with respect to enforcement, however, in the past I know the board was effective.
- nothing, I have only heard horror story after horror story.
- I HAVE YET TO DISCOVER "STRENGTHS" WE PAY A LARGE FEE \$313 YEARLY FOR WHAT IDK. SEEMS THE BENEFITS ONLY WORK TO STRENGTHEN THE BCE. NOT THE DC.
- How does the BCE enforce regulation?
- Never heard of them doing anything until the Chiro was prosecuted for fraud.
- I have no direct experience with the enforcement arm, thank goodness

Processes

- Good response and follow up on consumer complaints

Processing Time

- Acting swiftly to complaints
- There is prompt response to public complaint

Regulation

- Regulation

Relationships

- The liaison with law enforcement officials appears to be key to catching some licensees. Even though the renewal form requires reporting of any law violations, some apparently overlook that little detail.

Responsiveness

- Having staff available to respond to inquiries regarding where in the state regs, etc. a particular issue is addressed.

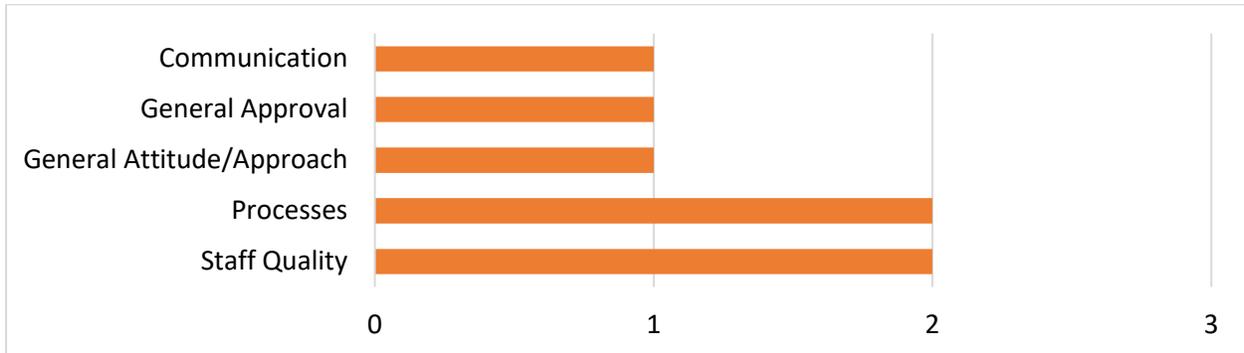
Support Licensees/Tone

- Great resources and references

Thorough

- Thorough review of complaints from consumers, payers and situations where malpractice awards have been made.
- thorough process of processing complaints.
- Very thorough and protect the public

Board Members



Communication

- The Board has lectured at schools on the top 10 violations in the past.

General Approval

- We’re doing a pretty good job. I’m proud of the work.

General Attitude/Approach

- Organized

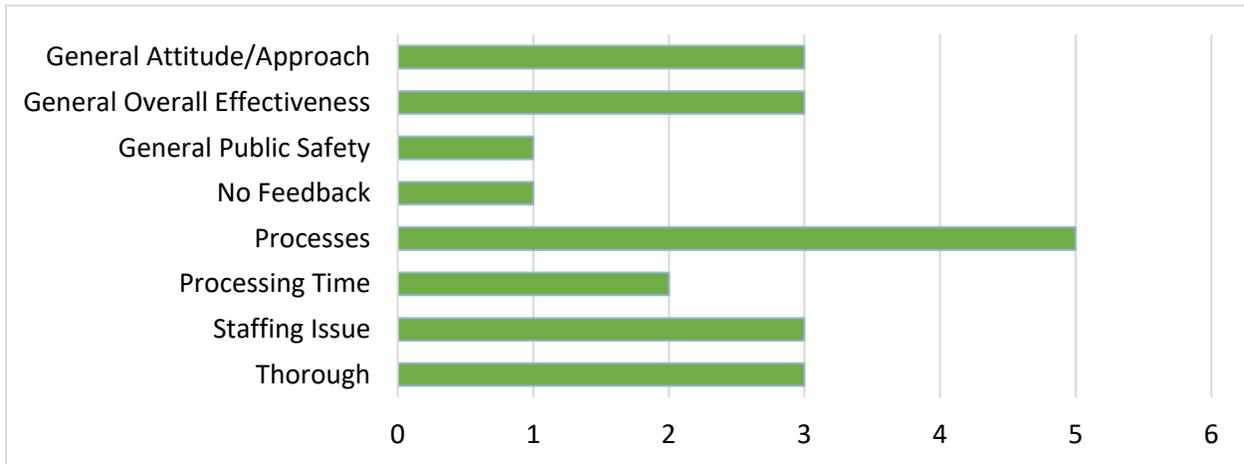
Processes

- We have established tracking and reporting of trends per our last strategic plan
- We get two to three items per month to review and submit a vote on, a petitioner request. Those also happen in board meetings, we listen to hearings.

Staff Quality

- Our new attorney has good guidance for us about process, he is offering responsive direction, he’s proactive in seeing things like practical stuff about timelines that are legally required, etc. He’s good at seeing the big picture.
- Kristin [Acting Executive Officer] has worked in that area and is moving in the right direction. We’re getting clearer laws and regulations in place. She’s made sure we’re very organized about the work to be done. Staff have great ideas they bring to us; they are ready, willing, and able.

Internal Stakeholders



General Attitude/Approach

- Stand by their decisions
- BCE takes consumer protection very seriously
- We're accessible to consumers.

General Overall Effectiveness

- Staff have made great improvements in closing cases.
- Although our Board only has 3 field investigator positions for ALL of California and 4 enforcement analyst positions, I feel like we're definitely enforcing the rules and regulations.
- enforce laws and regulations very well

General Public Safety

- Consumer protection agency, promoting that licensees are abiding by the Rules and Regulations that are in place.

No Feedback

- No experience yet - new employee this year

Processes

- the processes for everything are very clear and streamlined as much as possible.
- BCE prioritizes complaints and enforcement to ensure consumer protection. BCE allocates staff resources to ensure enforcement goals are being met.
- Timeframes are improving. Protocols are being pushed as far as timeframes. Legislation says specifically egregious violations need to go to D of I automatically, that helps.
- There are processes to receive complaints, and to respond.

- Enforcement process

Processing Time

- The target cycle time for complaint intake is 10 days. The Enforcement Unit is meeting or exceeding this target.
- Timeframes are improving. Protocols are being pushed as far as timeframes.

Staffing Issue

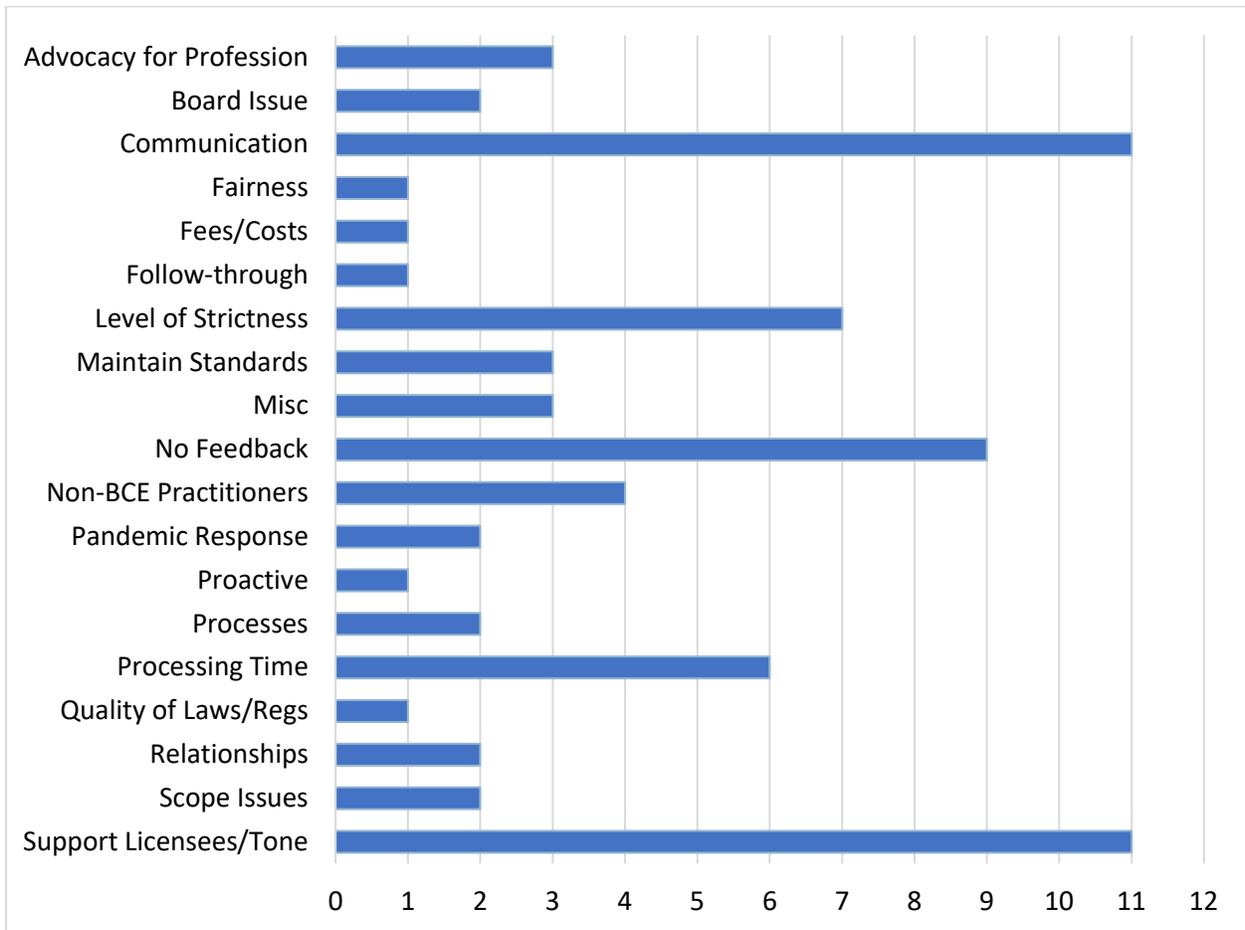
- Staff assist consumers timely through the Enforcement phone line and have quick response times.
- knowledgeable staff members. Over the years there have been many long-term employees that are very knowledgeable. This is helpful.
- We did have an RA filling in as manager, and she got cases moving. The unit had under-performing staff, but she got a chance to set standards and things improved some. There are very variable staff skill levels.

Thorough

- Provide complete investigations to the AG's office when requesting administrative action
- Every complaint is reviewed. Priority is given to those allegations with patient harm and/or sexual misconduct.
- Every complaint is investigated, we do a thorough review and take appropriate action. Larger boards can't get to everything, but we take each one seriously.

Enforcement Weaknesses

External Stakeholders



Advocacy for Profession

- The BCE only enforces laws against Chiropractors. What has the BCE done to protect Chiropractors from outside forces damaging to our Profession? Case in point, now Physical Therapists are practicing manipulation/ chiropractic in our state! How could the BCE allow this to happen? What has the CBCE done to protect Chiropractors from Insurance Companies relentless campaign to denigrate and deny Chiropractic coverage?
- no experience with enforcement of chiropractors. However, they need to do more in protecting people that tarnish chiropractic. There was an ad run by a personal trainer who said they could cure things more effectively than a chiropractor. The board did nothing because he was not a chiropractor. As a whole, that diminishes the profession allowing others to run ads like such.
- Need to push the schools to adopt the same program of DC / PA like SCUHS/LACC and also offer those of us whom grad years ago a path to the PA program and or testing out so to speak to make us more marketable to carriers and the MD's and DO's.

Board Issue

- My fear is they have allowed the colleges and possibly others who profit from the industry of chiropractic to lead the board
- Too few chiropractors on Board.

Communication

- Communication to those being policed
- Consider some type of score board (ID protected) for reference to the all DCs as a learning and information method.
- To my knowledge there is no reporting on the end result of enforcement actions. I used to get a chiro mag that had the last page in yellow that had various cases of doctors that had enforcement action taken by various boards. I felt it was a good learning tool for what not to do.
- I might be helpful to the DC community if there as a published e mail each month with the doctors names left out but a description of what they did and the enforcement handed down and why might help to decrease problems.
- education of DCS regarding problem areas, ie P I scams
- the list of delinquencies can be emailed like it is already, but also if there is a social media page that is regularly updated I think would reach more licensees?
- Low levels of transparency and lack of information provided on the website about incidences.
- Board complaints from 25 years ago should not be listed on the website as pending secondary actions.
- More frequent communication with the profession about guidelines and any changes that may follow. Ask the profession before changes are made to get there opinion.
- As a BCE case consultant, I rarely if ever learn what the outcome of any of my file review reports has been. I understand the need for confidentiality etc., but at the same time, I believe it would be informative to know the demographics of the volume of complaints, the conclusions on the part of the consultants and the effect to the DC subject of the complaint.
- The Board was wholly and completely non-responsive to request for status of the investigation.

Fairness

- If the BCE lacks the resources to fairly investigate a Chiropractor's guilt or innocence then it needs more funding or resources to do so.

Fees/Costs

- Charging excessive fees for "reinstatement"

Follow-through

- Organization and follow through.

Level of Strictness

- Enforcement. I see so many violations with advertising and practice out in the field.
- Not enforcing the rules and regulations. no teeth in following through.
- Over enforced in the past. Ruin doctor's careers for minor things. In the past, there are minor offenses by some doctors. They should be removed from their record.
- Not investigating true issues with doctors who are definitely breaking the law and committing ethical violations
- witnessed first hand after doing a review for the Board and recommending a Chiro be disciplined for treating cancer, this Chiro was given a slap on the wrist.
- Punishments seem a bit weak for doctors who are found to have misconducted themselves.
- Perhaps a firmer hand might be useful. Certainly a 2 hour or so Ethics requirement in continuing education yearly has failed

Maintain Standards

- Based on the case reviews i have done for the BCE related to complaints against a DC and the review of related records, I see too much departure from standard of care (most usually not an element of the complaint) but none this I am concerned about the degree of departure not only from DC BCE rule and reg compliance, but the degree to which there is a breach of standard of care and duties of care that could quite easily be the subject of a malpractice claim that would often be lost. It seems as if too many of us have left behind our training in the name of convenience etc. I do not know how to address this, but I do believe that the discussion should occur, and that the chiropractic colleges should be a part of the discussion.
- Not sure, I do feel that anyone who violates the ethics should lose their license. Insufficient enforcement.
- You are energetic with enforcement, but blind and limp when it comes to insuring DC's are good chiropractors.

Miscellaneous

- The weakness i perceive is in the area of violators they should be given an opportunity to correct wrong doings by taking additional training in the areas that they violated the standard continuing education classes should not be increased in hours or topics for violators that should be a separate situation when a violator violates for example sexual boundaries they should have an extensive program to help them correct their violation With psychological counseling and training as well as an extensive program to help them they should not be a burden on the entire profession on a standard continuing education eligible protocol of classes. Violators need much more attention.

- There should be a mechanism or more effort to curtail contracted care (managed chiropractic care with a written nonrevocable financial contract), which puts the patient on the hook for thousands of dollars of future care that they may decide they don't want or need. It is a scam to so many patients whom I have talked to over the years and it gives the profession a bad name.
- stakeholder, politics

No Feedback

- As I said above I have no experience with the enforcement branch
- DEFINE "ENFORCEMENT" YOU DIDN'T DO THAT WHEN YOU ASK'D ME TO DO THIS SURVEY SINCE YOU ONLY MENTIONED ENFORCEMENT I MAY ONLY ASSUME THAT WOULD BE A 'NEGATIVE' TO CHIROPRACTIC AS A WHOLE
- Not sure
- None noted to date.
- Again, I don't know.
- I don't have enough data to comment
- Unknown. No personal experience. I do not know of any weakness.
- None
- This area is fine.

Non-BCE Practitioners

- Several offices in Long Beach have signs advertising Chiropractic however no Doctors are present. What do we do?
- Do not protect the "public" from unlicensed individuals doing manipulation even when reported.
- No recourse against practicing of unlicensed chiropractors.
- Going after scammers, false advertisers (Internet and local events), individuals whom are ruining our reputation in the medical world with unproven and questionable techniques/products...

Pandemic Response

- No guidelines on how to stay open yet keep the public safe in the context of Covid 19.
- Vaccine requirement

Proactive

- The Board could be more proactive to a REASONABLE extent. I am not referring to excessive, unreasonable and over reaching acts to be implemented.

Processes

- The board needs to do better and weeding out frivolous accusations.
- Not sure how well they follow up and keep an eye on those who have their license restored.

Processing Time

- When a complaint is filed the Board is taking entirely too long to finish an investigation and come to a conclusion. I had a complaint in front of the Board for nearly TWO years before it was resolved. The Board needs to understand that an investigation is just that, a fact finding process that should take a reasonable amount of time to complete. Status reports should be forthcoming upon request. When the investigator completes the fact-finding, then the doctor or doctors in charge of the decision-making process should proceed in a timely manner as well. Leaving a doctor with a pending investigation hanging over their heads is an intolerable situation. On top of that, if there was wrong doing happening, the patient involved deserves a timely resolution to the situation. It only fair to all concerned!
- Timely decisions and quick action should be the norm vs. what we've dealt with from the Board.
- Time taken to close an accusation
- consumer complaints that are classified as less egregious can take a couple of years to resolve, so fast tracking those may be beneficial to the consumer.
- complaint processing seems to take a long time?
- BCE does not f/up in reasonable time frames related to enforcement. Time lags and lack of investigative efforts allow many consumers access to "bad" practitioners.

Quality of Laws/Regs

- The documentation requirements specifically enumerated by BCE regulations are minimal. Defense attorneys know how to avoid accusations of deviation from standards of care relative to documentation by focusing on the absolute minimum required by law. This permits cases where an issue, such as excessive treatment, is likely to be dismissed because there is no deference given to the standard of care, only the bare minimum of documentation required by statute.

Relationships

- Needs to work more closely with Local LE and associations like the CCA to push towards more medically based care and weed out the bad apples.
- There needs to be an effort to communicate and collaborate with the chiropractic state association.

Scope Issues

- Must grow scope must grow consumer delivery ,, must fight against the insurance and administrative (read pro medicine) bias!

- Do more to look into doctor's claims that they can cure diseases or eliminate the need for vaccines.

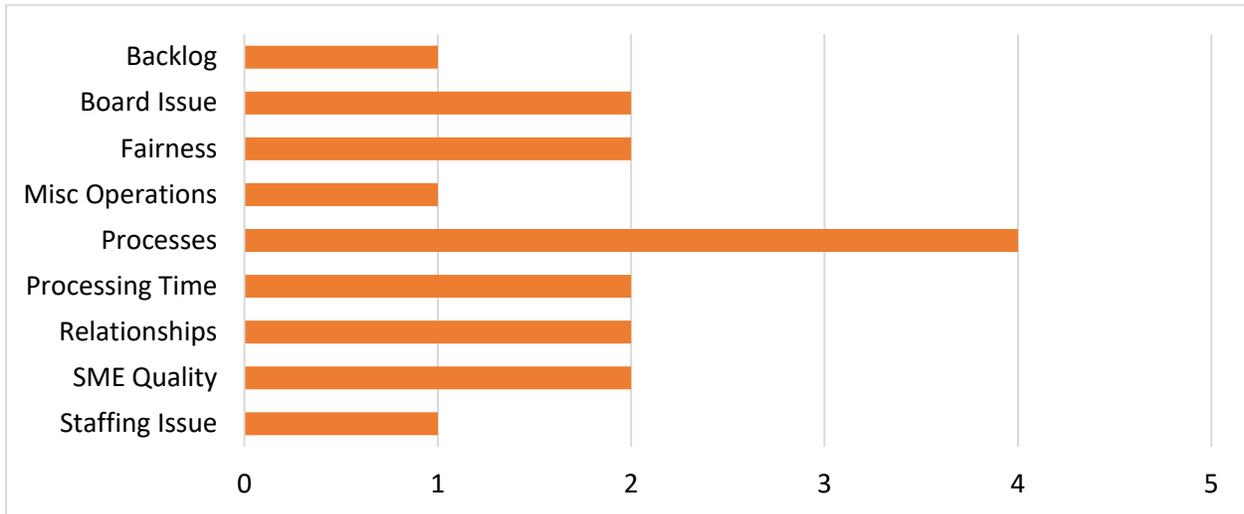
Support Licensees/Tone

- The field examiner treated me like a criminal. Felt like I was on trial instead of being investigated. She was extremely unprofessional in her demeanor and questioning. I was told by my Ins Attorney that she has a reputation of being that way with all Chiro's under investigation. Again, my Ins attorney told me that many of her other investigations were in the same situation.
- The board is too strict and rigid and always assumes the worst. Unfortunately I view the board as an obstacle, and feel the board should be our ally. Your team focuses so much on enforcement that you don't do anything positive for the profession and advance integration with other disciplines. Your enforcement actions only create fear and do nothing to advance the positive professional outcomes we all experience.
- They hate chiropractors
- Defending and take the side of DCs instead of throwing them to the AG. Since this institution has lost power and Doctors of Chiropractic are now under the scrutiny of the AG, sadly it feels as if it was even more of a subcategory as it was in the 80th or 90th. I have multiple tragic examples of colleagues who have had to battle false allegations as they were accused by their ex-spouses. These fine Doctors who have taken care of thousand patients, went w/ little or no legal counsel as they had only their words and ethic yet were accused and are on probation. This is despicable and show how little the chiropractors have self respect and are eating their own... Despicable... taking complaints from patients and automatically making the doctor feeling he/she is at fault. (I am being sarcastic) It is shocking that this institution is revealing openly the names of DCs who have had allegations against them. It is shocking to face McCarthyism in 2022... Again, it seems as the board is eating their own. A profession cannot grow when always under scrutiny, doubts and criticism
- You need to have more disciplinary options available to improve the practice of chiropractic. Chiropractors that are sanctioned need to fully understand how and why they violated the law to prevent doing it again in the future. You must not become the henchmen of insurance companies. Just because an insurance company doesn't like documentation. When a chiropractor demonstrates excellent patient care or clinical competency stopping them from practicing should be an option of last resort to protect the public, ie your mission, not the insurance company. Work with the chiropractor to improve while serving patients is far better for both.
- Treat the chiropractor as innocent until proven guilty rather than guilty until proven innocent.
- Defend Doctor as well as consumer
- Not providing a clear answer to questions about the regs or laws. I understand the staff are not attorneys but for common as well as significant issues, would serve the licensees well

for Board to seek legal counsel and obtain a legal opinion or at least clarification on such issues to be able to provide on their website. Transfer the legal liability to your legal counsel and have them weigh in on key considerations or current law on the priority issues. Licensees should at least be able to make a legally informed decision. The Board has more resources than most practicing DCs.

- If we have questions on certain things, they respond with "talk to your lawyer". Not much help at all.
- For a doctor to have to prove information to the board when something is common knowledge is abuse by the board. The board takes a guilty until proven innocent approach and is not supportive of the profession.
- Represent DC's again. When you represent "the public" against DC's and force DC's to pay for their own policing you negate your reason to exist. The profession has steadily deteriorated under your guidance.

Board Members



Backlog

- Rumor says they are very behind on cases, but I don't know the reasons.

Board Issue

- Maybe just do a separate [petitioner] hearings meeting, but that's asking for more time from Board members, and that's an issue to take on with Board members and setting the expectations of members. Scheduling is so hard when people aren't available.
- I'm interested in the consistency of our different specialists we hire, in terms of case review. I've seen some instances where it's hard to keep in mind the consumer, industry health, and licensee support. I recall one instance where the recommendation provided seemed more extreme than the situation provided, given that there was no factual evidence. We need to keep a reporting trail for the investigation. The investigation leaned toward the point of view of the victim, but not everything lined up. What is the level of consistency of Board

voting, and what is the criteria on why people vote a certain way. Especially in asking the question “what have you done to rehabilitate yourself?” There is a lot to look at including the person’s tone and actions. I would like more guidance. It is hard to determine the difference between bad and ok and good. There is liability around that. And we’re not allowed to meet and discuss things aside from the hearing itself.

Fairness

- I recall one instance where the recommendation provided seemed more extreme than the situation provided, given that there was no factual evidence. We need to keep a reporting trail for the investigation. The investigation leaned toward the point of view of the victim, but not everything lined up.
- There have been some expert reviews I’ve seen that seem not really impartial. Maybe the investigators have not interviewed everyone appropriately. We should get different impartial reviewers.

Miscellaneous Operations

- We should improve the collection of fees imposed on disciplined professionals, and improve oversight of repetitive CE classes taken.

Processes

- No changes have been made from the trend information gathered.
- We could look at how to be more efficient for that process and having the right experts in place to conduct the investigation.
- We should be more efficient in the way we do petitioner hearings (they always run long). We want fairness but can we improve that process? Maybe just do a separate hearings meeting, but that’s asking for more time from Board members.
- We need to direct staff better. We’re letting them down on giving clear ideas to them.

Processing Time

- The enforcement process from discipline to actual enforcement action takes way too long. We must decrease this timeframe.
- I’d like to see improvement in the timely reviewing when complaints or investigations are needed.

Relationships

- We should collaborate with colleges and other Boards to see best practices, with the goal of improving enforcement.
- The Board should be given the opportunity to discuss enforcement with students and cover the most common issues that are being dealt with. We should tell them ‘Don’t put yourself in situations where you think you can get away with things.’ The public needs to know that chiropractors are trustworthy and ethical and following standard regulations. The best place

to do that is at the schools, talking and sharing real life examples. We used to do Board meetings in a school, and we invited students to observe cases being heard. Students get assigned to view petitioner hearings.

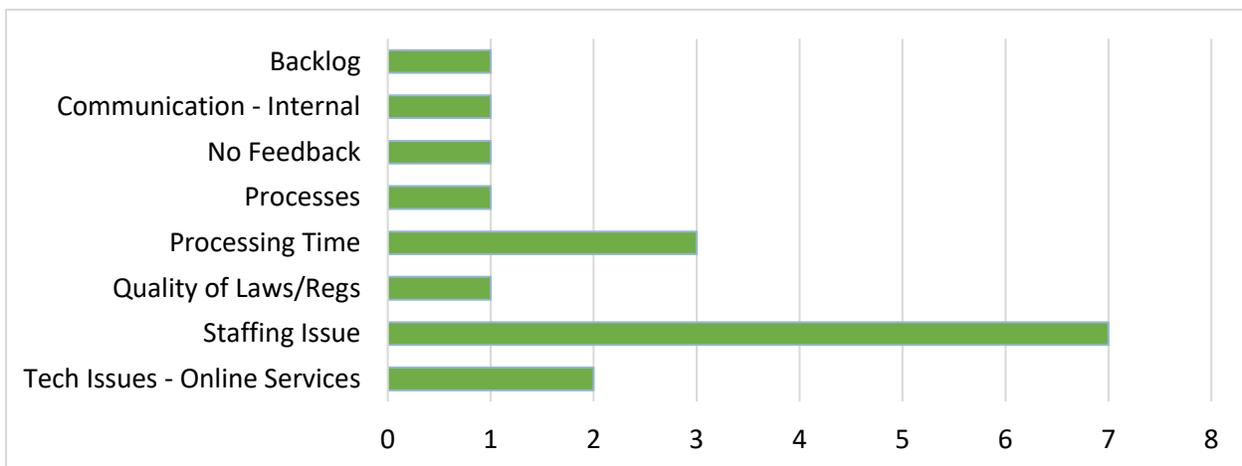
SME Quality

- We are clearly losing cases due to judges weighing the conflicting experts, and theirs were more valuable and reliable. We need to do a qualification process, and continually improve. We should assign SME's based on area of expertise, but we don't do that currently. Coding vs rehab vs... And getting good report writers. Our ability to compensate these experts is limited. Can we up that?
- I'm interested in the consistency of our different specialists we hire, in terms of case review. I've seen some instances where it's hard to keep in mind the consumer, industry health, and licensee support.

Staffing Issue

- The Enforcement unit has a big plate, and I can't really judge the effectiveness. Lots of key staff (in general, not just enforcement) are missing or temps or interim filled.

Internal Stakeholders



Backlog

- Staff have a high caseload and there are still older cases that need to be addressed and reviewed.

Communication – Internal

- Lack of communication within the office (from upper management to staff) regarding changed procedures.

No Feedback

- No experience yet - new employee this year

Processes

- Process and procedures need to be revised to bring down Enforcement timelines. We have 8 people (9 with the manager), but there are just outdated processes.

Processing Time

- Update petitioner applications and improve timeframes for petitioner hearings. By holding an all day meeting for petitioners only.
- Maybe reduce the number of days complaints are open.
- slow case processing and decision making regarding disciplinary action.

Quality of Laws/Regs

- The Board hasn't implemented CPEI (Consumer Protection Enforcement Initiative – about 10 years ago) yet, or disciplinary guidelines.

Staffing Issue

- Training for enforcement analysts is completing done via on the job training. Learn as you go with no experience. Hire more staff including investigators. Have an in house expert.
- Duty statements are outdated, training needed
- we need to re-think how we approach it. If we get a complaint, we issue a letter, and if we don't hear back, we just keep sending letters. No analysts will call or reach out proactively. This drives up our timelines, but it's also bad for our customer service. We need to re-train staff.
- We should probably have an additional field investigator position too.
- need to fill SSMI Enforcement Manager position to ensure enforcement functions are performed expeditiously and correctly.
- Staff accountability. Investigators performance is lacking. Managers don't have the time to do all that.
- A big hurdle is an internal issue, in that we haven't had the right staff to put forth solid recommendations; ideas are reviewed at committee level, with staff not fully justifying changes proposed.

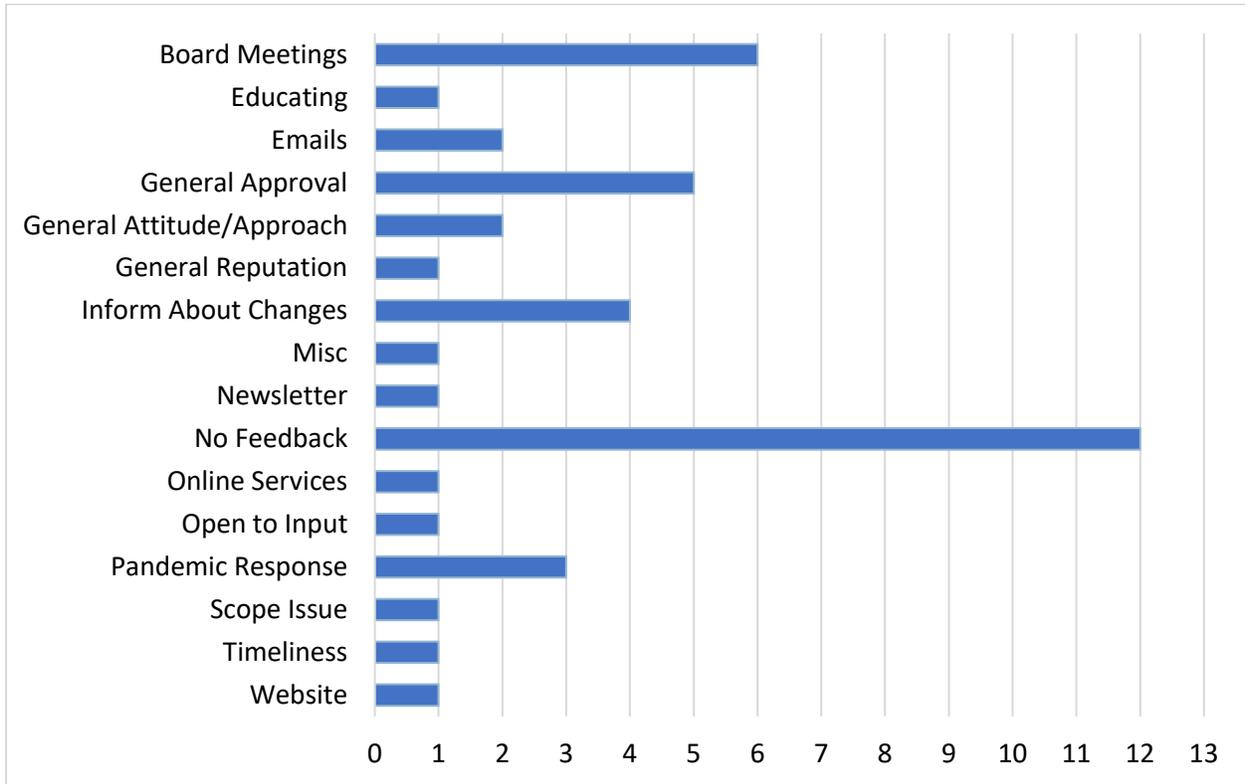
Tech Issues - Online Services

- still too much work off paper, more electronic files can be used.
- Staff must use two systems depending on the age of a case, CAS and Connect. The new online system, Connect, needs to be fine-tuned and staff should be provided a guide to create a cohesive workflow.

Public Relations and Outreach

Strengths

External Stakeholders



Board Meetings

- Send an email regarding the board meetings.
- The meetings, including committee meetings are announced well in advance and there is stakeholder opportunity to watch or listen.
- Regular email announcements of meetings
- I am on the e-mail list and get notices of the next board meeting and the content.
- make meetings available and open to public, prompt meeting minutes
- They have public meetings, yes that's good.

Educating

- Excellent teaching

Emails

- The emails are very helpful.

- The emails are good

General Approval

- Acceptable. The general public knows it exists, but some do not know its function and/or importance to the profession.
- This area is fine.
- Communicates communicates well to the chiropractor at large!
- They are good communicators within the profession
- I have had good interactions with the BCE when I call or ask questions.

General Attitude/Approach

- They try to respond to everyone
- It is my understanding that the board does it's best, may need more staffing to keep up with demand.

General Reputation

- The BCE builds a public record of action in Sacramento.

Inform About Changes

- They are informing doctors of impending changes
- Frequent updates on the various regulations
- emails are sent which is allowing DCs to be made aware of the newest laws.
- Helpful w informing licensees of ceu criteria changes.

Miscellaneous

- I really do not know what the full scope of PR and outreach is. Whatever it is it would be interesting what the outcome / effect would be for example among some groups in the health care world who have been antagonists over time. For example, as DC QME, I am the subject of over discrimination, bias and disparaging comments when deposed in regard to a QME case. In order to mitigate this, I have provided a discussion in my QME reports on DC educational curricula and our CA scope of practice. Comments have been more or less akin to "i had no idea...." etc.

Newsletter

- newsletter, website

No Feedback

- Maintaining our profession's sovereignty is a tall order.
- ???

Appendix C: Public Relations and Outreach - Strengths Data

- I wasn't aware that public comment and outreach was amazing board function I would like to know more
- nothing, you pain chiropractors as criminals causing them direct harm without any evidence of any kind.
- You could be a little better.
- DEFINE YOUR TERMS: CONSUMERS, LICENSEES, GOVERNMENT ENTITIES, STAKEHOLDERS. SINCE YOU DID NOT YOU RELY ON MY INTERPRETATION NOT ON YOUR INTERPRETATION HENCE THIS SURVEY IS IN ESSENCE CONTRIVED AND A NEGATIVE AGAINST THE CHIROPRACTIC PROFESSION.
- It's either the ACA or BCE that asks me for membership regularly, 2 to 3 times monthly, and promises to tell me why if I sign up.
- I think this could always be improved and would be easier if we expanded our license to do what Chiropractors hire Nurse Practitioners to do. Makes no sense to me for us to not be able to handle it ourselves.
- Not sure
- It has always been my practice to base my public relations on my reputation. How others have described me has been all I've concerned myself with.
- none
- None

Online Services

- Currently, most DCs Are technosavvy enough to have an email. Can save cost of snail mail by giving all licensees option to go paperless when possible (eg, for any outreach communications).

Open to Input

- The listening session scheduled by the Board on March 18th, 2022 was helpful and a good step towards outreaching to providers to obtain their feedback.

Pandemic Response

- Did a good job during covid to provide answers on what to do to stay open
- Good work through COVID.
- Very impressed with how the Board has allowed Chiropractors to attend virtual seminars during the Pandemic, and posting updated waiver information on their website.

Scope Issue

- I think the board should be working with the Hospitals to get chiropractor in as a primary gate keeper in where patients need to go for the specialty's

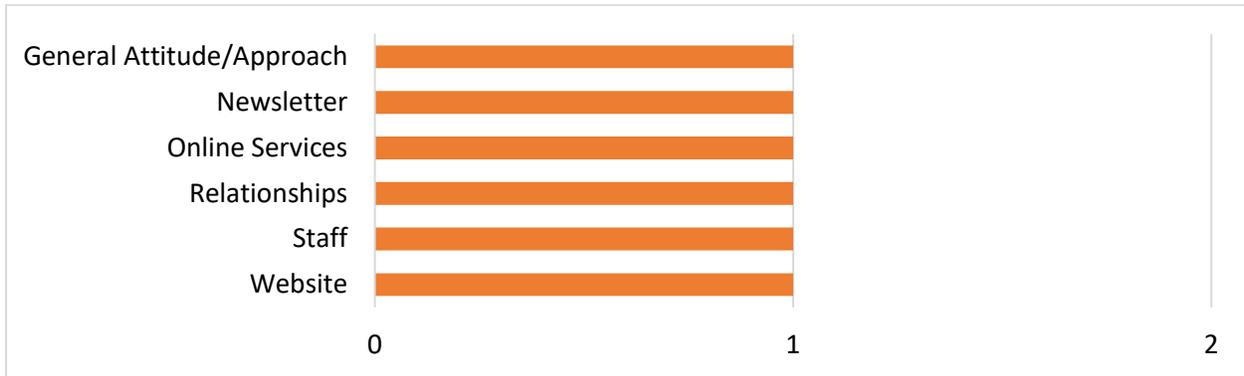
Timeliness

- Timely email of what work is happening

Website

- On the website it's good

Board Members



General Attitude/Approach

- An event with licensees is coming up, and we've done smooth planning. It sets a tone of interacting with licensees.

Newsletter

- The newsletter is established to educate.

Online Services

- We have the ability to provide some services online via the website. For instance, allowing online renewals was huge PR accomplishment.

Relationships

- We do have some level of engagement with some of the other chiropractic organizations, we've been getting feedback, and they do participate in board meetings during public comment periods.

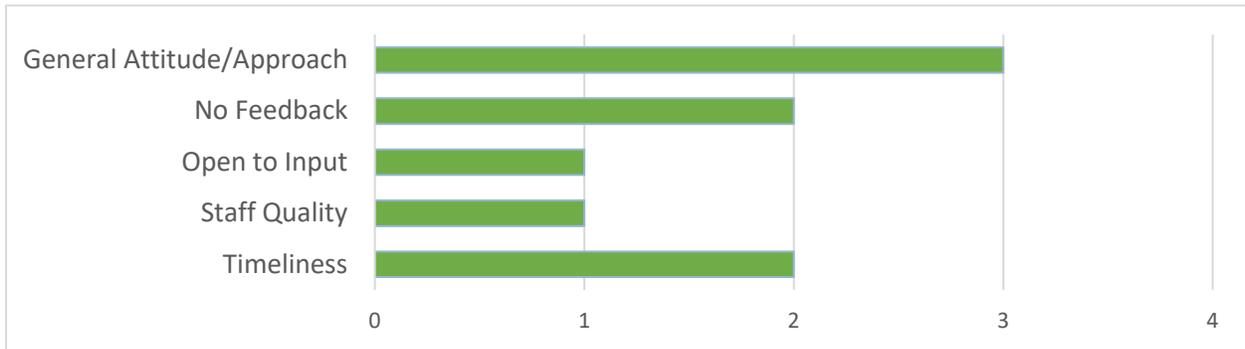
Staff

- We have been willing to do the outreach, but it has mainly been reactive versus proactive. It's a staff issue; we need to allow staff to be proactive and creative.

Website

- We're not doing anything. The website is ok, staff takes care of that.

Internal Stakeholders



General Attitude/Approach

- BCE management and staff tries their very best to communicate with the public and other stakeholders about general or any specific questions or concerns in a timely manner.
- BCE's allows the public, licensees to speak on important topics. The Board takes the time to speak with the public and licensees about any problem areas but not sure if anything is resolved to their satisfaction. CE is a big issue with the licenses and providers that continues to be a topic of discussion and change.
- We have good intentions to get news out.

No Feedback

- No experience yet - new employee this year
- Not much

Open to Input

- Staff and the board are open and available for communication with stakeholders.

Staff Quality

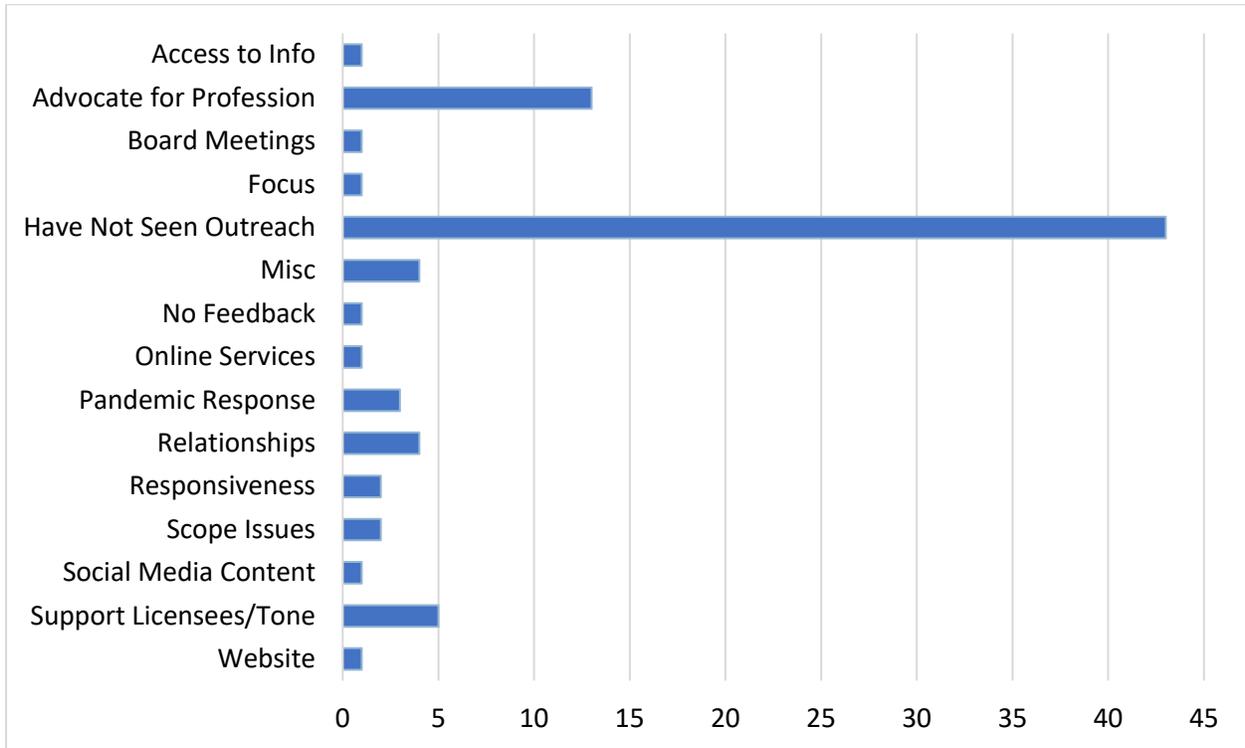
- very knowledgeable people who can answer questions

Timeliness

- Timely, professional
- Postings to website are timely,

Public Relations and Outreach Weaknesses

External Stakeholders



Access to Info

- More practical readily applicable data for DCs and Public

Advocate for Profession

- Improve by actually doing some Positive Outreach to support our Profession. In our required Ethics C.E.'s we are constantly reminded of the low public opinion of the Chiropractic Profession. This is largely due to the medical professions ceaseless attacks on our Profession. The BCE is largely responsible for allowing this malicious misinformation to be promulgated to the populace. They do no P.R. education nor public endorsements of Chiropractic. Nor do they call out the false misinformation and lies that are spread through the media and education systems.
- The Board should emphasize that the Chiropractic Profession is completely separate form the medical profession in that we are a drug-free profession. That we are qualified and licensed as primary care providers should be better communicated to the public. Fro example: "Doctors of chiropractic are members of a drug-free healthcare profession, and are licensed as primary care providers in the state of California."
- Showcase some good doctors.
- How well educated DC's are.

Appendix C: Public Relations and Outreach - Weaknesses Data

- It seems like the BCE doesn't reach-out or engage in educating the public or prospective patients about the profession.
- you should be promoting the benefits of Chiropractic, not just be protecting the public from bad Chiropractors
- Succumbing to apathy or overwhelm. Call on, invite strong Chiropractic advocates to amplify supportive messages about the benefits of Chiropractic and maintaining our scope of practice.
- Actually could do something to support the profession to gain more acceptance from the public.
- I think we could have a lot more positive public outreach. I think there are still many people who don't know what chiropractors do.
- There is no communication to the consumer populace of the state of California directly to the chiropractic patient (or potential chiropractic patient) ,, what if the board said chiropractic works and sold that efficiency to the consumer populous ...as a state agency!!
- Positive public service messages supporting quality of health care by promoting the training, education and professionalism of our evolving profession.
- EVERYTHING they do is awful for the public and for the profession
- More on how safe chiropractic is and how a treatment is better for the health of all people. Better movement less pain is a happier person.

Board Meetings

- I follow the news releases of the Board and the agenda for the meetings. It is in my humble opinion a mystery as to what is on the agenda exactly, what is to be discussed and that is at it pertains to the portions that are to be made available to the public. I am not referring to the 'closed door' portions of the agenda that is not available to the public.

Focus

- Again.....the public isn't being informed of the many good things DC's do. They are simply being told how they can report and harm DC's.

Have Not Seen Outreach

- There is no visible outreach nor public relations by the CBCE. None
- I have practically never seen any positive outreach from the BCE regarding chiropractic in media or the news.
- I am not aware of any public outreach if any. That means there is a failure of visibility
- I haven't heard to much from the board so I would say better communication
- Apparently, this doesn't exist in my experience. I am completely unaware of any outreach or public relations programs.

Appendix C: Public Relations and Outreach - Weaknesses Data

- I have never heard from the BCE. In 22 years of practice. Do they even do Outreach?
- Never hear anything from them regarding public relations.
- NO outreach that I'm aware of
- I have never had a communication from the board on anything.
- Has no effective public relations
- Not reaching consumers as easily.
- Most people outside of DCs are unaware of the board and any public relations that is being done. Where is this being highlighted or explained to both DCs and the community at large.
- Same as above [I wasn't aware that public comment and outreach was amazing board function I would like to know more]
- I never receive anything from the Board regarding public relations, so how would I know?
- See above [I don't see any public relations]
- The BCE does not appear to be present in the public arena.
- I am unaware of any such effort other than email messages
- I wasn't aware that BCE did PR and outreach.
- I've seen very little in terms of outreach or public relations.
- Basically, no outreach. Lack of availability to communicate to public.
- There is no communications or general activity that is visible by the BCE to the chiro profession that I can see.
- As for Public Relations and Outreach - didn't know there was any effort to do so by the CA BCE.
- Public Relations:: HA, HA; YOU DO NOT PROVIDE A POSITIVE PUBLIC RELATIONS OUTREACH. WELL LET ME QUALIFY THAT IN MY 34 YEARS AS A DC; I HAVE ONLY WITNESS NEGATIVES FROM YOUR ORGANIZATION.
- Does BCE regularly perform outreach?
- Better communication as to what the board does in the way of Public Relations
- However, you spend so much time focusing on the few bad apples that nothing is accomplished to improve the profession. I've never seen anything positive from the board in terms of outreach and certainly nothing positive from public relations. Your team is really out of balance.
- you do not have public relations outreach ; the public does not know you exist
- Needs more public awareness

Appendix C: Public Relations and Outreach - Weaknesses Data

- I do not know of any active effort made for public relations outreach. If there are, they have not been publicized.
- I have never seen the board take a stance on a public issue or I have never seen an article or story put out by the board to the general public.
- From a public standpoint there is no presence. I would not even know the Chiro's have a BCE nor what they do...
- not aware of any programs that do so.
- Start a program
- I am unaware of their outreach
- Not sure what the BCE does other than collect and monitor license fees.
- I never see anything from the board regarding outreach.
- unknown, which is a bad thing!
- Public relations? I didn't know you did that. I thought your job was to threaten and punish DC's.
- None. There is no public relations or outreach from the board unless it's to harass practicing chiropractors.
- I am not aware of their public outreach, which suggests it's not very much
- Nothing is done in regards to a favorable public relations regarding chiropractic
- I never see anything from the board regarding outreach.
- TERRIBLE! They have no presents

Miscellaneous

- Should not be under the Dept of Consumer Affairs.; Promote Natural Immunity and risks of Vaccines.
- Are there any grants for non-profit/charitable work?
- change of address in mid stream causing loss of mailed material
- I would like to see a low cost option to participate as a provider, possibly without voting rights.

No Feedback

- None

Online Services

- Have a person available for "chat" on the website to answer questions

Pandemic Response

- also the outside events of Covid warped communication; get ready for flu season
- Not aware of how to handle things during covid
- When there were challenges with LIVE seminar credits during COVID pandemic, there was no apparent outreach to CE seminar providers. We only hear defensive response (DCA wavier is out of their control, chiropractors are not the only one affected, there were naturopaths also, etc.) and no proactive action (regulation change) taken up by our State Board executive officers, staff or state board members.

Relationships

- Need to send out more information to associate
- Work with the state association/
- A routine circulation to the licentiates of all other health care boards related to our educational curricula and our CA scope of practice, and the degree to which the BCE manages enforcement, complaints etc. as a means of maintaining quality of care and DC proficiency etc.
- More influence from the California Chiropractic Association (CCA). Support different Medi-Cal ask's or initiatives trying to allow for more public access to the disadvantaged groups like those with Medi-Cal. Support the CCA on different measures public measure's that DC's are qualified for.

Responsiveness

- Delayed response time
- Lack of access to have questions answered via telephone.

Scope Issues

- Chiropractors have lost the ability to prescribe Xrays and MRIs to many categories of patients. This is unfortunate.
- Expand our scope of practice

Social Media Content

- Also, the FB page is lacking much content specific to chiropractic.

Support Licensees/Tone

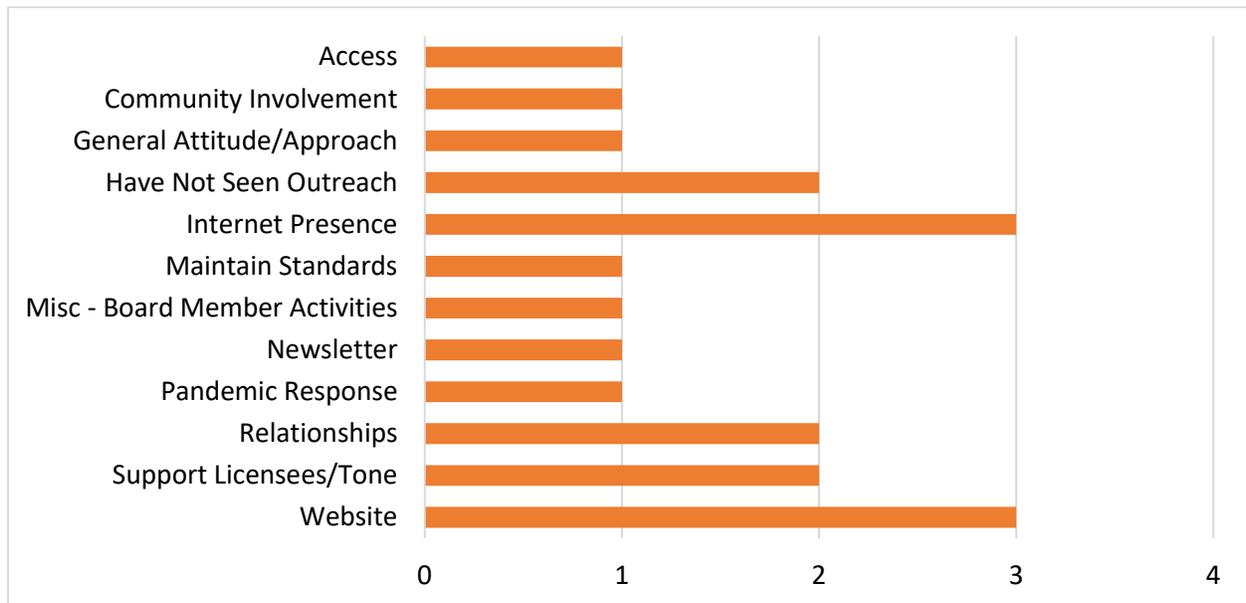
- They could hold a semi annual meeting to discuss the current state of chiropractic and what the board can do to help practicing doctors.
- Support us!!!

- On the rare occasion when I called to ask a question or needed clarification - I've received a snippy attitude and was told to go to the website! That has certainly kept me from wanting to call again and diminished my opinion of the CA BCE.
- The Board needs to reach out to licensees to ensure they are up to date on the latest changes affecting our ability to provide care in our offices. Some current information, from a reliable source (The Bord) would be appreciated. Having someone available to talk with about COVID restrictions and protocols would be helpful. I know the Board has financial and staffing limitations but a hot line or someone available within a day or two would be helpful.
- I believe that before the pandemic there was better communication I understand that situation's happen and it might not be the fault of the board but I think they could be a better communication with the licensees to potentially identify problems in the profession and help theses do a better job of avoiding the situation communication is the key so I a Upgrade to the board website would be a starting point as well as emails

Website

- Navigation of the website is weak. Although I access it frequently, it is not intuitive where to find some items.

Board Members



Access

- We should be translating to them – start with the basics.

Community Involvement

- We need to get out into community.

General Attitude/Approach

- The CE Committee asked providers for their input, and one of them did (on his own) an outreach of 8,000 chiropractors and did a CE survey, but the Board basically didn't even look at it and seemed offended by someone doing it. He got 1800 responses out of 8000; that's outstanding. Our attitude will hopefully get better with new chair.

Have Not Seen Outreach

- There's not much communication, or maybe I don't know where to look.
- I haven't seen anything directed to consumers or licensees.

Internet Presence

- We have an ineffective social media presence. We should become more interactive with stakeholders.
- We need social media with a plan. Develop a calendar, decide what to do with questions that come in.
- Increasing our technological footprint and evaluating it, plus adding functionality via online services.

Maintain Standards

- Share the idea of being a responsible licensee. Share our resources.

Miscellaneous – Board Member Activities

- We should develop CE (we probably can't mandate it) taught by Board members. Board members could do CE or meet with state associations in their districts. They do allow non-members and by doing free CE, it would be easy to offer 1 or 2 hours of mandated CE.

Newsletter

- Is there still a newsletter?? I had been looking at old ones.

Pandemic Response

- The Board website [is] not very clear in its message (especially around covid and adjusting and vaccines)

Relationships

- We should partner with other entities to get the word out. I'd like to see the Board foster improved relationships with Legislators, so we can educate them. We can identify opportunities for Board members to collaborate with Board members from other health professions. I recall hearing that the Executive Officers (EO's) did something, and it's a good idea for Board members to do a healing arts meeting. It would foster relationships so we could integrate more. We should also integrate with professional organizations. Travel had held that back, but with Zoom we should make that happen.

- We could be more actively reaching out to other stakeholders in the industry, including consumers and other chiropractic organizations. I don't think that the consumers know we exist, that we are a watchdog for the public.

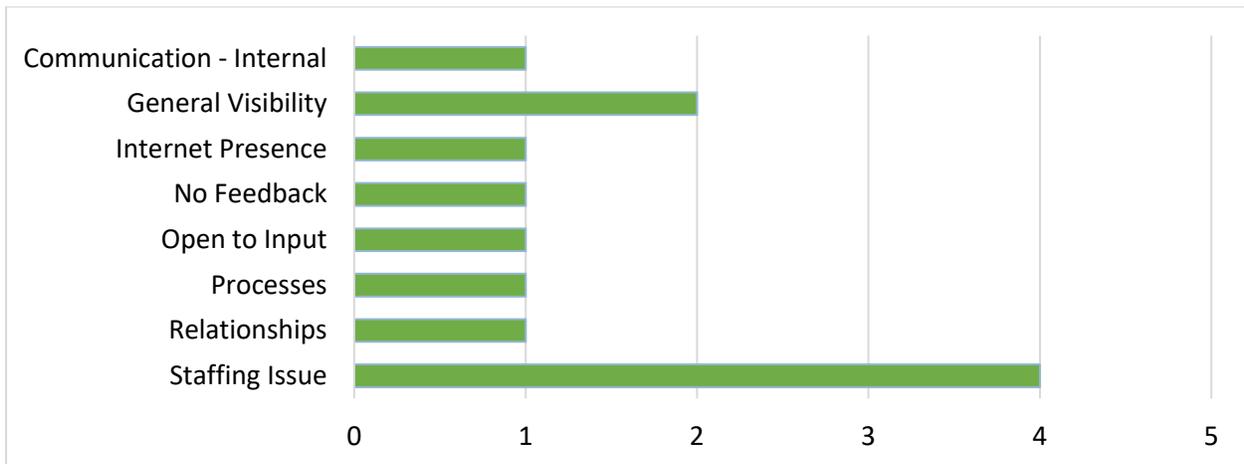
Support Licensees/Tone

- We could publicize enforcement do's and don'ts.
- We need staff to answer the phone, and don't judge the caller for their problems.

Website

- Website looks old, feels old. – what's our stats on that? An effective site saves staff time in answering questions. We can look at what they click into, and use the analytics. Now we're less flexible, nimble. We ask 'Are consumers using the license search?' instead of 'How do licensees use the site?' We can make buttons big and easy to see and find. Once we find out what are people looking for, we can make that be front and center.
- I assume the website updates, but are the updates regular?
- The Board website needs work. It's hard to find information, and not very clear in its message

Internal Stakeholders



Communication – Internal

- BCE's weaknesses steam from communications in the workplace. Management struggles with effective communication with staff. Staff is usually blindsided or left out in important topics relating to work processes, staff issues, etc.

General Visibility

- I don't believe there is enough information out there about the Board and what we do.
- keep consumers engaged

Internet Presence

- In PR and social media, we should make a better communications plan. Our web presence is almost non-existent.

No Feedback

- No experience yet - new employee this year

Open to Input

- Opportunities for public participation are not long enough for meaningful conversation.

Processes

- Utilize media outlets

Relationships

- We could benefit by further establishing relations with other government agencies like the Department of Insurance, Public Health, and other groups. We could partner with them. We're so small, so we need to leverage every opportunity. Sometimes we don't hear about Department of Insurance chiropractic cases until the person gets arrested. The other agencies should feel good about reaching out so we can assist with consultants and background. The professions go to CE providers and associations instead of going right to us. We could use more DCA resources.

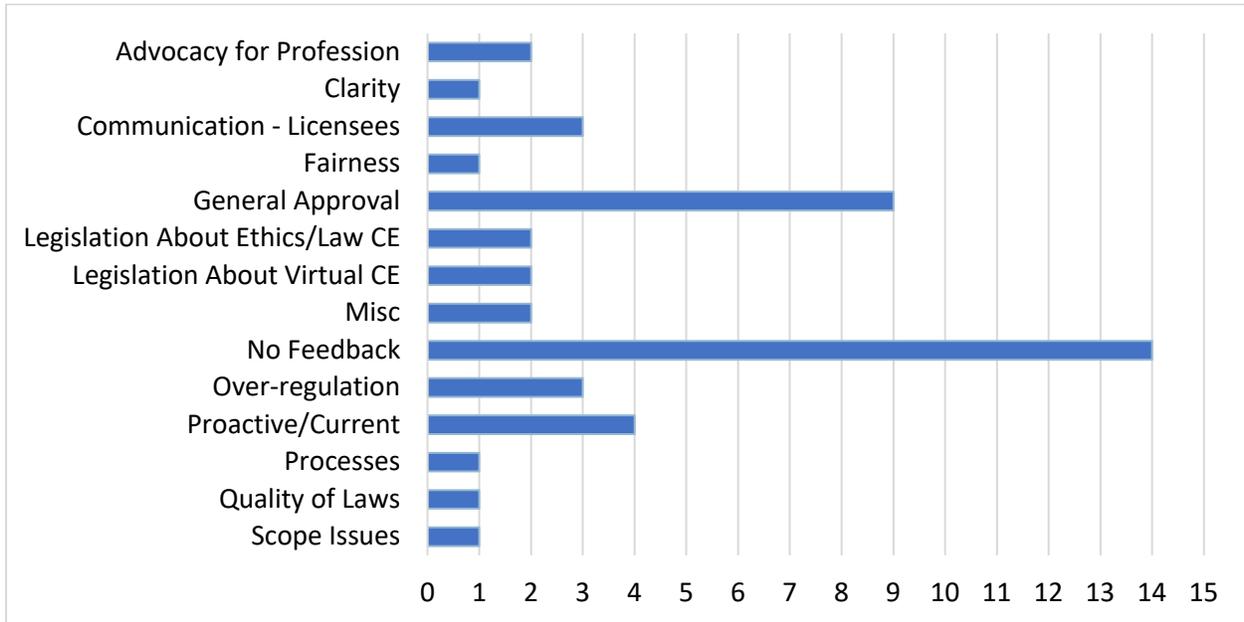
Staffing Issue

- we need more staff to be dedicated to specific tasks
- Could use additional staff, spread the workload.
- During covid we lost our AGPA social media person; nothing has been done since they left. We're in reactionary mode only, that's it. Bagley-Keene requirements only.
- Vacant positions need to be filled to manage workload with public meetings and social media content.

Laws and Regulations

Strengths

External Stakeholders



Advocacy for Profession

- I'd like to see the board be evolved in the lobby processes of insurance reimbursement. We are long outdated and overdue for rate increases. Sure it's not a function of the board but I'd like to see it be one as a support. Who better than the one who governs all the chiropractors in the state. The ICA and ACA associations are not doing enough in that regard.
- Although has done nothing to expand the protection and coverage/payments with/from insurance companies, you have done things to maintain the broadness of Chiropractic and have protected the ability of chiropractors to treat their patients, ie, utilize x-rays when necessary.

Clarity

- Clear and concise

Communication - Licensees

- They send this information when needed
- The regs are readily available
- The board keeps DCs well aware of common board violations

Fairness

- The law and regulations are clear/fair.

General Approval

- This area is fine.
- The BCE does a good job w/ Laws and Regs.
- Good jib.
- Fairly good
- I believe the board along with their consultants are fulfilling their mandate
- Do well
- I think this a well developed area
- Adequate
- They apply the law to the letter and have researched all laws and regulations when having to apply them to the profession.

Legislation About Ethics/Law CE

- Having us do the Ethics and Law classes makes them clear.
- requirement for ethic/law CE

Legislation About Virtual CE

- Please allow the online CE to continue, it has made my life much more pleasant to not have to travel long distances and sit in long classes to optimize my time learning. I also have been able to spend more quality time with my family, due to online CE.
- The BCE has been reasonable thru this pandemic to make it easy to get CE virtually.

Miscellaneous

- Laws of immoral perpetrators
- Its probably too late, but the BEC shouldn't be under the Department of Consumer Affairs.

No Feedback

- ???
- I have no idea.
- Ready to enforce as needed.
- See prior comments [Having staff available to respond to inquiries regarding where in the state regs, etc. a particular issue is addressed.]
- Enforcing laws and regulations is what the BCE does.

Appendix C: Laws and Regulations - Strengths Data

- I believe these are fairly applied and potential violations are thoroughly investigated in concert with attorneys general.
- the BCE has none and I am not being paid to do your work for you.
- Unaware of what the board does in this area.
- THERE TRULY ARE NO STRENGTHS OR BENEFITS OF THE BCE;
- I just read the boards mission, how does it accomplish these goals?
- Yes you enforce the regulations.
- Not sure
- I again have very little experience with the law and regulations although I know they exist
- They appear to do nothing to support us in our laws.

Over-Regulation

- You have a massive amount of laws and regulations.
- too many
- The legislature has loaded the BCE with enough laws & regs

Proactive/Current

- I think with changes in technology and social media, the board needs to look at this closely and possibly consider outdated rules and regs.
- In the past the BCE has appropriately addressed evolving technologies (ex.: Laser) and their adaptation by this profession.
- always working to improve the regs
- I know that laws and regs have responded to appropriate social and cultural changes over the years, but otherwise I am not really aware much other detail.

Processes

- There are processes in place for making changes when necessary

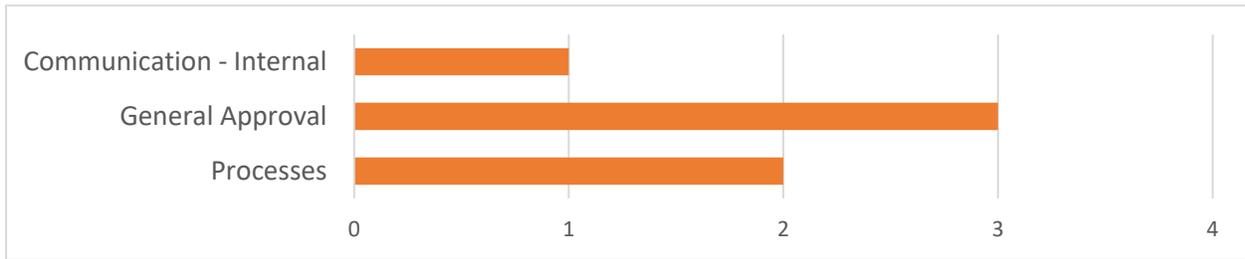
Quality of Laws

- The rules and regulations are pretty solid but they need to be looked at and to find definitions would be helpful edition so that all stakeholders know what the rules of the of the game are rather than leaving it up to interpretation by the board board

Scope Issues

- Consider expanding our scope of practice to cover what Nurse Practitioners do for Chiropractors.

Board Members



Communication – Internal

- There is a lot of overlap in these goal areas, i.e. CE regulations. Staff informs us well. Kristin [Acting Executive Officer] is doing a very good job of keeping us informed

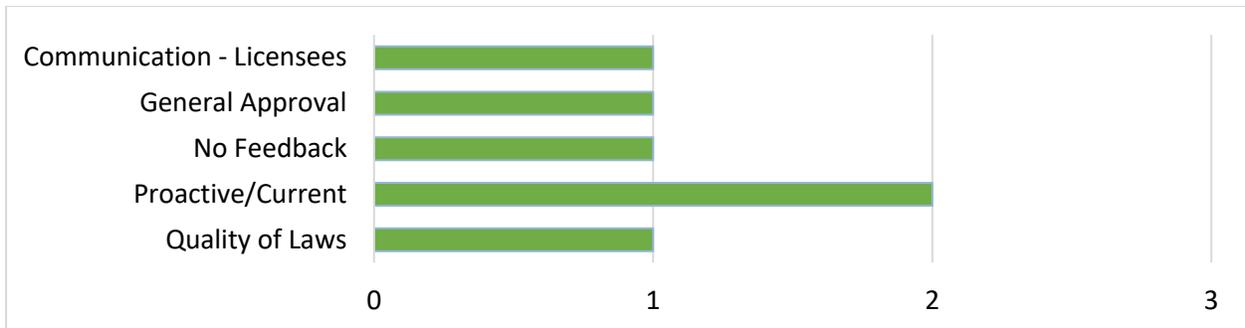
General Approval

- We have promulgated some effective regulations.
- Hard to pick out specific things but I don't see challenges. Seems to be going okay.
- Things are going well.

Processes

- We never have issues with process. Board members aren't aware of all the little processes, they just all get done.
- This is not in the Board members' purview; we can't lobby for things; we need to remain neutral. Kristin [Acting Executive Officer] is doing a very good job of getting regulations more in line, and taking it step by step.

Internal Stakeholders



Communication - Licensees

- interpret law well to the provider

General Approval

- BCE complies with legislative mandates

No Feedback

- No experience yet - new employee this year

Proactive/Current

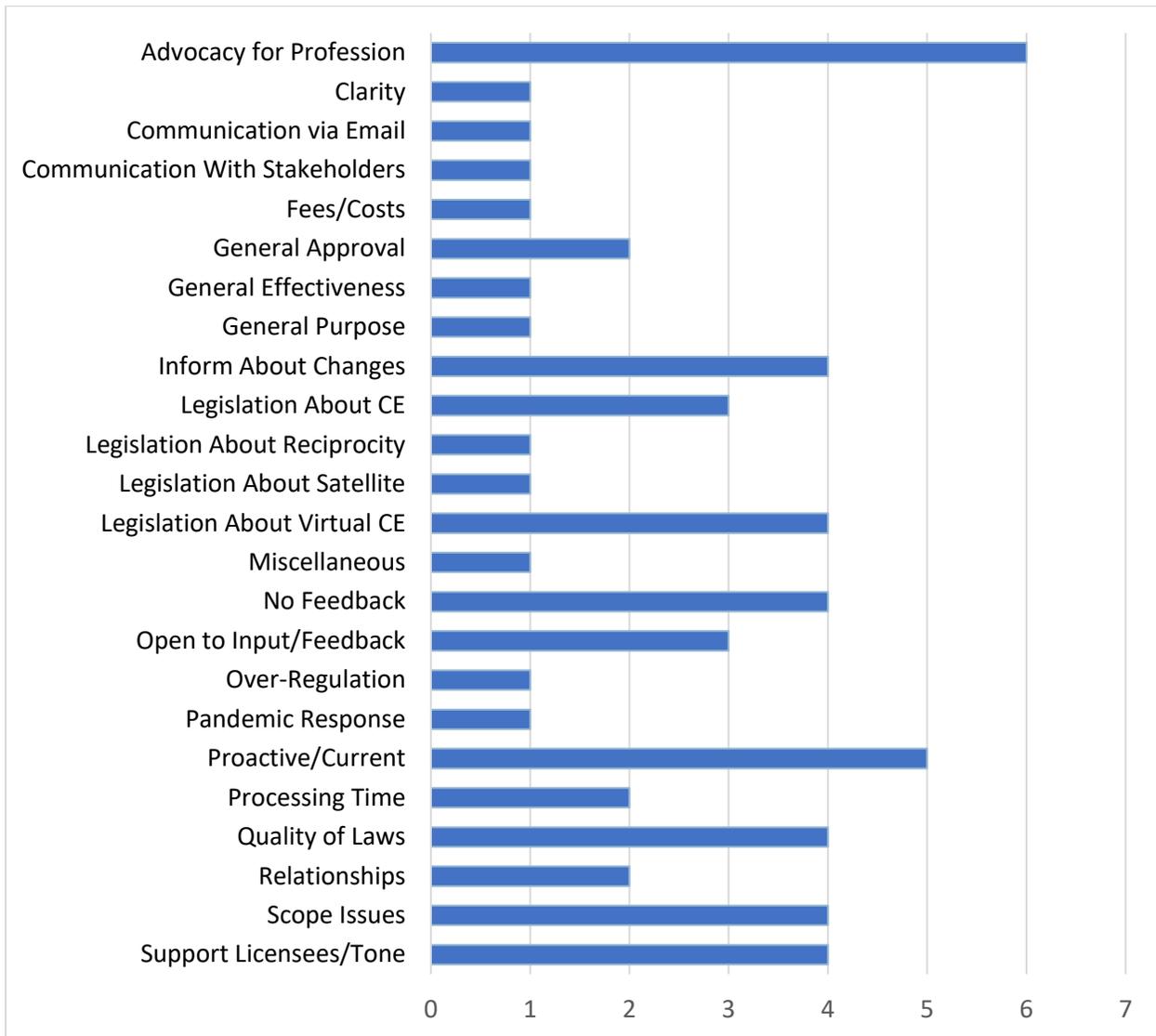
- The Board actively monitors legislation and is continuously working on new regulations.
- We're trying to move some packages.

Quality of Laws

- Existing regulations are strong for consumer protections. The unprofessional conduct regulations are clear. The Board was established through an initiative act in the 1920's, and we're still getting our work done with the same act. Some of the Act is outdated, but it's a contentious issue in the profession. The Act is their protection from the Medical Board or another authority coming in and taking over. We have no big structural issues.

Laws and Regulations Weaknesses

External Stakeholders



Advocacy for Profession

- CBCE only seems to work toward restricting Chiropractic license. We have lost so much, and seemingly gained nothing. Just look at what was allowed to happen to the Chiropractic restrictions and exclusion in the Californian Worker's Compensation system. CBCE took no effective stance to benefit it's Professional working members.
- See positive comments [I'd like to see the board be evolved in the lobby processes of insurance reimbursement.]
- Not done anything to stop insurance companies from limiting Chiropractic or supporting Chiropractic with insurance companies (coverage/payments).

- BCE is not a leader in advocating appropriate and necessary statutes or regulations. Understanding the barrier is on occasion the Initiative Act, BCE could advocate for inclusion in certain areas contemplated by the legislature.
- Would like to see Chiropractic included in all insurance plans in CA.
- Perhaps creating a sense of presence

Clarity

- The biggest weakness I see is that there are no definitions when you use wording like misinformation, disinformation, fabulous statements, sensational statements. These need to be defined so that the stakeholders know what is allowable to be said and not said I think a lot of violations may stem from people not knowing there they are in violation that's not healthy for the public nor the profession the definitions would clarify The boards position on the subject matters so that the stakeholders could stay in compliance at all times avoiding problems. There needs to be more clarity and consistency with other healthcare professionals in California

Communication via Email

- More to the point emails less broad coverage

Communication With Stakeholders

- Maybe a quarterly update on what trends are being noted in California in health care and the inclusion/exclusion of chiropractic - monthly is too often with the exception of urgent matter

Fees/Costs

- Keep costs lower

General Approval

- They suck. They don't even know there own laws and regulations. They suck up to the insurance industry and to the dip shit public who complain about every little thing
- CLOSE DOWN. FROM THE VIEW OF THE COMMON DC; YOU DO ABSOLUTELY NOTHING TO HELP OUR INDUSTRY YOUR GROUP IS ABSOLUTELY A NEGATIVE.

General Effectiveness

- organization & Development

General Purpose

- I'm not sure the mission is being met

Inform About Changes

- However, most chiropractors and the public are not informed of any changes.

- Most of my information regarding rules and regulations change comes from word of mouth or info from some of the instructors offering Continuing Ed. Seems like Board could do more to actively keep practitioners informed
- Low level of ease of transparency and understanding the change to both DCs and general public.
- Possibly a monthly e mail on changes in reg

Legislation About CE

- CCE's on technique needs to be strengthened and required
- The regulation currently states that a course for mandatory continuing education in order to achieve licensing renewal is defined as only qualifying for 1 subject area. This is problematic because many courses are in multiple subject areas given that they are more than 1 hour long. For example, providers who offer conferences or stand-alone courses that are more than 8 hours may have to apply for up to 8 subject areas, which may be cost-prohibitive. It also puts an additional administrative burden on the provider as it requires that the provider issue multiple certificates for 1 product or course that the provider offers. Again, this increases the amount of time spent per participant and course by the administrators of the course, and the direct expenses associated with delivery course documentation to the learners.
- Complicated CEU process.

Legislation About Reciprocity

- Need better reciprocity arrangements between states

Legislation About Satellite Offices

- Satellite timeframe should change dramatically.

Legislation About Virtual CE

- Consider allowing more of the CE to be done virtually. We have all been in plenty of in-person CE where there is little to no active participation by attendees. Technique may be the only one that benefits from in-person. Technology makes online a viable option.
- During Covid, we were able to take CE's online and via Zoom through webinars. Now they are not allowing the webinars. We should have continued webinars. They need to get with the times.
- Show some back bone and support us properly...zoom is okay for live seminars!
- CCE enforcement and allow doctors to get some of the CCE via zoom or webinar seminars

Miscellaneous

- Must speak to the bilingual workforce of California!

No Feedback

- This area is fine.
- Unknown
- Also no idea.
- No comment

Open to Input/Feedback

- Encourage participation by stakeholders early in the regulatory process.
- Don't pass any regulations with out asking the opinion of the profession first.
- Since the Board has the e-mail & mailing address for licensees, why doesn't the Board ever ask for licensees opinions or ideas regarding laws & regulations? I have never received any communications in this regard.

Over-Regulation

- Stop lobbying for additional laws & regs

Pandemic Response

- State board is slow to act to initiate necessary changes. Covid started in 2021. Lockdown began in March 2021. State board did not even consider or discuss the need of changing LIVE CE credit requirement until Feb of 2022. Meanwhiles, hundreds and thousands of public phone calls, emails were ignored, blaming DCA is out of their control. State Board has ignore their own MISSION STATEMENT of protecting the public safety.

Proactive/Current

- I think they need to be more proactive in the legislation of laws for chiropractic.
- Should be more pro-active in helping make changes to Medicare laws and coverage for seniors.
- Evolution of our profession has brought about the creation of companies like "the Joint" and other similar entities which by their business model of low remuneration discourages appropriate history, examination and decision making by the healthcare practitioner. This scenario is fraught with potential danger for the consumer and the doctor as practitioners are compelled to take shortcuts based on low professional fees.
- Education, practice, and related elements of DC practice have shifted over the years starting at the DC school and extending into our relationships with the health care payer community and as to social changes in our culture as well. I think that if not already done, a committee that reviews all of our regs and related regs every couple of years and makes recommendations based on input from the schools, the nature of DC practice, etc. would serve to keep us current and inclusive of necessary and common sense changes.
- The regulations could use updates

Processing Time

- slow but thats the "system"
- again they have been working on changing the rules & regs for 9 years and have not accomplished it

Quality of Laws

- Your laws and regulations are irritating and get in the way of patient care.
- As suggested before, some of the rules and regulations are in desperate need of updating. Regulations related to schools should be reviewed and based on accrediting bodies' regulations.
- Apply statewide standards of care for what is required for documentation in records as opposed to using the paltry requirements listed in regulations.
- Same! [I just read the boards mission, how does it accomplish these goals?]

Relationships

- work with the state assocaition.
- Work with the CCA in regards to our laws and regulations. Topics where we are not up to par.

Scope Issues

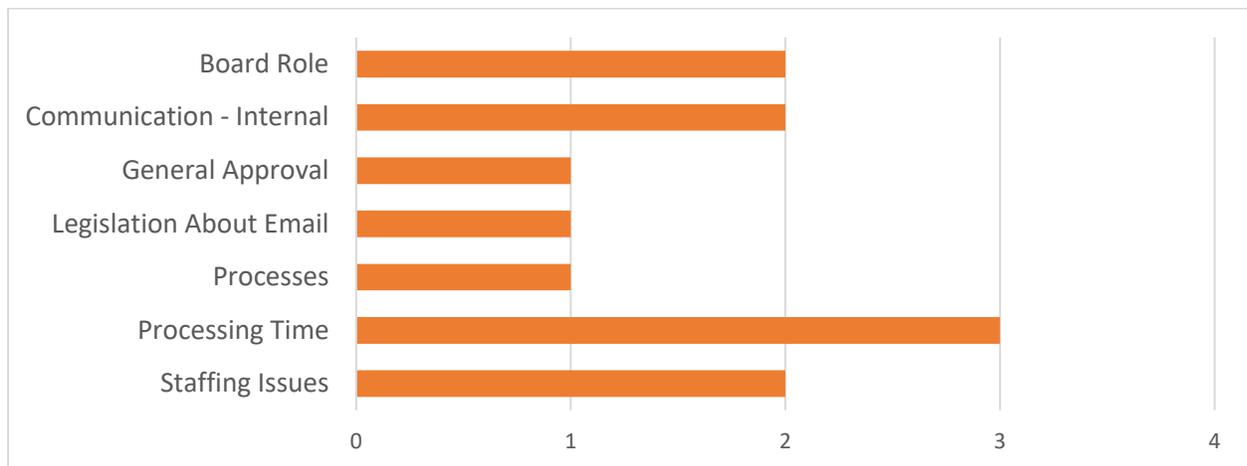
- Afraid to expand our scope.
- What has the board ever accomplished to improve our license scope? Or even defend our scope? Physical therapists now have broader scope and include dry needle; acupuncturist can do adjustments and manipulation after a few weeks of training... Why doesn't the board fight for our rights to practice acupuncture, with diplomate board certification? Your team only seeks to maintain the status quo or take away rights but nothing to improve our scope or status.
- The laws and regs need to be updated to better define the scope (i.e include use of O2 for headaches, more clearly define that we can order DX tests including blood work / labs and arthrograms) etc... Need to have a section for the new docs whom have dual degrees such as PA and LAc. to include their scope and also pave a pathway for those of use whom took the same program but lack some of the hands on labs/ rotations to become PA's or LAc.'s too.... IE. if the lic doc was in practice __ Years and completes a ___ hour post grad program in PA or LAc. then they will be eliglbe to sit for the PA or LAc. exam as well....
- There appears to be more illegal practices with manipulation under acupuncture, massage and PT.

Support Licensees/Tone

- They do not provide any support to struggling chiropractors.

- See prior comments/constructive feedback [Not providing a clear answer to questions about the regs or laws. I understand the staff are not attorneys but for common as well as significant issues, would serve the licensees well for Board to seek legal counsel and obtain a legal opinion or at least clarification on such issues to be able to provide on their website. Transfer the legal liability to your legal counsel and have them weigh in on key considerations or current law on the priority issues. Licensees should at least be able to make a legally informed decision.]
- Do well except when calls are made get opinions on what we are allowed to do.
- On the rare occasion when I called to ask a question or needed clarification - I've received a snippy attitude and was told to go to the website! That has certainly kept me from wanting to call again and diminished my opinion of the CA BCE.

Board Members



Board Role

- Maybe we Board members need to know the processes, that needs to be ongoing. What's our role in improving things?
- The last committee report was about legislation that impacts the profession, and we get asked to oppose, support, or remain neutral; that's all we do. We don't take a firm stance on laws.

Communication - Internal

- We need more communication to committees from staff between meetings, perhaps a monthly report on regulations and their status.
- I'm not clear on how the legislative staff engage the Board. Maybe they just go to the committees?

General Approval

- Going just fine.

Legislation About Email

- Something to discuss with legal is getting email addresses of licensees via forms; it would be a cost savings. The issue is still up in the air; we should revisit it. Given our budget, we could benefit from maximizing affordable contact with licensees.

Processes

- In trying to take on too much, it moves slowly. We could have more frequent but shorter Board meetings, maybe focus on two items, not all 12 at once. We have six categories of laws and regulations to cover, maybe each one could be done under two hours. It seems like we have been doing a lot of discussion but not getting anywhere.

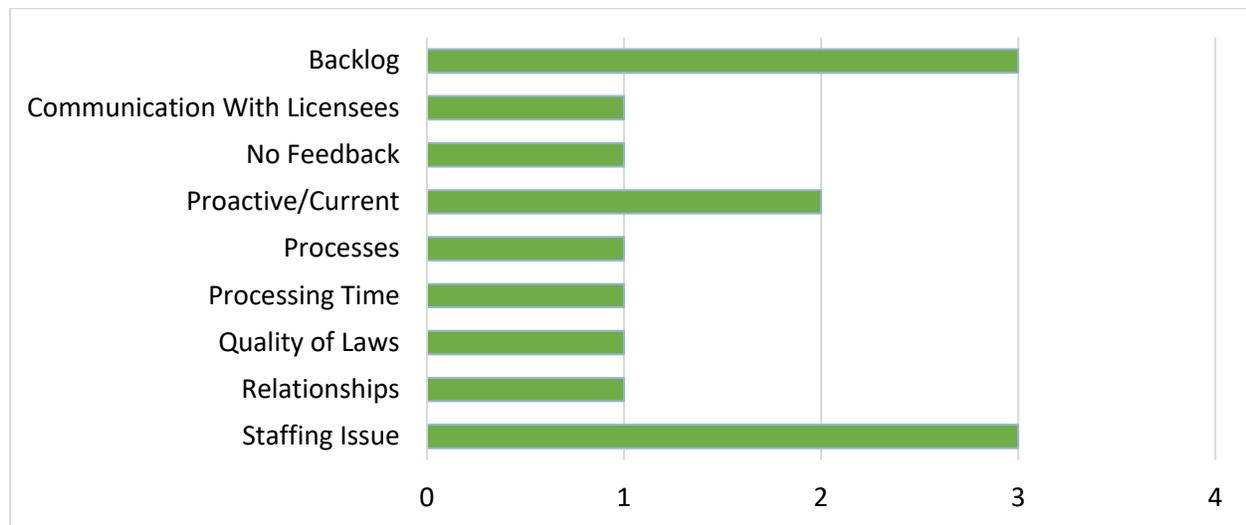
Processing Time

- The big weakness is how long it takes us to promulgate regulations. We need to streamline the process.
- Timeframes are an issue, but we're working on that. The process is just slow – public meetings, calendaring, we were short board members to have a quorum.
- There is lots of talk but not a lot of movement. It seems to take longer; getting movement to create change is slow.

Staffing Issues

- The big weakness is how long it takes us to promulgate regulations. Part of that issue is staffing issues, and the process has gotten stalled.
- Staffing shortage, and EO retiring, we forget that AEO left too, so knowledge drain.

Internal Stakeholders



Backlog

- About eight years ago, we did a number of rule-making packages. Then when legislative actions to streamline licensing of military, refugees, etc those kept adding more re-work. CPEI in 2009 was a layer to be done, and it still hasn't finished. We've had 12 different pending actions for six years now. We've had two different policy analysts in that position. Only one package got through, but now Legislature changed requirements for licensure and so it needs to be re-done.
- New board members have great ideas, but the backlog is too pressing to take them on. We struggle with legislature and the mandated regulatory workload.
- We are working on a backlog of regulations we need to enact so we can enhance our enforcement, like disciplinary guidelines. The Board hasn't implemented CPEI (Consumer Protection Enforcement Initiative – about 10 years ago) yet, or disciplinary guidelines.

Communication With Licensees

- The BCE should have outreach courses on laws and regs for licensees

No Feedback

- No experience yet - new employee this year

Proactive/Current

- The laws and regs need updating; Disciplinary Guidelines need updating
- many regulations are outdated - need review/cleanup, Chiropractic Initiative Act is prohibitive.

Processes

- We could more effectively move through the regulatory process.

Processing Time

- BCE needs to move a number of regulations along the regulatory process faster

Quality of Laws

- Regulations say licensees must do certain things, but there is no disciplinary authority to enforce licensees to comply. Many regs were done in the 60's and 70's that had requirements. Changing a form requires a regulatory revision. "Incorporated by reference" is the way it should be phrased, but it wasn't always done that way.

Relationships

- There was a big delay in DCA before Legal Affairs had the Regulations Unit created, like a two and a half year delay.

Staffing Issue

- There are many regulations being processed at once and not enough staff to assist.

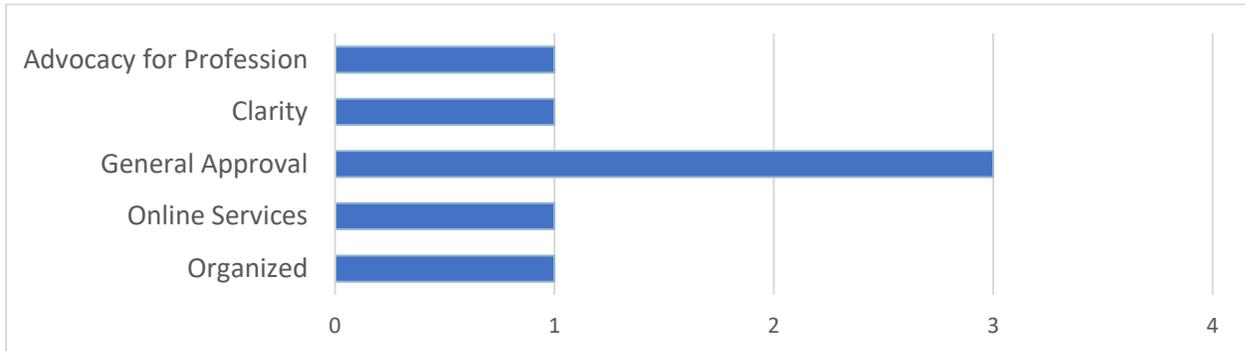
Appendix C: Laws and Regulations - Weaknesses Data

- If we could dedicate more resources, we'd be more successful. Getting more staff, and better training of staff would help.
- Not enough staff to work on regulatory packages

Organizational Development

Strengths

External Stakeholders



Advocacy for Profession

- Allow for expansion for scope, economics and to keep up with latest treatments available for patients.

Clarity

- Clear and concise

General Approval

- They try the best they can with the staff they have
- This area is fine because it's always hard to get chiros on the same page.
- I believe this is where they shine

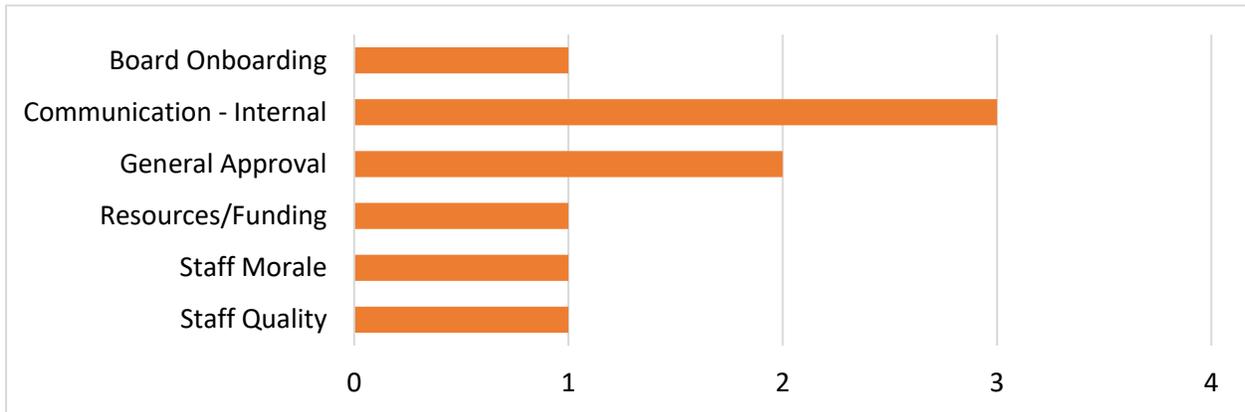
Online Services

- Finally an online payment option

Organized

- The BCE organizes the composition and application of their board bureaucracy well.

Board Members



Board Onboarding

- Initial onboarding/orientation of new Board members was a strength.

Communication - Internal

- The staff does a good job of organizing the Board meetings, making sure we have all the information well in advance of the meetings, so we can get clarifications if we need them.
- There is good communication with the CE lead and the enforcement lead; I never get the sense that there is unclear direction from the EO. The EO is appropriately directing based on what the Board has asked.
- Communication with DCA is good, maybe relay that back to the Board, it could be helpful – staff members should be aware of.

General Approval

- It seems like things get done.
- Kudos to Kristin [Acting Executive Officer], she’s amazing, holding us together. She’s bright, understands the field, and is tech-savvy. She has a good grasp on enforcement. Department interactions have been very effective. She is very analytical, sees the big picture, and is thoughtful.

Staff Morale

- I’ve talked to much of the staff at different times, and the sense lately is people are happy with the new direction. Kristin as Acting Executive Officer is organized, concise. It’s been a good change.

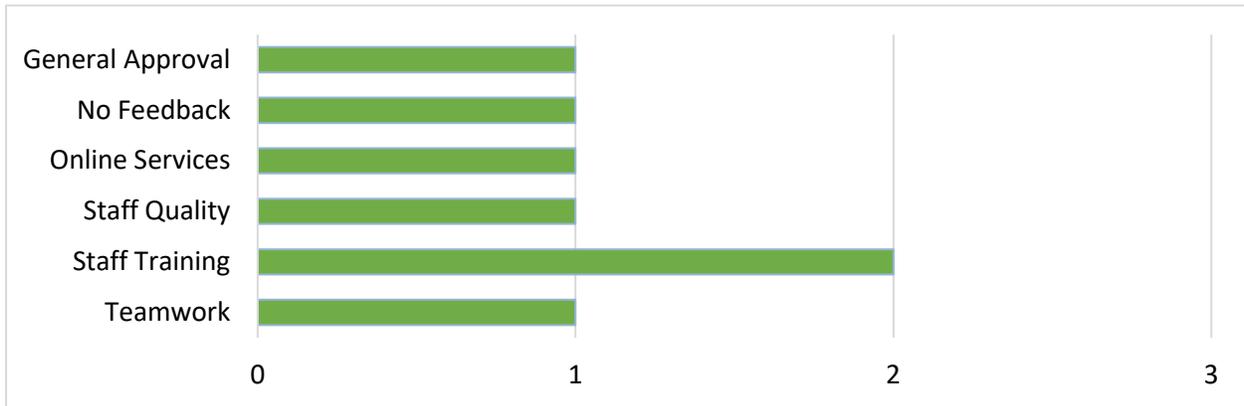
Staff Quality

- The Board employs sharp people.

Resources/Funding

- Travel expenses are down, that’s good.

Internal Stakeholders



General Approval

- We have a small staff but we're clear on our mission. Licensing, enforcement work gets done with high volume.

No Feedback

- No experience yet - new employee this year

Online Services

- we are trying to make more use of online services

Staff Quality

- Kudos to Kristin [Acting Executive Officer], she's amazing, holding us together. She is bright, understands, and is tech-savvy. She has a good grasp on enforcement. Her department interactions have been very effective. She is very analytical, sees the big picture, and is thoughtful.

Staff Training

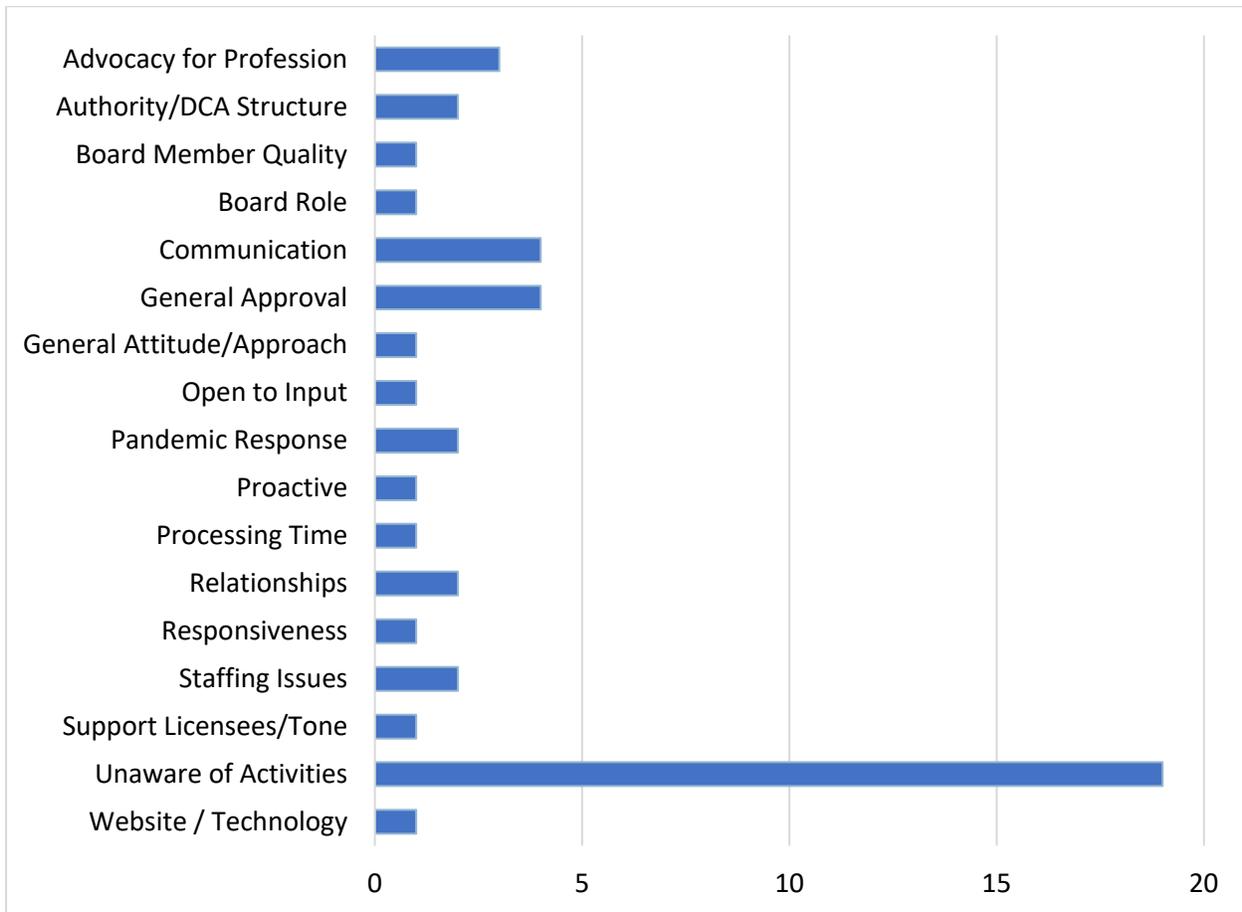
- training is completed well and most staff are able to assist in many areas
- Small board provides opportunities for staff to learn about multiple areas within the Board.

Teamwork

- Because we are short staffed the Boards is good at pulling staff members together to help each other out. Our licensing and enforcement units are divided but when we needed we help each other out. Over the years management has become more hands on in helping staff- especially during COVID and call outs.

Organizational Development Weaknesses

External Stakeholders



Advocacy for Profession

- The BCE has no organizational strength. They are barely surviving. They have no leadership, and no leaders nor any imagination, much less any courage to actually act on their own for the benefit of the Chiropractic Profession.
- nothing, the BCE does nothing well, they do not have strengths. They are harming the profession, driving people and dollars out of the state and cause real people real harm.
- Little is developed by the BCE. Policing is but one supporting activity, for the BCE behaves only in terms of supervising licensees. Instead of acting as a micromanaging employer, growth activities could be included that help develop the professional lives of doctors.

Authority / DCA Structure

- Extra layer of DCA oversight over CA State Board does not help expediate/ encourage independent action needed from State Board from within. Instead, Chiropractic State Board's total reliance on DCA waivers to solve social distancing problems with chiropractors

Appendix C: Organizational Development - Weaknesses Data

taking LIVE seminar at risk for over a year, delay the prompt action (making regulation change on LIVE seminar requirement) that it should have been taken March 2021.

- I believe the board should come together and act as a board and not souly depend on Dept of Consumers Affairs.. We aare an Initiative Act not a legle act...

Board Member Quality

- Get people on the board who care about the profession and the publics well being

Board Role

- Interactive CCE with the Board.

Communication

- Emails with information or letter information sent to DC.
- Have no idea on what is being done. Notification of changes appear to be slow at best but compliance by DCs must be fast.
- Since i don't know about what's happening w/ organizational development - it's either me not paying attention or the BCE not clearly and succinctly sharing enough info.
- We really do not know exactly what our time frame is and need more choices.

General Approval

- you have none
- MOST FOLKS ASKED TO REPLY WILL GIVE YOU BS FEED BACK; THE TRUTH IS YOU ARE A NEGATIVE AS TO THE CHIROPRACTIC INDUSTRY IN CALIFORNIA
- They do nothing to organize or develop
- Have not kept up with other professional boards.

General Attitude/Approach

- Incompetence. Ignorance Arrogance. Self satisfaction and Superiority that makes them incapable of any action at all.

Open to Input

- They need to make public their development standards; involve and recruit practitioners to improve overall.

Pandemic Response

- After two years of Covid19 societal upheaval, the CBCE has not ever communicated any effective plans nor regulations to the general Profession with respect to covid 19 protocols. Many other states have. Oregon has disciplined and even shut down Chiropractors who resisted mask mandates We have California Chiropractors that are telling patients that they don't need masks and NOT to get vaccinated! At an online C.E. class the instructor asked participants if they were vaccinated. Over 40% said no; and were very vocal that they never

would be vaccinated. Most voiced strong opinions that they would encourage their Patients to avoid the vaccine. How could the CBCE allow this? The CBCE can't even imagine allowing continuance of online/ZOOM C.E.s having done nothing in two years to ensure the safety of the California Chiropractors to take required C.E.s in a safe environment. Unbelievable that this is allowed to persist by the CBCE. This is not a freedom of expression nor personal choice issue. We as Professionals have an urgent need to become local community influencers to try to counter and stabilize the self-destructive forces overtaking our society. It is not about any Political affiliation. It is survival of our Humanity.

- again Covid causing problems

Proactive

- other forces may arise to challenge Chiropractors as a whole; brainstorm on these potentials

Processing Time

- I believe my critique on lack of mobility on ce changes apply here as well. Not appropriate pace for decision making

Relationships

- Communicate with the CCA to understand more of what California DC's require.
- Everyone can improve everything that they do by building a relationship with the state association.

Responsiveness

- Contacting admin is not east or time effective

Staffing Issues

- They need to hire staff to answer questions and support the profession.
- Could use more staffing

Support Licensees/Tone

- On the rare occasion when I called to ask a question or needed clarification - I've received a snippy attitude and was told to go to the website! That has certainly kept me from wanting to call again and diminished my opinion of the CA BCE.

Unaware of Activities

- Not a clue
- In 30 years as chiropractor, I've never seen any development unfortunately.
- Do not know.
- Same [Not sure what the organization is.]
- What?

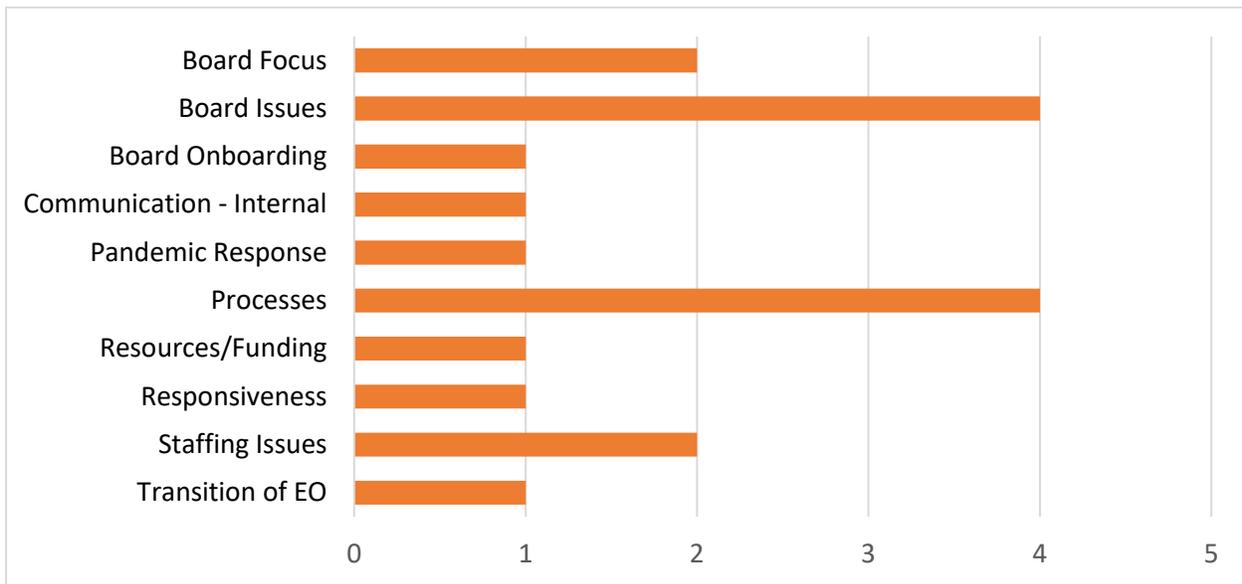
Appendix C: Organizational Development - Weaknesses Data

- Not sure
- I'm sorry. Maybe I am not well informed by google or any news station. But I don't see any.
- Little public perception of Organizational Development at the BCE.
- I'm unaware of any such activities.
- No idea.
- How would I know? As a licensee, the Board never communicates to me what it is doing regarding organization development.
- Not sure what is being done.
- Your goals suck. If your goal is the defenestrate and destroy the profession, you're doing great.
- See above. [Not even aware of any organizational development.]
- Same as above [Not sure what you are doing]
- The last two or three questions including organizational development is foreign to me. I have no idea what the goals and optimal outcome of organizational development should be for your organization so it is impossible to know what your strengths and our weaknesses may or may not be.
- Not sure
- I have no idea
- There are none. I've never seen any goals from the board.

Website/Technology

- Very much behind the times in tech and website It's old and ard to use for the general public

Board Members



Board Focus

- We don't have the opportunity to have deep conversations as a group. Maybe we should calendar and agenda these things. Board meetings tend to become very black-white, and the public meeting optics are hard to manage.
- There is a sense of lack of clear direction from the Board, not enough responsive direction (i.e. covid). Covid highlighted the need to be more adaptive and responsive to licensees. We were sluggish, not robust.

Board Issues

- With new Board members, there is no mentorship, no succession plan.
- Maybe just do a separate meeting, but that's asking for more time from Board members – that's an issue to take on with Board members and expectations of members. Scheduling is so hard when people aren't available.
- Can you express interest even if you're not a part of that subcommittee? It's a bad look when we're talking in public to have someone say, "No, that's not the process, you can't talk about that here."
- Board vacancies sit unfilled, but that's in the hands of the Governor's office.

Board Onboarding

- Onboarding of new Board Members needs work. It can be overwhelming to do the documentation and return it. I needed a GLS code number to ship it back and it took a lot of calls to get that. I made up my own checklist, and that should not have to happen! I was being conscientious about not getting everything done correctly. Maybe a private page on the board member website.

Communication - Internal

- We should keep a list of items and their status, for instance shared on this day, review needed on this date. Staff could access the list, we could see that we provided it by this date, it would be a repository.

Pandemic Response

- With new Covid regulations changes, he'd hear from the state association, not the Board! Make Board members aware, because he gets questions from stakeholders, and doesn't have the answers!

Processes

- Staff review (Board reviews how processes are working or not),
- Getting an efficiency brainstorming – long process to get a contractor.
- Timesheets not requested.
- Simple enough items like directing applicants to 'keep your camera on' during trainings and evaluations.

Resources/Funding

- Our budget issues might get resolved. Nobody seems too worried that it won't work out.

Responsiveness

- Phones don't get answered. Email doesn't get promptly answered.

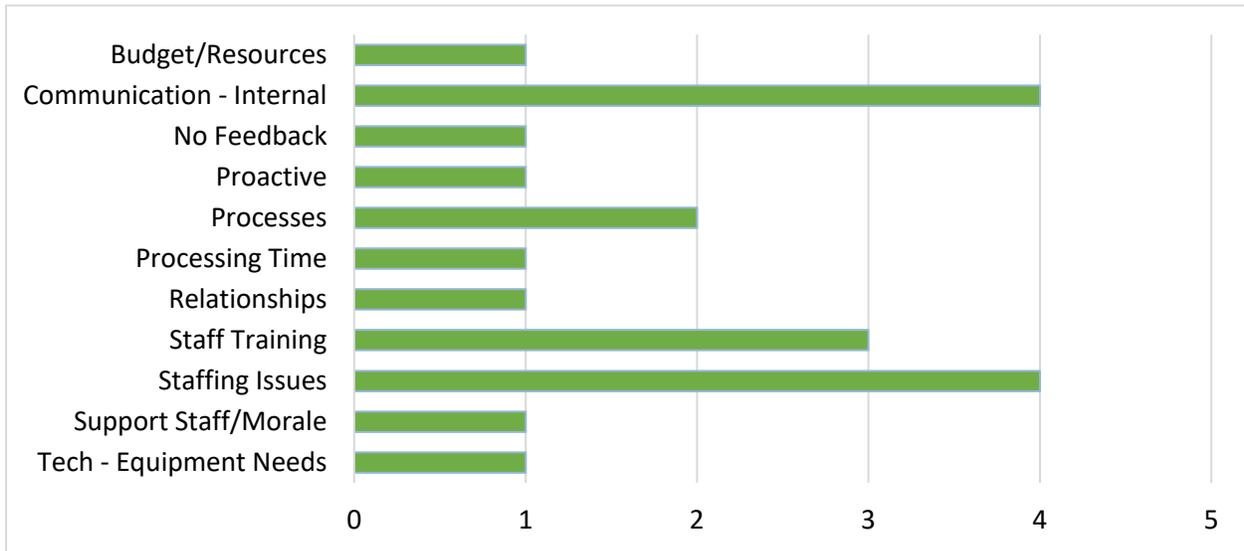
Staffing Issues

- Give staff ownership of their jobs – get their buy-in, let them suggest improvements, be creative and rewarding ideas.
- Staff turnover.

Transition of Executive Officer

- We're in a transition state due to the retirement of the previous Executive Officer; communication has dropped off some, as well as maybe some efficiency of how we're handling things. I'm not overly concerned yet; once the permanent EO is named it should even out.

Internal Stakeholders



Budget/Resources

- the budget has severely limited staff's ability to hire more people

Communication - Internal

- Management doesn't seek input on changes. Sometimes management resorts to micro-managing which causes additional stress.
- Communication still lacks. Management doesn't take the time to interactive with staff until something bad has happened. Management also springs things on staff last minute.
- we don't communicate as a team to make processes easier for everyone
- need MUCH better communication with staff to staff and more so, management to staff; staff is not updated on much of anything

No Feedback

- No experience yet - new employee this year

Proactive

- Our Board tends to be reactive rather than proactive.

Processes

- Ensure all procedure manuals and instructional materials are up to date.
- We need to improve our internal processes, so we can get things to be more efficient and user-friendly to outside people. Board members have their administrative procedure manual, but we need more for internal staff operations. We plan to get that rolling with OIO, and will start with enforcement. We hope to have analysts be a part of the solution,

and raise their level of investment in the solution. Maybe we'll join the Enlightened Licensing project for that unit.

Processing Time

- severely limited ability to hire more people which has increased staff's workloads and increased processing times.

Relationships

- Better relationships with DCA's central services.

Staff Training

- Promote ongoing training and development of all staff.
- need procedure training
- We need to take a more customer-centric approach to applicants, licensees, patients, and the public. We need to look at how do we move the culture.

Staffing Issues

- severely limited ability to hire more people which has increased staff's workloads and increased processing times.
- We need to re-organize the staff structure
- filling vacancies.
- One thing we are working on already is to re-organize our structure. Right now enforcement is on one side, and everything else is on the other side. We're trying to establish an administrative unit and a licensing/ce unit with a reporting structure. Staff get pulled into another area to handle an absence, but more clear lines would help. I'd like to see us make a lead in each unit, and know who's backup. We're working on a justification memo now. There are not a lot of resources, so we're just shifting without needing additional staff. Maybe a we will do a BCP (Budget Change Proposal) later on to add staff.

Support Staff/Morale

- need to bring staff moral up; allow more schedule flexibility

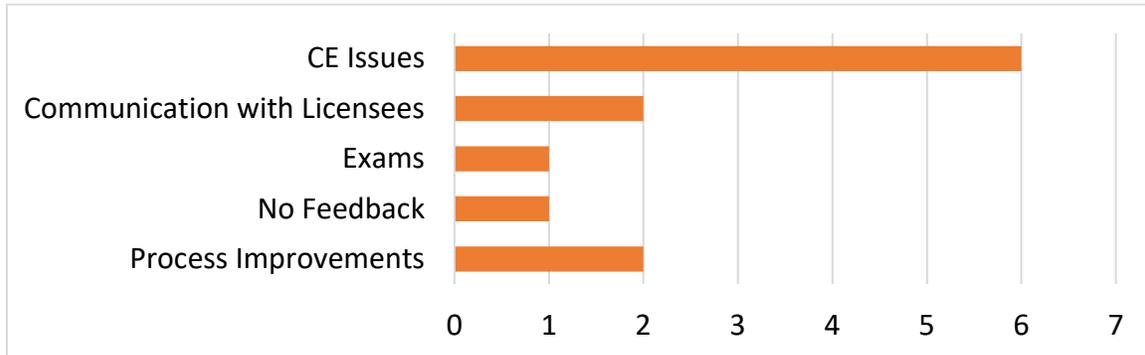
Tech – Equipment Needs

- Having IT equipment we need.

Appendix D – Recommended Objectives Data

Licensing and Professional Qualification Objectives

Board Members



CE Issues

- The new IT system hopefully will allow aggregation of negatively reflected CE courses (from input from licensees who took it), to help us build a better set of CE courses.
- I'd like to see us increase auditing of CE providers.
- Get the CE package, define competencies and objectives of the subject matter. We need to go back and look at the ideas, to have the conversation. That will pay dividends into the future. Staff has a hard time delineating CE meaningfulness, but that's the board's role. Some flexibility to bring up new topics, maybe focus for a time, then shift focus. It might not be feasible, but it is a shame to cement an issue when it goes away or lessens in priority. Then it's hard to back out of those topics when they get set in stone.
- Define processes of aligning competencies. CCE (the accrediting agency) has competencies, and that slid into regulatory package. That wasn't so appropriate.
- We should require more CE providers and they need to step it up. We're doing that in the CE Committee, we're moving in the right direction to put things in place to elevate what they need to do to be a provider.
- CE redesigning, redoing priorities to be more specific.

Communication with Licensees

- Licensees need more guidance on everyday practices.
- The Board can be more in people's faces on what we require.

Exams

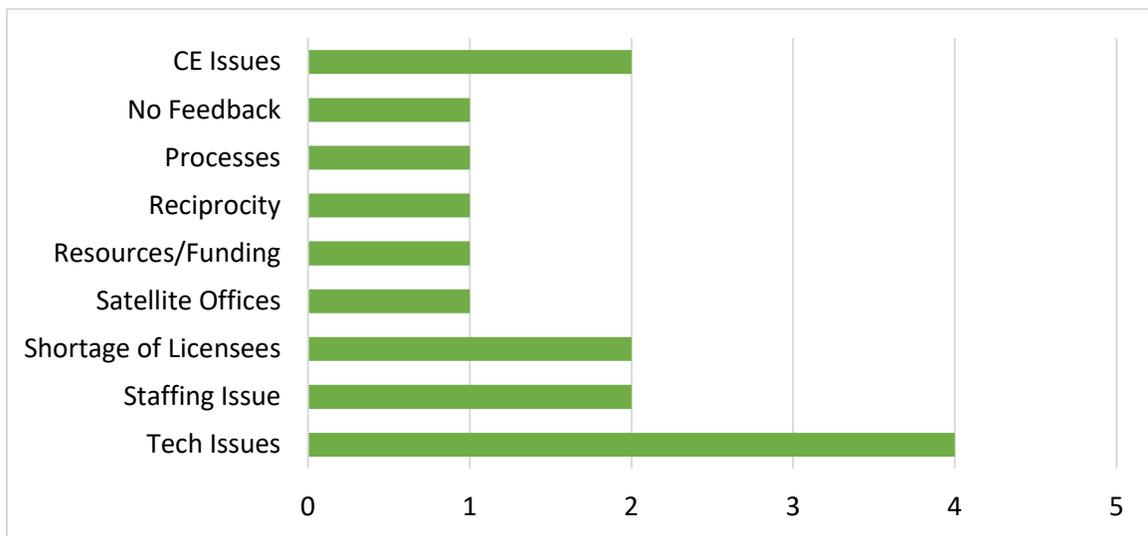
- We've abrogated to the schools and the national boards; we don't do exams the way we used to. We observe the national exams, seeing the level of competency and response. I think we should be more involved and have more access. We should all be invited to every

Board’s exams (some states do their own exams). As far as the fear of Board members knowing the test questions and breaching confidentiality of the questions, that inference isn’t very realistic.

Process Improvements

- I think we should utilize the current IT system to increase processing efficiencies, including re-establishing the quarterly list of CE courses, as well as comparing our processes across other health boards to establish best practices.
- I think we should be comparing our processes across other health boards to establish best practices.

Internal Stakeholders



CE Issues

- The CE program should be completely reviewed/redone, with new regulations written, processes changed.
- Complete the updates to CE regulations; we've been working on it for 5+ years. Let's finish it.

No Feedback

- N/A

Processes

- Re-thinking our processes to a more customer-focused approach.

Reciprocity

- Update the reciprocity requirements in our regulations.

Resources/Funding

- There is a fiscal issue across the whole Board. We're heading toward insolvency through no fault of our own. We've just done a fee audit and are looking at raising fees. Two big retirements with lots of accumulated leave hit us hard. AG costs and pro rata keep going up. We've known for 2 years now and are trying to keep things afloat.

Satellite Offices

- The Satellite license program, where a Dr of Chiropractic has a primary office, then travels, they need a satellite office certificate. That was put into effect when worker's compensation started their Qualified Medical Expert program; some Chiropractors do that part-time, some do that full-time. Dept of Worker's Comp stated chiropractors must have a satellite office. But they might not see anyone at that location. Then they define what the doctors do at that location, and issue a certificate for each location. It opened a big can of worms, because they send the certificate to that alternate location, and their mail gets returned. We have discussed this with Workers Comp, but they put it back on us. We spend an inordinate amount of time on that aspect. Licenses are printed from a contracted vendor and mailed from there.

Shortage of Licensees

- Addressing the declining licensee population
- Due to a continuous decline in the licensing population, recommend that BCE explore different avenues to ensure licensing population is trending upwards.

Staffing Issue

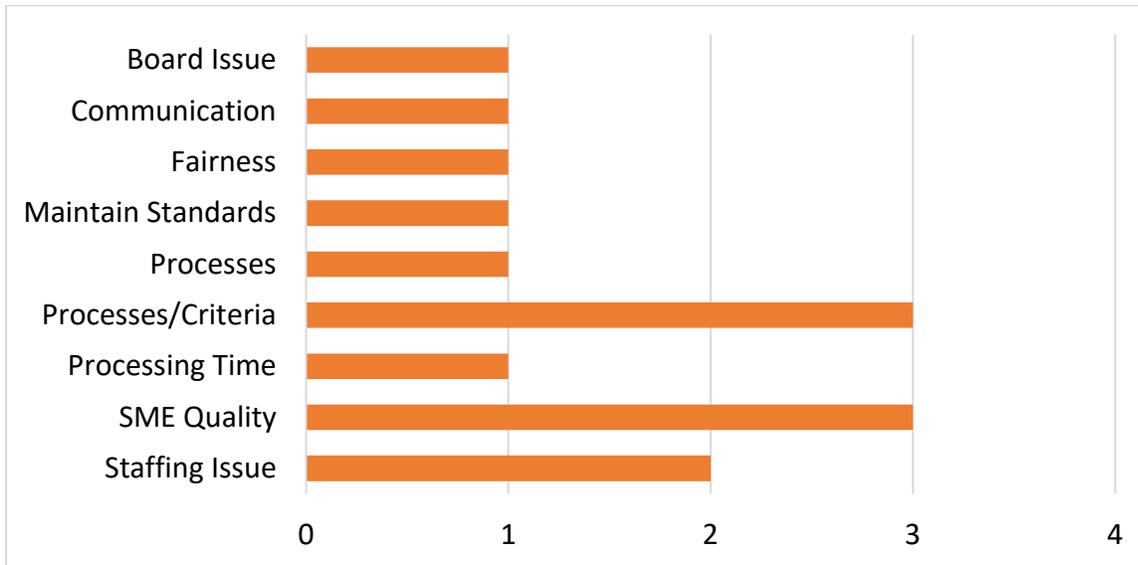
- maintaining permanent staff.
- Re-organizing office positions to meet our needs. Managers are the backup as well as the go-to for all the staff, so we're drowning. There are no mid-level leads to take some of the burden. We're talking with OHR and will need budget's approval.

Tech Issues

- Updating technology.
- Our equipment is from before we were under DCA and a lot is not compatible. It's crippling our activities. Only 2 managers have laptops, so covid threw us into a loop on telework and technology.
- move everything to paperless. it would streamline the process.
- Improving the new online system, Connect. The process to apply for licensure online still has many flaws that we are working through. The new online system is not that user friendly.

Enforcement Objectives

Board Members



Board Issue

- Consider adding other health care professionals to our board (I'm very aware of a hierarchy in health care). Maybe all healing arts boards should have shared licensees, in some equitable parity system? Integrated care is a trend. We should look at that in a serious way, but it was presented as a mandate providing oversight that we don't need. We should have the discussion so maybe we could collaborate with other healing arts boards? That would serve the consumers.

Communication

- Provide education to licensees about infractions.

Fairness

- Identify who are some impartial interviewers/investigators, because not all are.

Maintain Standards

- Do licensees know what 'rehabilitated' looks like?

Processes/Criteria

- Improving the process of investigation (I know the ALJs and DCA are involved)
- Update model disciplinary orders. We need to define 'Misinformation issues' and what does that mean?
- Investigative criteria more defined, consistent
- We need to make clear-cut standards to get recordkeeping cleaned up. We should create and inform licensees about universal expectations across all chiropractors. Licensees need

to log more than just a ‘travel card’. There’s a wide variation. Everyone should keep SOAP notes for every patient contact. We need more than just a list of what you adjusted.

Processing Time

- We must decrease the enforcement processing timeframe.

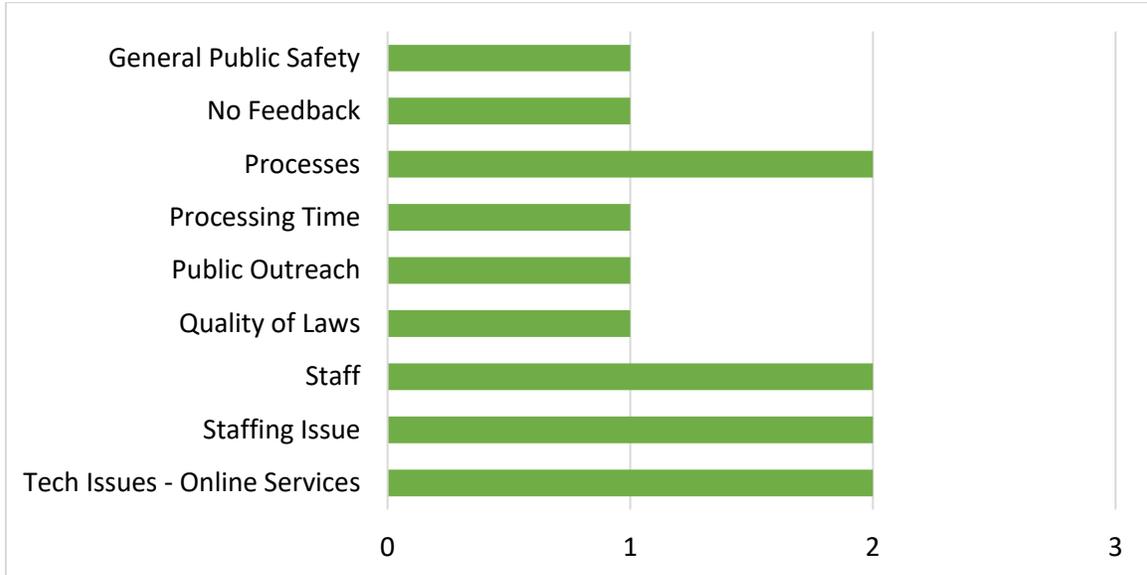
SME Quality

- We need to standardize training for expert witnesses. We have done some work on guidelines, and were supposed to implement training but it hasn’t been done. We need to train them both on establishing report writing standards, and on evaluation of records standards.
- We’ve already discussed broadening our array of experts (we’ve relied on a lot of the same folks; they are not as effective as we’d like), working on recruitment of more experts.
- Upgrade the quality of our SMEs. Staff has done great work, and we need to continue to work through the nuances of how to move this forward.

Staffing Issue

- We do need to fill some staff vacancies.
- Staffing

Internal Stakeholders



General Public Safety

- better overall consumer protection

No Feedback

- No experience yet - new employee this year

Processes

- Streamline enforcement processes
- Address inefficiencies that are driving our timelines.

Processing Time

- The re-organization will help us look at processing timeframes.

Public Outreach

- Public outreach. Lots of our consumers are unaware that we exist or what do. We are a consumer protection agency, yet they don't know we are here for them.

Quality of Laws

- Implement the proposed regulations and regulatory concepts like uniform standards and the CPEI.

Staff Training

- more procedure training
- Training staff.

Staffing Issue

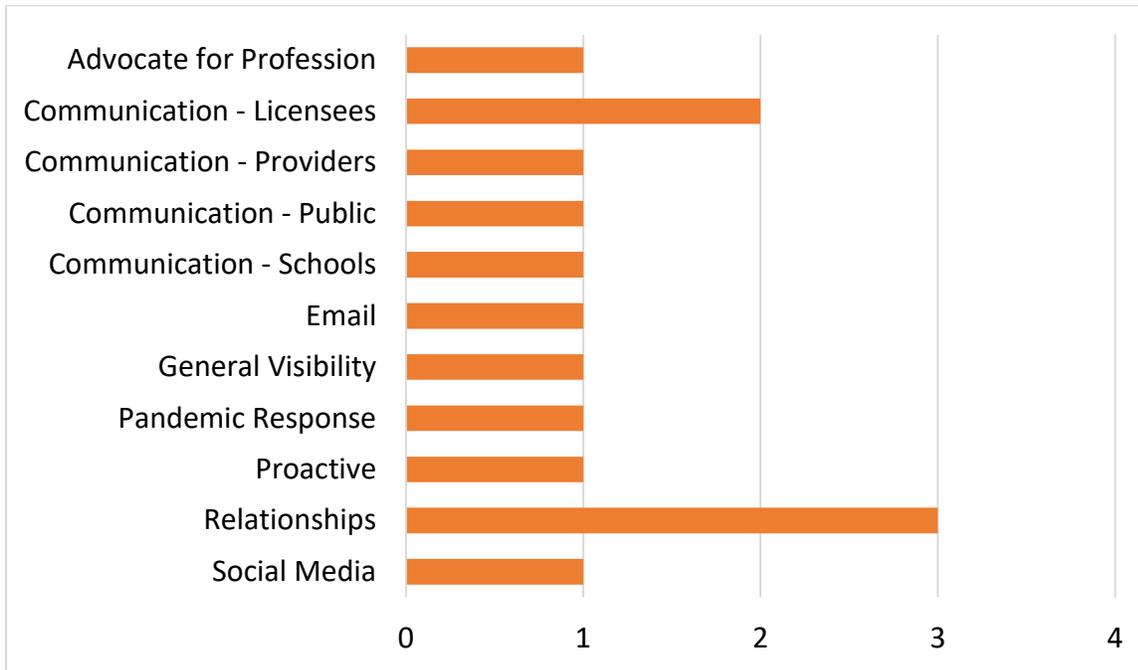
- More staff and more procedure training
- Filling vacancies; the EO is acting. We're spinning our wheels.

Tech Issues - Online Services

- going as paperless as possible.
- Complete updates to the new online system

Public Relations and Outreach Objectives

Board Members



Advocate for Profession

- Chiropractic doesn't have that promotion of the field that clearly defines what we do, we could provide science-based education on effects. This would also help our relationships with other health professions.

Communication – Licensees

- Communicating with licensees
- Conduct annual or bi-annual surveys of licensees to find out how they feel the Board is doing in the various areas. Are they learning, being reached out to? In my informal communication with people, they don't know who's on the Board or what the Board does.

Communication – Providers

- Conduct annual or bi-annual surveys of providers (remember, they are not the same as Licensees) to find out how they feel the Board is doing in the various areas. Are they learning, being reached out to? In my informal communication with people, they don't know who's on the Board or what the Board does.

Communication – Public

- Consumers don't know what we do, and what the risks and benefits are. Compare to the dental field; that profession is promoted.

Communication – Schools

- Reaching out to the schools as well, which overlaps with CE and Enforcement topics.

Email

- Email distribution list, develop how to do that

General Visibility

- What efforts are made for the consumers to know we exist?

Pandemic Response

- One other state website (Minnesota) is very clear on their COVID stance and vaccinations; on ours you have to look for information. Licensees aren't getting clear guidance.

Proactive

- Training requirements – ability to do online trainings needs defining and direction – being able to get ahead of that is important.

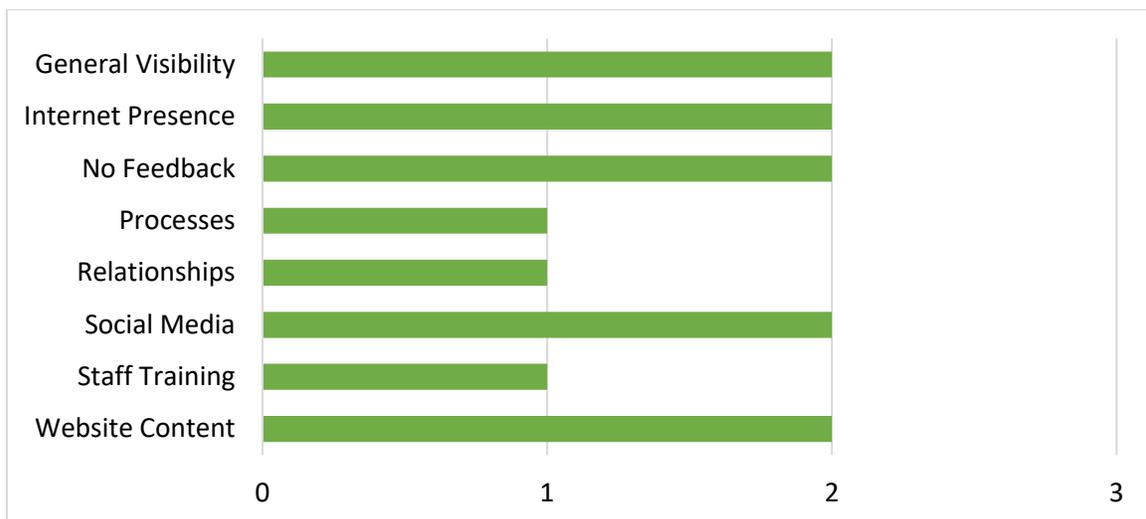
Relationships

- Build and improve relationships with Legislators and other healing arts boards, other professional organizations like FCLB, NBCE, ACA, as well as other healing arts boards like physical therapy, naturopathic, etc.
- Reaching out to other organizations and stakeholder groups.
- Develop shared lectures, have Board members go out to meet licensees, build relationships. We get requests already.

Social Media

- Social media plan

Internal Stakeholders



General Visibility

- Perhaps, advertising on social media, commercials, publications, newsletters, community events.
- More interactions with the public and educating stakeholders about the Board's roles

Internet Presence

- updating their website and social media presence
- Develop better content for website and social media

No Feedback

- N/A
- No experience yet - new employee this year

Processes

- have someone at the board manage content.

Relationships

- Establishing relationships to become more effective with other government agencies.

Social Media

- Develop/improve an Instagram, twitter page
- Robust, interactive social media presence to engage with stakeholders.

Staff Training

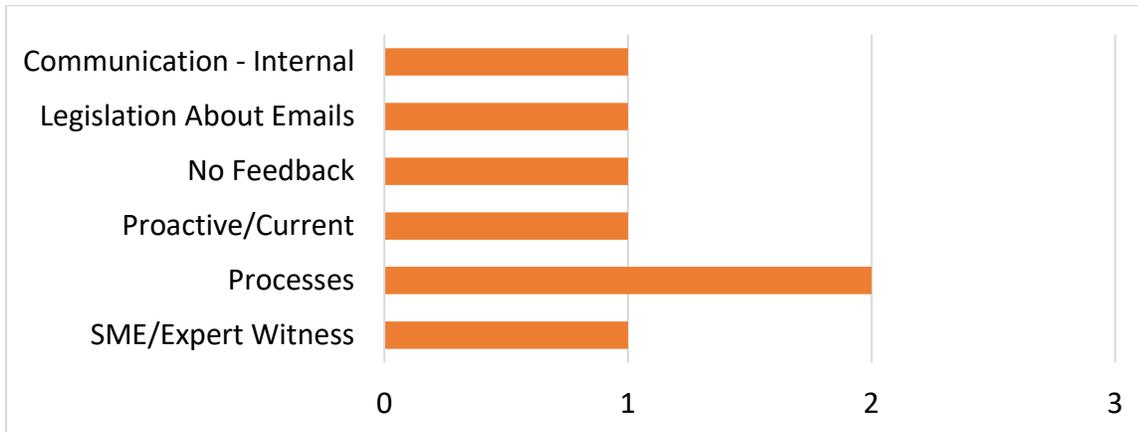
- Training to more staff on PRAs.

Website Content

- Work on the website- we removed the FAQ page a couple years ago and i think its a great resource for callers. We need to edit and update the FAQ. We now have an online system for the public to use and the FAQ would be very helpful.
- Put together a video to show to licensees about explaining CE requirements, for applicants. Basic questions get calls & emails. Update FAQ's on website.

Laws and Regulations Objectives

Board Members



Communication – Internal

- I don't have much familiarity. Staff presents regulatory language to us, as it is going more recently.

Legislative Topic – Emails

- Revisit ways of getting email addresses for licensees to improve outreach and reduce budget.

No Feedback

- None really

Proactive/Current

- Getting CE and education defined will have a trickle-down effect.

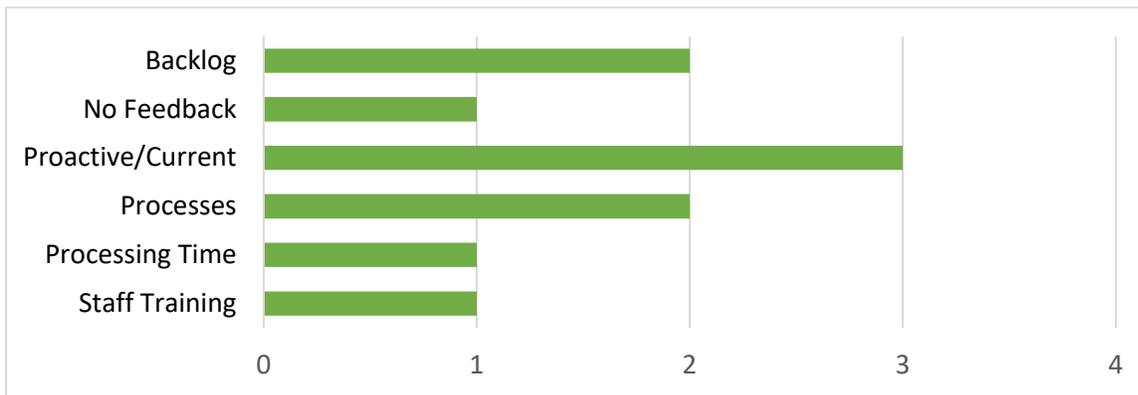
Processes

- Improve the efficiency of processing time, in moving proposed items through our staff.
- Defining packages, especially in the area of CE.

SME/Expert Witness

- Have expert witness regulations in place, have a process in place to train them, to know them (if that's allowed). We should be connecting with an important stakeholder group.

Internal Stakeholders



Backlog

- CE program to be re-vamped, will need reg change. We need to get the pending regs list reduced/eliminated from current status.
- Enact the backlogged regulations.

No Feedback

- No experience yet - new employee this year

Proactive/Current

- Update all laws, regs, disciplinary guidelines
- Commit to developing and promulgating more regulations
- clean up regs, some outdated, some not applicable/obsolete.

Processes

- continuing same process
- DCA did a lot of work establishing a Legal Affairs Regulations Unit, we should do that too. The internal regulations process should be more efficient.

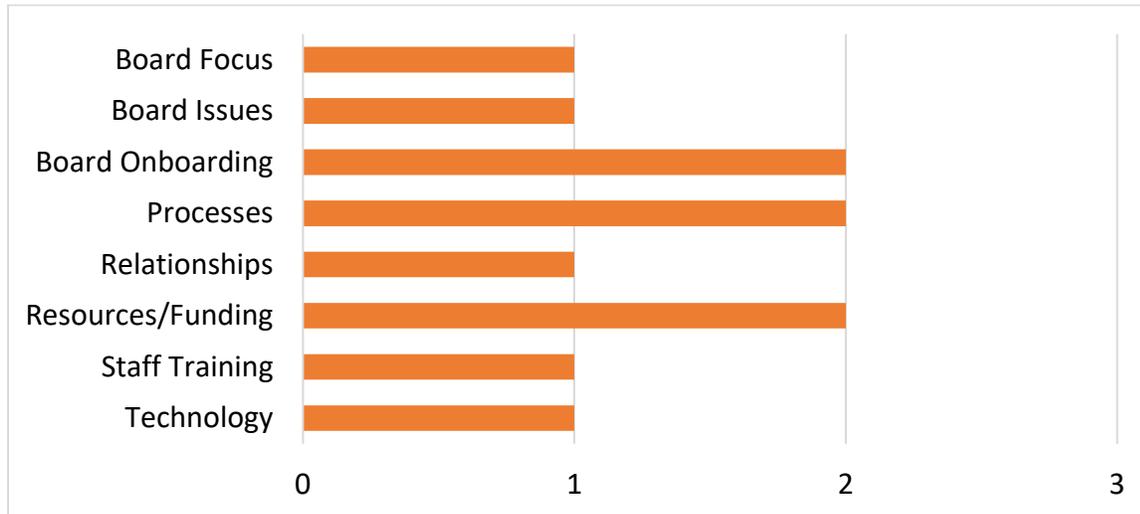
Processing Time

- Make needed changes to the disciplinary guidelines, CPEI, and Continuing Education regulations as quickly as possible.

Staff Training

- Training so more than one person can take on some of these packages.

Organizational Development Objectives



Board Members

Board Focus

- The Board isn't really a presence, which leads to a subconscious festering feeling of 'I can get away with whatever' on the part of licensees. Most licensees don't pay attention to the Board, it's just this thing that takes their money and sends them a license. Contrast that with the Dental Board, who were super clear to their licensees about what you can and cannot do.

Board Issues

- Succession and continuity, mentorship of Board members. New members get put into whatever role. Mentorship via speaking engagements and interactions with other professional entities. Create continuity as the board turns over. Ensure we are up to date in [Board member] procedure manual and instruction materials – this material should be reviewed with the full board not just new members.

Board Onboarding

- Board member onboarding and check-ins (having a routine communication with the EO or Legal and Chair even to set a welcoming tone; someone kept saying 'we'll reach out to you' but nobody did. Make clear the resources available to get the Board members' work done. It's not clear to me how folks wanted to receive things; are PDFs preferred, or original documents with wet signatures? These small things make it hard to work.
- I felt like things weren't clear during Board member onboarding. It took five different conversations to get to the Form 700 person. The information was very confusing, not succinct. I got multiple answers for SHP training.

Processes

- Implement annual reviews of staff duties.

- Have efficiency – look at lean, any efficiencies for the office. Maybe an internal training? Our fee study was based on workload, but improving efficiencies, that will effect it. Will help our funding condition.

Relationships

- Improve Bd Member & staff relations. There’s a disconnect, it would improve the quality of performance if we improve the qual of relationship and understanding.

Resources/Funding

- We’ve got to raise some of our dues because the budget has been dwindling over time, so getting on solid ground financially is a priority.
- Re-evaluating our fee structure.

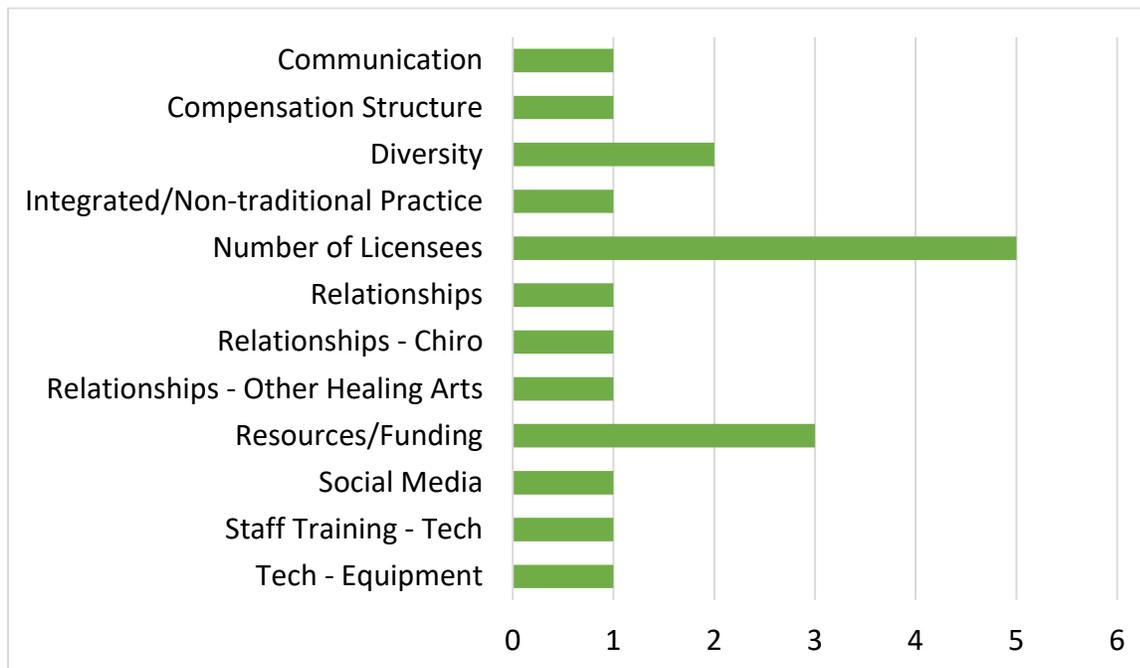
Staff Training

- Improve staff training on the profession, practice management, and language within the profession. Could come from professionals on the board.

Technology

- Leverage IT to improve board staff efficiencies and decrease workload (especially compiling reports, tracking complaints, tracking licensee retirement vs moving away, etc.). These things are meaningful as we see a decline in licensees when we can’t establish meaningful data.

Internal Stakeholders



Communication – External

- Develop metrics to measure customer satisfaction. We have an enforcement survey, but currently we don't get many responses.

Communication – Internal

- communication for planning and development
- need MUCH better communication with staff to staff and more so, management to staff; staff is not updated on much of anything

Fees/Costs

- Restructure and increase fees so it is more equitable

Online Services

- more effective IT help with new online system.

Processes

- desk manuals, OIO audit to make that effective.
- Create clear processes and procedures, and put them in place.

Staff Training

- Promote ongoing training and development of all staff.
- robust training
- need procedure training

Staffing Issues

- Restructure and increase fees so the Board is able to hire more staff
- filling positions with competent staff; re-org

Support Staff/Morale

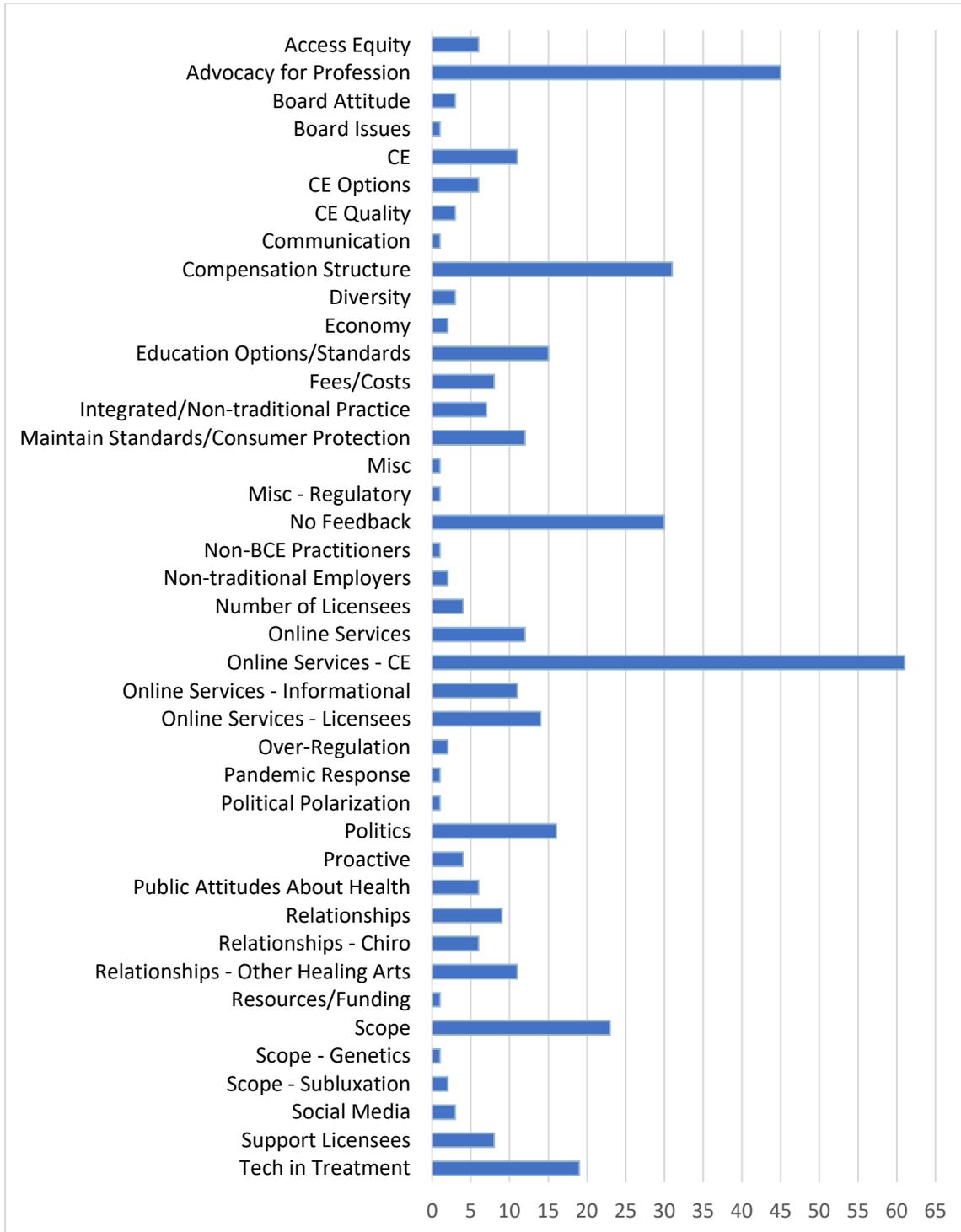
- need to bring staff moral up; allow more schedule flexibility

Tech - Equipment

- More resources for staff- equipment, supplies

Appendix E – Opportunities and Threats Data

Opportunities



External Stakeholders

Access Equity

- Reach all racial communities about chiropractic
- continued inclusion to the consumer for all people to have access to chirop.
- Address inequities as managed care continues its expansion
- More convenient and less expensive treatment options
- To insure our patients and the public have access to our services on parity with other providers
- Providing care for low income

Advocacy for Profession

- Focus on our expertise in wellness as a drug free profession.
- Use social media to focus on our expertise in wellness as a drug free profession.
- Maintain Chiropractic's Integrity as Natural Healthcare
- Chiropractic becoming essential and vital to one Health
- Maintain chiropractic's unique model of 'health care' - i.e. Art, Science and Philosophy = subluxation-based, premise - that's our USP (unique selling proposition) which separates chiropractic from physical therapy, osteopathy, medicine, etc.
- Promoting Chiropractic more positively
- Expand and promote Chiropractic to the public.
- Advertisement Chiropractic more
- Educate the public more to need for Chiro care
- We are more scientifically validated as a profession and the public needs to know that.
- Support adjusting technique effectiveness studies.
- Represent all areas of DC care as appropriate
- Leader in the field
- Publicly support the evolution of the profession
- CHIROPRACTIC WILL BE DESTROYED THANKS
- Allow the profession to "evolve" with the future.
- We use our hands....emphasize that. Everyone, everywhere uses tech. How about something different?
- Promoting the Terrain theory of disease as opposed to the Germ Theory

- Gaining traction
- I think the board should not only be an advocate for the general public but also be an advocate for the stakeholders in regards to reimbursements we feel that chiropractic reimbursements are not fair and in line with other healthcare professions and our board should be an advocate in this arena for all parties involved fairness in healthcare
- Honor the Elders of our Profession who are ALIVE!
- More positive Social media and outreach
- A plan for sharing what DCs do and how they can better help communities.
- Brag about what Chiropractic offers!!!
- Advertisement Chiropractic more
- Chiropractic is a no load form the medicine medicine it can be delivered quickly easily and effectively
- Build the image of Chiropractic as a group of Professionals
- Chiropractors becoming more of the gate holders for medical care
- More accepting towards DC care for many things
- Addiction
- Promote chiropractic as an alternative
- Educate the public more to need for Chiro care
- To be a positive influence
- Stay free. Stay unmedicated. MEDICAL FREEDOM.
- Be the voice of reason and evidence instead of extremism
- Protect chiropractic
- Needs to be more involved with legislature to support the profession
- There is more to regulation than denying opportunities - grow!
- More information to all
- IT IS SAD WE PAY FOR A "GOVERNMENT ORGANIZATION" THAT IS CENTERED ON CTE, PUNISHMENT. NOT MAKING CHIROPRACTIC THE LIGHT OF HEALTH CARE.
- STOP trying to get in bed with medicine. We are primary health care providers and should stand alone for Wellness.
- Maintain chiropractic's unique model of 'health care' - i.e. Art, Science and Philosophy = subluxation-based, premise - that's our USP (unique selling proposition) which separates chiropractic from physical therapy, osteopathy, medicine, etc.

- capitalize on our diversity....how our profession can do sports physicals, use technologies to aid in functional improvement along with pain relief.
- Presence in the entertainment industry.
- Expand scope for economic, patient demand and support and better positioning in the public's eye.

Board Attitude

- The CBCE as it stands, would never see future opportunities. It only sees constraints, restraints, what cannot be done, and how to continue to self-destruct our Profession through indecision and distrust of its members. Our only opportunities for any future for our Chiropractic Profession lie with a change of attitude and a different makeup of the CBCE.
- the board very isolated
- Be willing to make mistakes. Bullying behavior belies only fear.

Board Issues

- As a stakeholder I feel that certain professional relationships can be dangerous and could lead towards conflict of interest with board members and employees of this professional board and they should be limited or kept out completely from the equation

CE

- Have the BCE develop a course for the mandated 2 hours of Law Ethics and Law. .
- Continuing Education
- The pandemic has changed the way people learn and the Board should align itself with the current environment.
- Every other year renewal. Join PACE as many other states have for CEUs.
- CE audit software so all DCs get audited
- MORE ADDED not needed CONTINUING EDUCATION CRAP
- Continuing education topic should be opened up not restricted in content academic freedom is the main thing for the stakeholders they should be allowed to take any subjects they want that they did not get in chiropractic school. They should not be forced to take subjects that are currently taught in chiropractic school they've already graduated been poured tested in state board tested and licensed this is not also not done in any other profession in healthcare in California
- Require less hours and allow more subjects. Drop "required" subjects
- Less CE hours
- input of CE seminar providers be taken more seriously
- Movement toward PACE for CE clearinghouse model

CE Options

- Allow CEUs from other certification that DCs have to transfer for our yearly total.
- Greater CE options, I hope!
- Accept online CCE and from other states
- No more than 24 hrs needed, but more flexibility
- Adding new education to curriculum
- Advancements are happening all the time the board should open up the area of continuing education to new methods and new technologies to keep up with the changing times

CE Quality

- Approved educational providers for CE should be required to submit user reviews for their classes. There are currently some very poor approved CE classes.
- Approved educational providers for CE should be required to submit user reviews for their classes. There are currently some very poor approved CE classes.
- Improve and expand CEU approval. Many CEU providers are hucksters, eliminate "practice management gurus"

Communication

- Better communication

Compensation Structure

- Insurance options will get worse forcing more cash only practices
- People hate dealing with their insurance as much as doctors
- Get chiro's the ability to opt out of Medicare.
- Lobby for insurance reimbursement
- Increased retail expansion
- Evolution of healthcare industries
- Reimbursement that lags behind inflation/costs.
- Lobby for fairer reimbursement and inclusion in Insurance plans.
- increases pay from insurance
- Lower reimbursements
- Get insurance companies to cover good soft tissue work.
- Protect Chiropractors from insurance companies and their hired guns like ASH from undermining the professions ability to provide appropriate care at a fair reimbursement.
- As reimbursement continues to become non-existent, so will the profession.

- Increased cash based practice less insurance
- Insurance parity
- Insurance issues
- Salaries
- Lobby for increased insurance reimbursement.
- Increase reimbursement levels. ASHP is ridiculous.
- More private practices
- Attys to get Chiropractic parity with other Docs in the managed care realm
- Bitcoin
- Relationships with the payor community
- We're screwed if we don't get away from Insurance!
- Cash practice models
- Lobby for insurance reimbursement
- Get more insurance coverages
- Lobby for parity in reimbursement/inclusion in insurance plans.
- allow more consumers to have access to quality health care.
- Health Insurance supporting Chiropractic as essential
- A broader acceptance into main stream healthcare for insurances

Diversity

- Greater diversity
- Diversification of the profession and the public served.
- I think the trend is towards more acceptance and more inclusion.

Economy

- Inflation will continue to increase
- Rising costs in Healthcare

Education Options/Standards

- Schools are disappearing
- Chiro schools seem to be limiting what has been taught in the past. Students are less prepared to see patients. This needs to change. The DC school entrance requirements must be more stringent.
- Ore opportunities to train in residence programs

- Colleges need to get in the consumer support
- More schools. Residency programs.
- Competency-based learning (vs. numerical requirements)
- State schools like all other health care providers
- Strong acceptance of online educational formats
- Encouragement to institutes teaching chiropractic
- more chiropractic colleges
- I think the trend is toward more knowledge
- ensure the basics are covered
- Addiction training and mental health training
- Offer pathways to grads to be up to date and get dual degree too
- cross educational opportunities with other health professions

Fees/Costs

- Annual relicense fee keeps increasing - don't like
- Keep fees reasonable.
- Stop raising license fees
- Help promote state school education, to bring down students costs
- Increased govt fees for professionals that will limit profits
- Keep the relicensing fee reasonable.
- Cost Houg up while profitable down
- Go to a two year license to reduce BCE operating costs.

Integrated/Non-traditional Practice

- Consider and develop a strategy for how DCs can better integrate within multi-specialty medical/healthcare practice
- Grow Professional multi-disciplinary care
- Integrated practices w/ other licensed professionals
- more specialties - more access to hospital like ND or DO have
- Integration with MD; acupuncture license ; integration with psychological and mental health teams; addiction training
- Working with other professionals like osteopathy and P T
- Grow Professional multi-disciplinary care

Maintain Standards/Consumer Protection

- Continue to uphold the higher professional standards.
- Maintain integrity.
- Ensuring competence of its licensees
- Less demanding
- More alignment with accrediting bodies regulations.
- getting more corrupt
- Continue to protect the public from unlicensed and unethical DC's
- Protect the act
- more people will be investigated for stupid [redacted]
- Consumers should come first
- Control the "fringe" practitioners that make us all look bad
- In the boards mission of protecting the public from dangerous unethical and fraudulent chiropractors the board as a responsibility to the general public to ensure its safety within the profession and should not do any overreach with the practitioners in order to achieve this goal

Misc

- Uber, Lyft?
- Stakeholders and the general public should have a voice and what goes on with any regulatory or rule changes by the board or the DCA the chiropractic initiative act was brought about by the people for the people and originally stated that any changes to the chiropractic initiative act needs to be through a vote of the general public and I believe we need to go back to the original documents in the original intent

No Feedback

- See prior survey comments
- Getting worse, per usual, under your leadership.
- ?
- No comment
- HA HA HA
- I don't know. depending on coding changes could go up or down.
- NA
- social

- Increasing
- Stakeholder issues
- THESE FOLKS SHOULD FIND OTHER WORK
- lol.
- this is why the BCE is a complete failure.
- TAKE OVER>. YOU LOSE YOUR CUSHIE JOB
- Always
- N/A
- do not crowd source your job,
- This question is a little odd, I think you are asking me to help develop your business efforts in the future???
- No Comment. I wouldn't know what to do or where to begin. Sorry.
- NOT MANNY
- NONE IN THIS ORGANIZATION

Non-BCE Practitioners

- Vigilance re: franchise therapy providers (ex: Joint et al)

Non-traditional Employers

- Working in hospitals
- increasing multiclinic and hospital work

Number of Licensees

- A higher number of chiropractors overall
- Need to promote more licensing to meet the public need for more chiropractors
- Shortage of Licensees
- Dwindling availability and increased expense

Online Services

- Higher utilization of on-line tools for cost savings
- automation
- Paperless offices
- Grow this Technology supports it
- Updating/ improving website

- Increased ability to collaborate via internet.
- Accepted widely
- Automating Board processes
- Going paperless
- computer ads and e visits
- Improved website
- cost saving with automation, less travel expense for board meeting.

Online Services – CE

- Remote viewing for Continuing Education through online ZOOM type classes
- Better education for Chiropractors through online Live or prerecorded remote viewing Zoom type classes. There is no practical reason for Live classes. Prerecorded classes can be viewed in greater detail, replayed or slowed down to understand new information that can be overwhelming or incomprehensible in a fast paced live situation. Which defeats the purpose of Continuing Education requirements. Chiropractors should be the leaders in successful educational acumen, not continuing the centuries old formats of "sit-and-listen" lectures, by uninspired people bored with themselves, just making a buck at our expense.
- Use of new on-line meeting tools for CE and BCE meetings
- Zoom seminars for ce credits
- Online including Zoom and other yet-to-be-developed technologies
- Allowing licences the option to fulfill live licensing requirements via live web streaming.
- Continue Zoom Option for CE's
- Online education, Remote learning
- Allow zoom as a permanent option for continuing education
- Allow the use of zoom for live CEUs
- ZOOM seminars for CEC.
- New and more CE available through zoom.
- Live CE hours vis Zoom
- Need for webinar/zoom type classes.
- online remote learning
- Zoom classes for live continuing education.
- Allowing live zoom seminars for live credit
- More zoom or use of technology in CE.

- Web-based learning has increased in quality dramatically and the Board should consider increasing amount of distance learning allowed to meet the moment.
- Web classes
- CE should be online and through Zoom
- CEUs being offered online even for live events.
- Remote learning
- Allow zoom as a permanent option for continuing education
- Allow the use of zoom for live CEUs
- Allow Zoom meetings for continuing education
- New and more CE available through zoom.
- Zoom classes for live continuing education.
- Allowing live zoom seminars for live credit
- Web-based learning has increased in quality dramatically and the Board should consider increasing amount of distance learning allowed to meet the moment.
- Web classes
- CE should be online and through Zoom
- utilizing the availability of live interaction for relicensing seminars
- Increase ability for practitioners to use distance learning. Butts in the seat is old school
- CE going more online
- making synchronous learning acceptable for live
- live CE credits via zoom classes
- Would ensure virtual seminars remain as an option for Chiropractors
- advancements in laser technology and other technologies to help better treat a patient and diagnose a patient are happening around us and we need to add these to the level of continuing education so that the field doctors are getting information that they did not receive while in chiropractic college to help them better keep patient safe and treat their patients in a productive manner
- More webinar and less in person events for CE
- Zoom exams
- Web-based learning has increased in quality dramatically and the Board should consider increasing amount of distance learning allowed to meet the moment.
- Allowing licences the option to fulfill live licensing requirements via live web streaming.

- Continue Zoom Option for CE's
- Move to online ZOOM Seminars!
- Live CE hours vis Zoom
- Need for webinar/zoom type classes.
- online remote learning
- More zoom or use of technology in CE.
- Web-based learning has increased in quality dramatically and the Board should consider increasing amount of distance learning allowed to meet the moment.
- Continued options to take all CEUs online
- Remote learning
- All relicensing hours to be accomplished online live and otherwise
- Increased access to online CE. Even technique seminars as it is generally difficult to view instructors in a live setting.
- allow all CE req. to be accomplished online
- Increase in online offerings that need specific rules to verify attendance
- Online learning
- more high quality interactive video conference seminars
- On line classes beyond covid
- The pandemic has changed the way people learn and the Board should align itself with the current environment.
- digital auditing of records

Online Services – Informational

- More online availability of information
- Social media campaigns for effectiveness
- Video educational series
- Create a consumer list of "Average" prices for an area
- More info online
- Help improve chiropractic's image by social media regulation
- I think the board needs to re-look at their social trend options and relax the rules for chiropractors and social media and website it is not equal to other professions in the state and when the chiropractor post a testimonial of another patient's results it should be allowed and not a violation of the board as long as the chiropractor has permission from the

patient to post a testimonial there should not be a double standard within health professions inside of California

- digital technology help with education, public opinion & communication
- Provided educational tools for doctors and the public.
- Online information.
- better communication with licensees sending out informational emails to all etc

Online Services – Licensees

- On-line license renewal
- online application submission, online payment submission
- more online license renewal opportunities
- reliance on digital media for license renewal, etc
- Invest more in technology to facilitate all transactions.
- more online license renewal opportunities
- A completely digital systems and communication
- Online communication correspondence.
- Effective online processes for applicants and CEUs tracking is also needed.
- Simpler web interface for license renewal.
- Email renewals instead of mailing them. Take credit card payments online. I also am licensed in Iowa. Renewal is 100% on line. Since I regularly put my payment slip upside down and send it back to myself (tmi?)
- automation of license renewal, CE audit , update of licensee email
- Digitalization (online relicensure, online classes, online meetings, online minuted of board meetings, etc.
- Process license renewals faster or wait 15 days before changing license status on website.

Over-Regulation

- It will continue to get more difficult to earn a living in the healthcare field due to complexity on government regulations.
- Lobby to stop bills that impose medical mandates on the public and on DCs.

Pandemic Response

- COVID impact on telemedicine, number of candidates for licensing and professional stability.

Politics

- Continued polarization and govt failure
- Stay out of politics and protect the public
- avoid social justice/ equity issues. Empower the individual
- Avoid liberal Progressive propaganda
- politics should not be involved, aside from enforcing law
- Chiropractor involvement in social issues that are important to ourselves and our patients
- Not much power
- politics should not be involved, aside from enforcing law
- political trends
- Any politician who received PAC money should recuse themselves from legislation
- WHY DO WE NEED TO FEED THE POLITICIANS \$\$
- Remain neutral.
- Politics should NOT PLAY A ROLE with the Board!
- stay neutrals
- Political trend should be 100% not included in any agenda of the California board politics should be left out we deal with the spine and nervous system to improve peoples health and keep the well from getting sick politics place no role in healthcare and should not be made politicized in this profession for the stakeholders and the safety of the general public
- Keep the profession informed of political changes that affect practice.
- More Lobbying

Proactive

- changes in profession
- Always changing and upgrading
- Stay current.
- need to keep up with times

Public Attitudes About Health

- More people utilizing alternative health care: Chiropractic
- Health orientation over pain motivation
- Widely accepted
- WE ARE STRONG WITH THE PEOPLE

- Must break the attitude of "Easy" with RX meds, fast foods and fad diets/exercise programs
- We need to get into the K-12 schools with "Big Picture" care including Chiro care

Relationships

- Aware of more Doctors in Healthcare outside of MD, DC, DO
- improved outreach to other health care professionals and regulatory agencies
- collaboration with the DWC Medical Unit on issues of our profession.
- Are we still at that stage in our development that we need state and federal government advocates?
- Relationships with other
- Do these exist? It would be good to have a better understanding of how BCE interacts with other professional boards, state departments and the legislature in general.
- Great relationship

Relationships – Chiro

- work with the CCA
- California Chiropractic Association
- Bringing the Profession together
- Relationships with the CE community.
- Dialog with the various Chiropractic organizations. We are blessed to have the freedom to practice as symptom relief to lifestyle. High volume to low volume. Embrace our diversity!
- Professional organizations need to support the board the boards need to support the professional organizations
- Relationship with the DC statewide, nationwide and related organizations (such as CSIMS in regard to QME etc.
- Federation of Chiropractic Licensing Boards

Relationships - Other Healing Arts

- Be friendly with other professions who overlap with our scope of practice yet maintain our value and superior skills.
- more closer and similar to other state boards in allied health
- Work with MD/DO state board for more inclusion with goal of all DC to get RX lic via the PA route
- To involve and serve and cooperate with other providers
- Medicine chiropractic need to work together

- Educate other professions about the difficulty to get a license
- Better educate MDs and drug companies about what we do.
- Align Chiropractic with groups representing all other healthcare
- Work with medical board
- Enhance relations with MDs for referral opportunities.
- Need to be in with the DO's and MD's

Resources/Funding

- BCE needs to ensure appropriate funding to sustain the enforcement of errant practitioners

Scope

- Considering implementing a continuing education program to allow for at minimum the basic prescription of medication by chiropractors such as NSAID's and other analgesics, common antibiotics, and steroids which are commonly used in primary care. There is a terrible primary care shortage across the country and NP's are gaining autonomy in California and decreased supervision for PA's in order to meet the primary care shortage. DC's have extensive training and capability in the assessment and diagnosis of primary care illness, but cannot manage a great majority due to the inability to prescribe.
- Scope of practice as taught in schools
- Increase scope primary care services.
- Chiropractors becoming PCP
- Wellness coaching
- Wellness and Functional Medicine incorporated with Chiro care
- DC and PA or DC and LAc. dual degrees
- Scope of Practice revision as the industry grows
- Adding ESWT, cupping, and decompression tx
- more certification programs in specialty fields
- Group visits for non-physical medicine visits/consults
- access to expanding our license scope with appropriate education.
- Allow expansion of practice into Prolotherapy
- Resist conformity, technique wars, limiting our ability to serve more people by restricting how doctors practice their art of Chiropractic.
- Scope of practice
- Expand scope chiropractic services.

- Expand the scope and expand the educational requirements for increasing those trends
- Definitely hold a strong defense against any politician wanting to diminish our scope of practice.
- Expand the scope
- To ensure the government and the various state governments om one to have a national scope of practice what we have now is a mess..
- Be involved in all facets of health care
- Integrative medicine on multiple layers needs to occur
- Work with MD/DO state board for more inclusion with goal of all DC to get RX lic via the PA route

Scope – Genetics

- More genetic oriented information

Scope – Subluxation

- Never rule out subluxation-based chiropractic
- SUBLUXATION COMPLEX WILL LIVE BUT BCE WILL CONTINUE TO TRY TO KILL IT.

Social Media

- Social media outlets
- Additional social media outreach to public
- Social media

Support Licensees

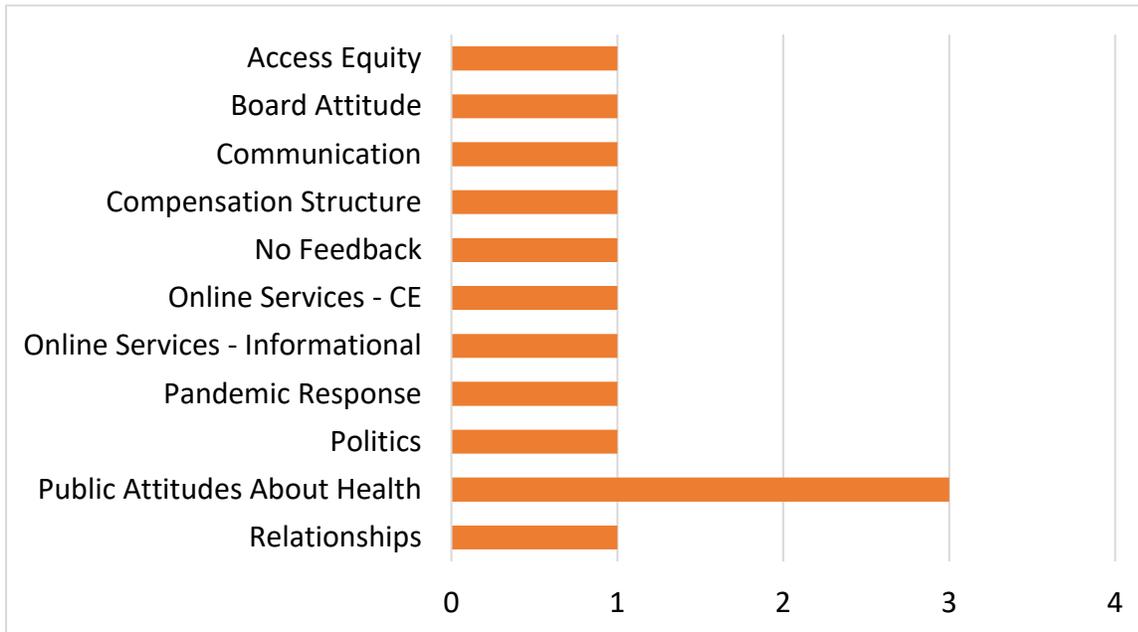
- try to help, not harm DC's.
- Support the practicing DC
- More Tech assistance
- This business space needs all the support it gets
- Social Get Togethers for Docs
- More adjusting and business skills
- Limitations to access to doctor-patient decisions
- We are victims, not stakeholders, whatever that means today.

Tech in Treatment

- More computerized treatment
- Technological trends

- Quantum Energy Healing devices
- Embrace technologies that aid in treating our patients. Our patient's aren't just musculoskeletal pain. They have a nervous system and immune system too. Expand our scope when new technologies become available.
- Technological trends
- Increase/improve chiropractic technology and affordability
- To be able to utilize in scope of practice the technology
- Follow modern therapy to see what is supported
- Telemedicine rules/regulations may need to be incorporated.
- Support adaptation of appropriate technology
- Prices coming down for diagnostics
- Telehealth
- Laser training; facilitating integration with EHR
- Once again technologies keep changing advancements in laser technology and other technologies to help better treat a patient and diagnose a patient are happening around us
- Evaluate new technologies and permit DC's to use them.
- Electronic records
- Widening the spectrum of incorporating healing modalities for example quantum energy medical approaches
- More online will be used instead of live
- Encourage research re: differences in supine v standing MRI

Board Members



Access Equity

- Health care insurance trends – and access to care.

Board Attitude

- Difficulty for the Board to engage in certain strategic conversations on a more routine basis. There might be opportunity to create space for that in ongoing board activities. (maybe that's a particular committee?)

Communication

- Education around enforcement, ties into social media, outreach. What are our expectations, be clear.

Compensation Structure

- Most patients pay cash, as Chiropractic is not covered. This means low overhead as far as staff to do billing.
- If you're passionate about your work, your patients will pay out of pocket.

No Feedback

- The Board is in a better position than it has even been in.

Online Services – CE

- Chiropractors are wanting to do training and CE virtually now that they've tried it.

Online Services – Informational

- Have a social media plan, we can, it's valuable to educate. Put out meaningful things.

Pandemic Response

- One of the main challenges for the chiropractic industry has been covid and our being a relatively hands-on practice. We should look at how to address that pandemic going forward, for both patients and doctors themselves.

Politics

- Any regulatory changes.

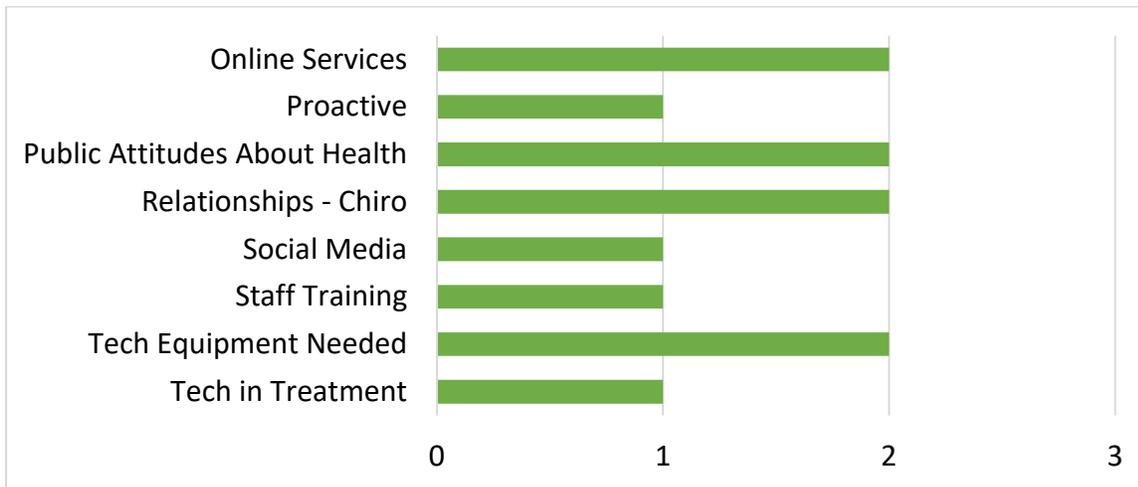
Public Attitudes About Health

- Opioid epidemic and trend to conservative care is a huge opportunity. Conservative Musculo-skeletal pain. Low back pain. This is an expertise we could embrace.
- Opportunity to bring the community more together on what is part of your practice – essential oils, etc. Chance to ground the practice in science.
- A holistic health point of view is increasing.

Relationships

- Online, zoom meetings are an opportunity to participate with other stakeholders and organizations, even when we have a travel limit due to budget.

Internal Stakeholders



Online Services

- Doctors want to do everything online. Our new online system will help be more effective in processing requests much quicker and at the demand of the public and licensees.
- Automating Board processes

Proactive

- adjusting with the natural disaster

Public Attitudes About Health

- Increase in Wellness in Health Care
- there is interest in exploring non surgical treatment

Relationships – Chiro

- Board members should interactive with staff, visit the office.
- CA is largest chiro regulatory org in nation.

Social Media

- Instagram, Twitter

Staff Training

- More training for staff and management in work processes.

Tech Equipment Needed

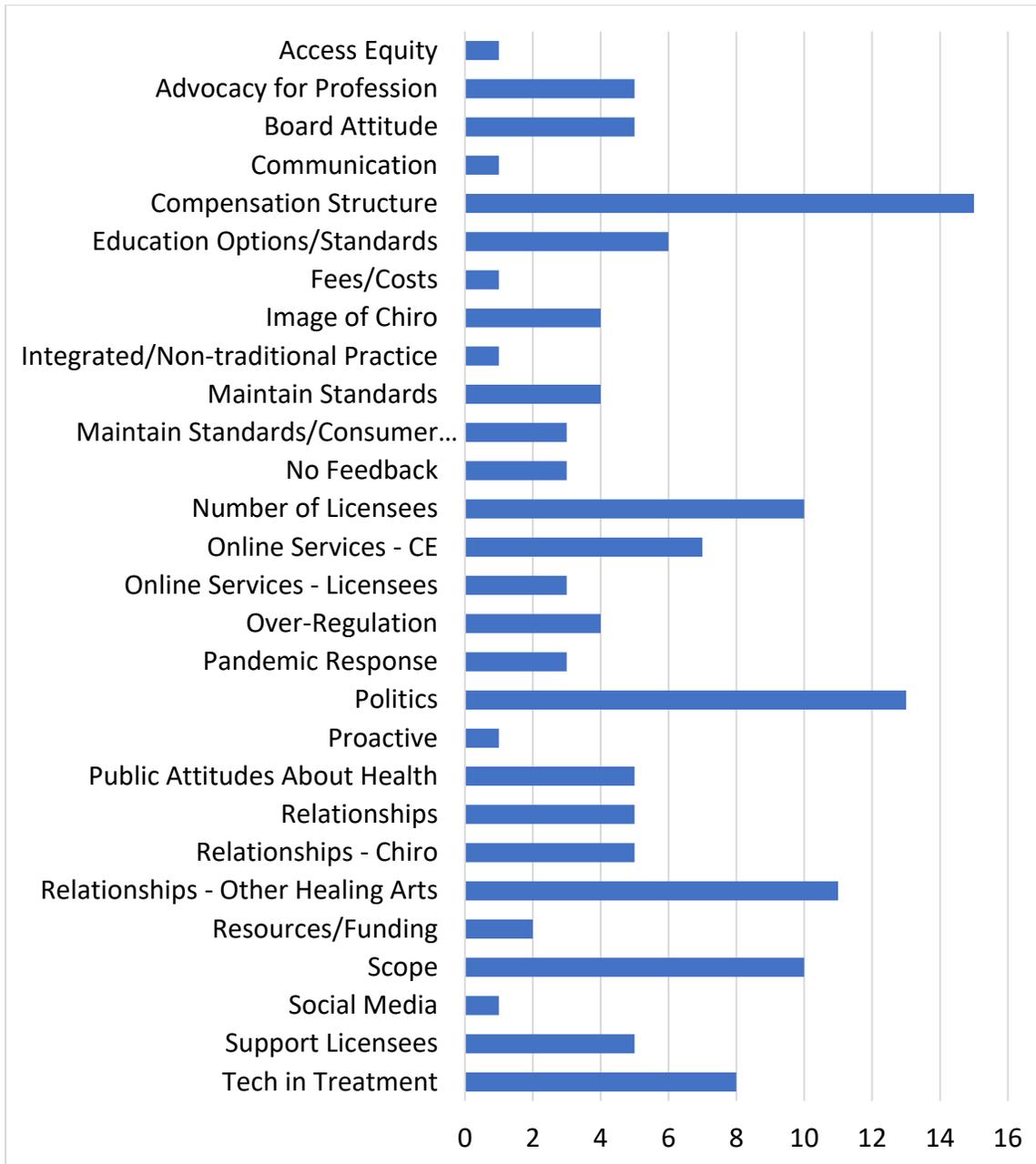
- The Board needs updated computer equipment and automated systems.
- We need faster/newer computers/equipment. It would help to have a laptop to work on the go.
- Teleworking has become more common. We do have our home set up to telework but hopefully our budget will allow that one day.

Tech in Treatment

- With telehealth, licensees can do check-ins, nutrition and weight loss.work.

Threats

External Stakeholders



Access Equity

- Laws and access to care

Advocacy for Profession

- Medical care is extremely expensive it must be effective chiropractic is effective
- Defining the science of Chiropractic

- Further diminution of the profession in the public eye - be a model!
- Promotion Promotion Promotion
- Board does not fight for our needs for equal insurance access

Board Attitude

- Small mindedness and self-doubt. Distrust of it's Professional Chiropractor members. This CBCE is rotting in its own entropy. It exists in a state of fear and exhibits its power through heavy handed oversight and control of the active Professional Chiropractor membership. It is incapable of making decisions and acting on them. Or at least allowing others to. Which would require CBCE to take a stand against the pockets of willful ignorance and stupidity; but rather share influence and demonstrate some trust in the Chiropractic membership to be responsible Professionals
- Who sits on the board...are they fair minded? or bullies?
- Board is not in sync with changing society needs, demographics of younger practitioners
- Board is it's own stakeholder and only performs to the beating drum of party that appointed them
- The challenge for the stakeholders is communication from the board stakeholders feel like they're told when changes are being made and not have had a solid opportunity to review those changes rebook those changes or even voice their opinions. Task groups should be set up from the board amongst different stakeholders that have an interest or an input constructively on what is about to be proposed as a regulatory change. The stakeholders have been out in the field doing these things and Should be able to voice their opinion before anything in writing goes down this survey that we are doing today is very helpful it should be conducted before any meetings happen amongst board members on the the various committees that would help them frame their meetings and their proposals based on the best interest of the stakeholders rather than the opposite and the current system.

Communication

- Communicate better with the profession. You should have everyones email.

Compensation Structure

- Remove ridiculous Medicare hoops to jump through
- Single Payer healthcare
- Opting out of Medicare.
- Don't abandon CASH!
- Insurance organized medical practices & diagnostic centers
- Greater reliance from public on insurance & government financed health care
- Insurance parity with other professiond

- Challenges with insurance not paying for medically needed care, and patients suffering because of that.
- Expansion of managed care power
- Public access to chiropractic care will diminish as DCs are paid less and less for their services.
- I don't know. depending on coding changes could go up or down.
- If we go to a single payor and DC care not included many will go out of business
- We're headed to the 80's again where insurance is in control of what we do.
- Decreasing insurance reimbursement
- Loss of reimbursement due to loss of chiropractor status

Education Options/Standards

- The younger part of the profession wants learning fast, easy, and in small chunks and the Board's requirements that courses of study meet a minimum amount of time may make it more challenging for licensees to get the information they need, quickly and at the point of need.
- Not many schools or schools that teach well
- State school education
- Board doesn't acknowledge needs for training in addiction and mental health
- The challenge in education is the variety of different techniques technologies and available options for a doctor of chiropractic these should be expanded and not restricted and allow for freedom that would be in the best interest for the patient
- Chiro school is too easy to get in and graduate. Needs to be more selective like med school.

Fees/Costs

- Easing fees too much too often

Image of Chiropractic

- Lower estimations of Chiropractic physicians in the public eye
- Putting a professional image out to others
- Need to challenge state and county laws that discriminate against DCs. Only an MD can be a county health director. Certain counties or school districts don't allow DCs for school physicals PE.
- The chiropractic profession has always and will continue to always be under a threat from groups that have interest that are not in alignment with the chiropractic philosophy science and art. The threats come from within and with out or outside of the professional boundaries including pharmaceutical threat medical threats and bullying tactics that are

applied against chiropractors both in social media, As well as main stream media and political agendas. The chiropractic profession should be left autonomous that is why it was created in the first place by the public of California. The autonomy should remain and stop being controlled by outside parties with interest that are not in alignment with chiropractic interests.

Integrated/Non-traditional Practice

- Chiro need to embrace EMB and working with and in a multispec. arena

Maintain Standards/Consumer Protection

- Students are less prepared to enter Chiro schools and only need a minimal GPA to remain in the programs. Many graduates are under-prepared.
- Improve quality & oversight of CE providers
- vigilance re chiropractic franchises; unsubstantiated claims re: supplements
- Too many older straight chiro's not interested in doing the medical mindscape
- All professional organizations must unify against consumer fraud
- More people doing real illegal stuff
- Places like the "Joint" that skirt the laws and lower chiropractic standards.

No Feedback

- everything is getting worse. It's your challenge to make it worse faster.
- This is a real shame, is this a scam? First, it is a [redacted] survey second, what [redacted] do you do? you might think I should eat toast the entire world might think I need to eat toast that doesn't mean I should eat toast, do your own job.
- All the above!

Number of Licensees

- With growing population/more doctors graduating the State needs to invest more.
- Noticed not enough chiropractors are graduating and it's difficult to find new docs
- Fewer Chiropractors and utilization by the public means less income for the Board.
- Less people going into the profession because the re-imburement is so poor.
- Number of candidates for licensing due to COVID impacts in undergrad/DCPs
- Less chiros practicing and moving to other professions
- seems to be many chiros leaving CA and loss of revenue
- As a clinic owner there is an ongoing shortage of chiropractors to hire in California. It does not help that CBCE takes up to five months to get a chiropractor licensed and I'm told through multiple communications they have exactly one person working on approving

hundreds of licenses. Inefficient, ineffective not good for the candidates doctors or owners of clinics trying to promote Chiropractic

- By looking at the sheer numbers of chiropractors in the state we see a trend of licensees not renewing their license bowing out of the profession mostly for economic reasons this is incredibly sad considering people want to have a place to work go to work pay the bills and be able to earn a living. This is a situation that needs to be addressed and a challenge because the more chiropractors that cannot make a living in this state does not bode well for the board of chiropractic in the future and effort should be made to help struggling DC is either as a liaison between insurance companies or a fairness in reimbursement act that needs to be legislated so that chiropractors can be fairly compensated for the work they do for example in the same line as a physical therapist would get reimbursed
- less and less chiropractors will remain active

Online Services – CE

- The CBCE not allowing online live or recorded continuing educational credits in lieu of live classroom instruction in dark overcrowded, under-ventilated classrooms, sitting on wretched hard chairs while straining to see a projector screen 40 feet away; when we could be viewing the instructor and the presentations on our own computer screens in a safe and much more comfortable environment, is archaic and extremely neurologically counterproductive to educational achievement. The continued requirement to be herded together in closely monitored masses only reveals the CBCE's ignorance of the neurological mechanisms that they profess to have mastered. The CBCE still does not know how the human brain learns and develops over time.
- Not allowing distance learning live
- CE going more online, but also having CE course approval process online
- The ability to take relicensure hours via zoom
- Discontinuing live video for in-person credit
- Allow more flexibility in relicensing (All online maybe?)
- Not continuing Zoom classes during the pandemic

Online Services – Licensees

- Not employing technology to make it easier to interact with the board
- less reliance on paper/hard copy transactions
- staff training to keep up with technology, software programs

Over-Regulation

- Being censored is becoming a big problem
- Regulators trying to erode our scope of practice.

- Limitations on discussions between doctor-patient
- too much regulation could be overkill.

Pandemic Response

- Teaching Chiropractors that any vaccination program is anything but Big Pharma PROPAGANDA!
- Expecting us together and huge groups again during Covid
- Leadership during the pandemic

Politics

- CMA own the politics in California
- Liberal Progressive influence
- Stay away from the far left. Medical Freedom is gone in those states.
- big pharma's huge increase in \$ for lobbyists
- Politicians trying to erode our scope of practice.
- Socialism
- social trends; political; stakeholder issue
- More awareness of social issues
- Not staying neutral
- We could provide services to officials
- Always a possibility of negative [political] issues
- Paying off favors for being appointed to the Board.
- Political trends is also an issue however I have noticed over my career that half my patients think one way politically and the other half think the other way same with my staff same with my colleagues politics does not play a role in chiropractic and should be kept completely out everybody's entitled to their views and opinions and it can work cohesively when we keep those views and opinions outside of the practices and offices in the state and focus on the healing art form of chiropractic only

Proactive

- Keep looking forward to diagnostics and patient education

Public Attitudes About Health

- Natural healing more popular.
- Society is expecting more non-allopathic medicine
- Humans repair themselves

- The Terrain Theory of Disease is our friend
- People will wake up eventually and if we're not ready to teach and lead them, we're dead.

Relationships

- Big Pharma, WHO, CDC
- We are always the red-headed stepchild under your leadership.
- being under the control of the DCA
- Letting the DCA control the BCE
- GOVERNMENT STIFFLES OUR ABILITY TO EXPAND; GOVERNMENT STIFFLES OUR ABILITY TO ENJOY OTHER ORGANIZATIONS, YOU PIT ONE AGAINST THE OTHER

Relationships – Chiro

- Consolidation. The various state licensing boards requirements throughout the nation make it harder for licensees to get learning that is high quality without some additional hardship; if the provider cannot get approval in your state because it is cost-prohibitive, that hurts the licensee.
- Form a state national task force to work on these issues
- Weak [industry] leader ship
- Divided views on scope and practice of chiropractic
- Teach broad-based health care in our Chiro colleges. Multiple techniques, open-minded care, even within our profession. Everyone has something to contribute!

Relationships - Other Healing Arts

- Medical profession trying to take over the chiropractic profession
- Insurance companies and MD interference.
- More coordination between professions
- Medicine needs to open his eyes and embrace Chiropractic like they did osteopathy decades ago
- Other professions thinking chiro negative
- PTs becoming DPTs and having so many schools (harder to get into and more competitive than DC school)
- We need relationships with other disciplines and the board needs to facilitate
- Once again under professional relationships with other organizations although I think it's important to a very minor degree chiropractic philosophy is a different form of healthcare than many other existing healthcare professions in the state of California a communication between the other professions would be very helpful however going off of other philosophies of how to deal with human health care should not be compromised

- CMA restrictions. Need I say more?
- MD's are not going to like us getting PA degree and having ability to write RX's.
- NP's are going to be autonomous in less than 2 years. We may want to join up with their board to see about dual degrees too.

Resources/Funding

- Lack of staff
- The State needs to invest more on BCE.

Scope

- Keeping a clear distinction of what is chiropractic
- We need to be able to write health exemptions for patients which are legally binding
- Pushing for DCs to be allowed to prescribe drugs - NOT in favor of this
- Other professionals becoming allowed to adjust
- Consistent scope of practice among the various states and federal governments
- The colleges need to wake up and attract the student who wants to go down the path of multi-disciplinary care
- Keeping and increasing scope of practice
- Move away from conservation care
- Keeping a narrow-minded/single-minded approach to care. Spine Only will kill our profession
- Physical Therapists manipulating the spine.

Social Media

- A challenge I see in social trends Would be the restrictive nature that chiropractors have on social media they should have the freedom to voice their philosophies techniques and variety of treatment options to get patients better without violating anything in the chiropractic initiative act this is a new topic that should be reviewed and expanded in a positive way

Support Licensees

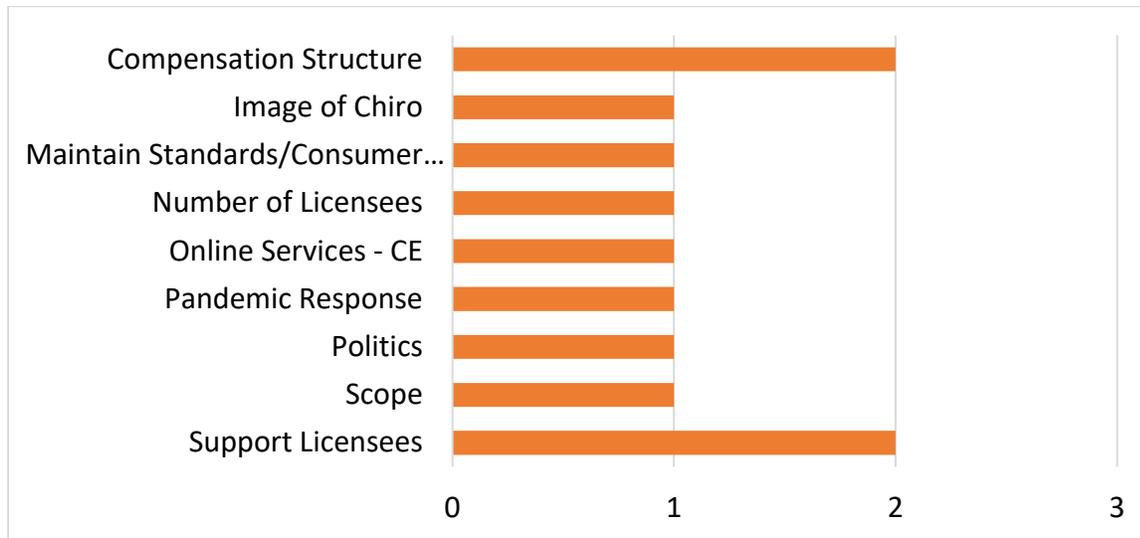
- We are drowning in it. It's bad for us. Perhaps you could help?
- Supporting licensees, in addition to policing them
- Not having a robust list of resources for licensees to access when they have questions
- It should take a maximum of 30 days from the time board exams are written and passed to get licensed in any and every state. Any longer than that is a disservice to every student and chiropractor in the profession.

- Board doesn't acknowledge addiction and mental health application in chiropractic office

Tech in Treatment

- Need to keep up with the new technological trends.
- Make e scope will rise to new technology
- Curriculum to shadow technology advances
- requirements to know how to digitize all records; Being able to take records on any electronic device; software to support all platforms equally
- Technology is in constant evolution and change
- Telemedicine
- One of the questions I get all the time or is are we allowed to do telemedicine conference calls over the Internet especially during lockdowns etc. And I think whatever other professions are allowed to do in this arena should be granted to the chiropractic profession as far as exercise programs or Dash classes as well as different technologies to communicate withThe patient over phone or computer that would bring us into the millennium here.
- Stopping new tech as being for MD's only

Board Members



Compensation Structure

- Reimbursement is declining, maybe due to inflation – could work with legislature? Can't underpay providers – they can't run a business.
- Parity in reimbursement.
- Third party admin is an onerous process. Some might get paid for what they deny.

- Paying cash makes people price shop, and they will be more discerning.
- The reimbursement system, and the lack of inclusion in insurance carriers' plans is a problem. In a town with 25 chiropractors only two get insurance system coverage.
- The Worker's compensation system is difficult to navigate.
- 10 years ago, we had 16,000 licensees, now it's down to 12,500 – due to the reimbursement structure.

Image of Chiro

- Broadest issue is that the profession has hitched its wagon to manipulation, but maybe we should capture that we're a portal of entry for being providers. People need KSAs to refer you or whatever based on a patient coming in with really any complaint. We don't need to limit ourselves to being technicians for the back. Lots of professions do that – osteopaths, massage therapists. Being a one-trick pony isn't going to assure longevity. Opportunity is there to share the ideas around the other abilities we have. Might not get adjusted at every visit.

Maintain Standards/Consumer Protection

- DCA seems to think that it is seen as a conflict of interest to take part in test development, etc. When you take leaders out of the equation in developing testing, I am happy to recuse myself as needed. It's so valuable to have board members and educators in the same room. .A threat is assuming there's nefarious intent with no evidence. They approached us as not trusted to leak the questions or whatever. Who else should develop the tests?? (I mean on a very broad scale, not suggesting the exact questions, but like what about stroke?) Our opinion weighs nationally, we see more enforcement by volume, and they should involve us.

Number of Licensees

- Licensees are declining. We're not sure why (and we've talked to physical therapists, acupuncturists, etc) and the general decline has been continual. That could affect the profession if you're not staying aware.

Online Services – CE

- The advent of integration of CE completely being online, because chiropractic is a hands-on profession. From seeing discipline of hands-on technique, we need to effectively monitor online classes to have learners be interactive. This may be detrimental to technique skill level as time goes on.

Pandemic Response

- Long term covid implications – following the science with expectations of practice, see what covid is doing to nerve pathways.

Politics

- Political – what can we do, what have we done? Can we see if we’ve ever had an impactful experience politically? I’m open to this.

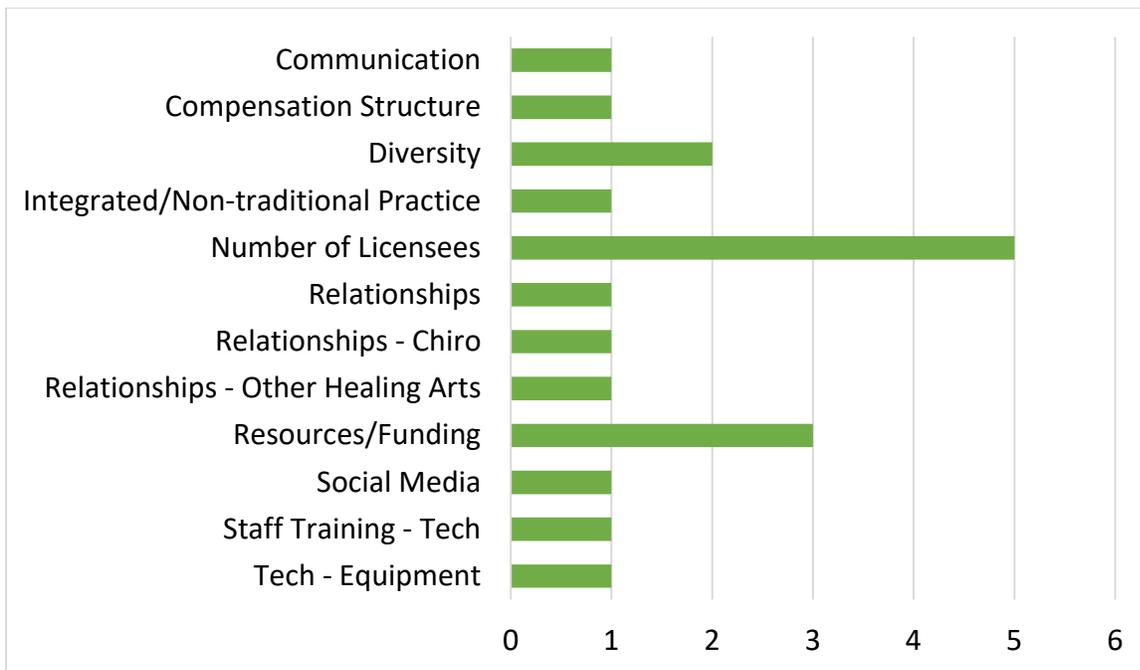
Scope

- There are a variety of ‘pockets’ of the profession leaning toward adopting new/different practices.
- Massage therapy intersection with Chiropractic medicine.

Support Licensees

- Do we have cyber security requirements for licensees who manage their own business.
- Having a work-life balance is becoming an expectation. Physical Therapy is easier to get a job. Being a sole proprietor is huge, unlike being an employed Physical Therapist. Self-employment is hard.
- Graduates find it hard to get hired. You need to be a certain kind of personality to get established.

Internal Stakeholders



Communication

- lack of participation by stakeholders at public meetings

Compensation Structure

- Not hired by hospitals, insurance doesn’t cover it. Scope is not generally recognized in the official medical arenas.

Diversity

- Diversity
- Used to be a good ol' boys club, some diversifying now, but if the profession doesn't improve their outreach it might.

Integrated/Non-traditional Practice

- We're seeing more integrated practices, not one licensee-owned office but a multi-disciplinary process with multiple licensees in the same practice (integrated practices). Even DCA isn't ready to approach that when a patient was seen by a nurse, an MD and Chiropractor all at the same visit to the same location.

Number of Licensees

- Declining Licensee Population
- California health care work shortage
- Decreasing population of chiro's – looked into it numerous times
- The industry has seen a steady decline in licensee population while others are growing. Opportunities are not available to chiropractors, in terms of employment opportunities after graduating from Chiropractic school. People need to go work for another chiropractor or invest heavily to open their small business. They can't just go work for Kaiser; they need to work in an office. Chiropractors don't have insurance reimbursement; they are not traditionally part of the large health-care networks.
- Decreasing licensee population

Relationships

- The Board members so not visit and interact with staff, or understand what we do.

Relationships – Chiro

- the profession is apathetic, don't track things, don't interact much, a very divided group of new-age broad-scope vs make a buck vs traditional.

Relationships - Other Healing Arts

- It costs about 200k to get a Dr of Chiropractic degree, but they don't make much compared to Phys Therapists, doctors. Making 60 – 80k per year.
- It can seem like a paranoid profession, doesn't like DCA, feels that the Medical Board is a threat to take their scope of practice – some MD's don't like chiropractors.

Resources/Funding

- Inflation creates misalignment in our Budget
- Our budget does not allow the Board to advance.

- Lower funds, staff, Board as a whole. CA is largest chiro regulatory org in nation. Professional associations look to us to do research, but that's not our job/ability.

Social Media

- Our Board does not have a big social media following

Staff Training – Tech

- staff training on technology

Tech – Equipment

- Our equipment is outdated and slow.

STATE OF CALIFORNIA



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Board of Chiropractic Examiners
 Strategic Planning Objectives Worksheet
 Planning Session: August 18, 2022



Instructions

As we get ready for the Strategic Planning Session, take a moment to think about **what you would like to see the Board work on over the next few years**. Consider the following:

- a. Review of the Environmental Summary Report
- b. Items outlined in Sunset Review (if applicable)
- c. Experience and previously identified needs

Bringing your ideas to the Planning Session will help move the process along.

Guidelines to Developing Objectives

When developing objectives, you should consider the SMART objectives method:

Specific	Details what needs to be done
Measurable	Success that can be measured
Action-Oriented	Uses action words
Realistic	Possible to attain
Time Based	Can be assigned a time frame

ACTION VERB	WHAT?	WHY?
Action words give the objective movement. Use the “Action Verb” list.	What is the objective to address?	Why does action need to be taken?

Below are examples of how to use the formula to develop objectives.

ACTION VERB	WHAT?	WHY?
Create	an onboarding program	to ensure staff members’ successful transition to BCE.
Recruit and train	three additional Subject Matter Experts	to reduce investigative cycle times.

The next page shows your BCE Goal Areas, with room to jot down your ideas! We’ve also provided a list of some Action Verbs to consider.

Board of Chiropractic Examiners
Strategic Planning Objectives Worksheet
Planning Session: August 18, 2022



Licensing and Professional Qualification:

Enforcement:

Public Relations and Outreach:

Laws and Regulations:

Organizational Development:

SMART Objective Action Verbs

All-Purpose		Investigative <i>Checking it out</i>		Consultative <i>Doing the research</i>	Communication <i>Sharing knowledge</i>
Adapt	Initiate	Analyze	Interview	Address	Communicate
Allocate	Lead	Anticipate	Investigate	Advise	Discuss
Administer	Perform	Appraise	Locate	Benchmark	Disseminate
Adopt	Plan	Assess	Measure	Coach	Introduce
Combine	Provide	Calculate	Monitor	Consult	Re-write
Compare	Raise	Conduct	Prioritize	Counsel	Write
Confirm	Recommend	Determine	Quantify	Demonstrate	
Decide	Revise	Evaluate	Re-evaluate	Guide	
Decrease	Select	Explore	Research	Inform	
Define	Serve	Find	Seek	Mentor	
Discontinue	Simplify	Hypothesize	Survey	Model	
Enhance	Streamline	Identify	Verify	Negotiate	
Expand	Strengthen		Validate	Resolve	
Gather	Supervise			Review	
Help	Use			Suggest	
Increase	Utilize			Teach	
Generative <i>Making things happen</i>		Coordinative <i>Organize it</i>		Collaborative <i>Working with others</i>	
Acquire	Formalize	Accelerate		Accommodate	Participation
Activate	Formulate	Arrange		Assist	Partner with
Advance	Generate	Clarify		Collaborate	Persuade
Assemble	Innovate	Connect		Compile	Preserve
Apply	Invent	Coordinate		Contribute	Promote
Automate	Launch	Decide		Educate	Recognize
Build	Make	Direct		Encourage	Resolve
Condense	Maximize	Establish		Facilitate	Share
Confirm	Modify	Facilitate		Guide	Steer
Consolidate	Organize	Fund		Help	Support
Construct	Outline	Implement		Leverage	Synchronize
Contract	Prepare	Include		Mitigate	Synthesize
Create	Produce	Intervene		Offer	Unite
Co-create	Propose	Itemize			
Deliver	Publish	Lead			
Design	Redesign	Manage			
Develop	Re-engineer	Merge			
Devise	Require	Organize			
Document	Restructure	Pursue			
Draft	Revise	Systematize			
Establish	Simplify				
Execute	Start				
Extend	Update				



Agenda Item 6
August 18-19, 2022

Review and Possible Approval of Board Meeting Minutes

Purpose of the Item

The Board will review and possibly approve the minutes of the previous Board meetings.

Action Requested

The Board will be asked to make a motion to approve the minutes from the following meetings:

- A. April 21-22, 2022
- B. May 20, 2022
- C. August 4, 2022

Attachments

1. April 21-22, 2022 Board Meeting Minutes (Draft)
2. May 20, 2022 Board Meeting Minutes (Draft)
3. August 4, 2022 Board Meeting Minutes (Draft)



BOARD OF CHIROPRACTIC EXAMINERS MEETING MINUTES April 21-22, 2022

The Board of Chiropractic Examiners (Board) held the first portion of the public meeting on Thursday, April 21, 2022, by teleconference via Webex from the following meeting locations:

Dept. of Consumer Affairs
1625 N. Market Blvd., Ste. N-220
Sacramento, CA 95834

David Paris, D.C.
3455 Knighton Rd., Rm. PR10
Redding, CA 96002

Laurence Adams, D.C.
101 Andrieux St.
Sonoma, CA 95476

Rafael Sweet
5250 Lankershim Blvd., Ste. 500
North Hollywood, CA 91601

Janette N.V. Cruz
6201 S St., Third Floor
Sacramento, CA 95817

Pamela Daniels, D.C.
1165 Park Ave.
San Jose, CA 95126

Dionne McClain, D.C.
6360 Wilshire Blvd., Suite 410
Los Angeles, CA 90048

The Board held the second portion of the public meeting on Friday, April 22, 2022, at the following physical meeting location:

**Department of Consumer Affairs
Hearing Room
1747 N. Market Blvd., Suite 186
Sacramento, CA 95834**

Board Members Present

David Paris, D.C., Chair
Laurence Adams, D.C., Vice Chair
Rafael Sweet, Secretary
Janette N.V. Cruz
Pamela Daniels, D.C.
Dionne McClain, D.C.

Staff Present

Kristin Walker, Acting Executive Officer
Dixie Van Allen, Licensing & Administration Manager
William Walker III, Enforcement Manager
Amanda Campbell, Enforcement Analyst
Valerie James, Enforcement Analyst
Andreia McMillen, Policy Analyst
Jason Hurtado, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Heather Hoganson, Regulatory Counsel, Attorney III, DCA

Thursday, April 21, 2022

1. Open Session – Call to Order / Roll Call / Establishment of a Quorum

Dr. Paris called the meeting to order at 12:35 p.m. Mr. Sweet called the roll. All members were present and a quorum was established.

2. Closed Session

The Board met in Closed Session to:

- Interview Candidates for the Executive Officer Position Pursuant to Government Code Section 11126, subd. (a)(1).

3. Reconvene to Open Session and Recess Until April 22, 2022 at 9:00 a.m.

The Board went back into open session at 3:29 p.m. and recessed until Friday, April 22, 2022 at 9:00 a.m.

Friday, April 22, 2022

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

Dr. Paris called the meeting to order at 9:03 a.m. Mr. Sweet called the roll. All members were present and a quorum was established.

5. Hearing Regarding Petition for Reinstatement of Revoked License

Administrative Law Judge Marcie Larson presided over and Deputy Attorney General Anahita Crawford appeared on behalf of the people of the State of California on the following hearing:

A. Joshua Han Cho, License No. DC 27731, Case No. AC 2018-1163

The hearing regarding the petition for reinstatement of revoked license by Thomas Michael Klassy, License No. DC 23031, Case No. AC 2009-722 will be rescheduled for a future meeting.

6. Hearing Regarding Petition for Reinstatement of Surrendered License

Administrative Law Judge Marcie Larson presided over and Deputy Attorney General Anahita Crawford appeared on behalf of the people of the State of California on the following hearing:

- **Mark Anthony Stolyar, License No. DC 26249, Case No. 2010-812**

7. Closed Session

The Board met in Closed Session to:

- A. Deliberate and Vote on Disciplinary Matters, including the Above Petitions for Reinstatement of Revoked/Surrendered License, Pursuant to Government Code Section 11126, subd. (c)(3)
- B. Confer with and Receive Advice from Legal Counsel Regarding *Elizabeth Acosta v. Board of Chiropractic Examiners*, Los Angeles County Superior Court, Case No. BC698162 and *Elizabeth Acosta v. State of California, et al.*, Los Angeles County Superior Court, Case No. 19STCV06135, Pursuant to Government Code Section 11126, subd. (e)
- C. Discuss and Possibly Take Action to Select and Appoint a Permanent Executive Officer Pursuant to Government Code Section 11126, subd. (a)(1))

8. Reconvene to Open Session

The Board went back into open session at 4:14 p.m.

Due to time constraints, Dr. Paris moved to Agenda Item 15.

15. Licensing & Continuing Education Committee Report

Ms. Walker informed the Board that the Licensing and Continuing Education Committee approved a motion to pursue a regulatory proposal to narrow the definition of distance learning to asynchronous coursework with the exception of chiropractic adjustive or manipulation techniques, which must be completed in person, and to provide the Board with the authority to waive continuing education (CE) requirements due to a natural disaster or state of emergency.

Ms. Walker updated the Board on the proposed changes to California Code of Regulations (CCR), title 16, sections 363, 363.1, and 364. Ms. Walker stated this language is a working draft and staff need the Board to make a decision on whether to move forward with the Committee's proposals.

Ms. Hoganson stated the regulations remain a work in progress and requested the Board direct staff to split the regulatory changes into separate packages; one package for CCR, title 16, sections 363 and 363.1 and another package for CCR, title 16, section 364. Ms. Hoganson asked the Board how broad or narrow the regulations for hardship exemptions should be, particularly around economic or medical hardships and state of emergencies.

Dr. McClain stated the regulation should be kept simple and that the state of emergency exemption should be limited to cases where movement or person-to-person interaction is restricted. Discussion ensued.

MOTION: DR. PARIS MOVED TO SEPARATE THE PROPOSALS TO AMEND CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTIONS 363 AND 363.1 AND CCR, TITLE 16, SECTION 364, AND TO REFER THE ISSUE OF HARDSHIP EXEMPTIONS TO STAFF TO DEVELOP REGULATORY LANGUAGE TO BE CONSIDERED BY THE LICENSING AND CONTINUING EDUCATION COMMITTEE.

SECOND: DR. ADAMS SECONDED THE MOTION.

Discussion: None.

Public Comment: None.

VOTE: 6-0 (DR. PARIS-AYE; DR. ADAMS-AYE; MR. SWEET-AYE; MS. CRUZ-AYE; DR. DANIELS-AYE; DR. MCCLAIN-AYE).

MOTION: CARRIED.

MOTION: DR. ADAMS MOVED TO ADOPT THE PROPOSED REGULATORY LANGUAGE TO AMEND CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTIONS 363 AND 363.1 AND INITIATE THE RULEMAKING PROCESS.

SECOND: DR. PARIS SECONDED THE MOTION.

Discussion: None.

Public Comment: None.

VOTE: 6-0 (DR. PARIS-AYE; DR. ADAMS-AYE; MR. SWEET-AYE; MS. CRUZ-AYE; DR. DANIELS-AYE; DR. MCCLAIN-AYE).

MOTION: CARRIED.

9. Board Chair's Report

Dr. Paris updated the Board on the sunset review process and stated the Board's oversight hearing was held on March 7, 2022; the written responses to the issues in the background paper were submitted on April 6, 2022; and the Board's sunset bill, Senate Bill 1434 (Roth), passed the Senate Committee on Business, Professions and Economic Development on April 18, 2022, was referred to the Senate Appropriations Committee, and will be further discussed under Agenda Item 16.

Dr. Paris noted he and staff participated in a CE feedback session on March 18, 2022, with CE providers which brought forth opportunities for improvement. Dr. Paris and Ms. Walker also attended the California Chiropractic Association's Legislative Day on April 5, 2022, and presented information regarding the sunset review process to stakeholders as part of a one-hour CE course.

Dr. Paris announced the new committee compositions for the Board:

- Licensing and Continuing Education Committee will be chaired by Dr. McClain with members Drs. Adams and Daniels;
- Enforcement Committee will be chaired by Dr. Adams with members Mr. Sweet and Dr. Paris; and
- Government and Public Affairs Committee will be chaired by Ms. Cruz with member Mr. Sweet.

Dr. Paris thanked Dr. McClain for her years of service to the Board and for continuing to serve during her one-year grace period as her term ended on February 10, 2022.

Public Comment: None.

Dr. Paris moved to Agenda Item 13.

13. Acting Executive Officer's Report

Sarah Hinkle and Renee Milano from DCA's Budget Office provided the Board with an overview of the Board's updated fund condition. Ms. Hinkle stated there is a structural imbalance wherein the Board is spending more than it receives due to the increased costs, including expenses for the Attorney General's Office and Office of Administrative Hearings. This is causing anticipated insolvency of the Board's fund by fiscal year 2023-24. The Budget Office is continuing to monitor the Board's budget and the fee study that will be discussed in Agenda Item 14 provides options for the Board to increase revenue and avoid insolvency. Ms. Milano added these projections include a general three-percent expenditure increase from the prior year's budget.

Dr. McClain asked if the Bureau of Automotive Repair (BAR) loan is impacting the budget. Ms. Milano stated this fund condition does not include the repayment of the loan. Ms. Walker stated that the repayment of the loan continues to be deferred due to the fund condition. Dr. McClain asked to see the terms of the BAR loan at the next meeting.

Ms. Walker welcomed William Walker III to the Board as the new Enforcement Manager. Ms. Walker also informed the Board that staff have been working with DCA on user acceptance testing (UAT) and a new update is expected to be released at the end of April 2022. Following this release, the Board will be moving into the maintenance and

operations phase of the project where the focus will be on implementing CE functionality and refining the overall user experience.

Ms. Walker noted the Board continues to observe the same trend of a declining licensee population. Ms. Walker stated the Enforcement Unit is focused on reducing the number of pending complaints as the current total is around 400 and 40 accusations have been filed thus far this fiscal year.

Dr. Paris stated Palmer Chiropractic College West has announced that they have accepted their last round of students and will close in 2025. Dr. Paris requested the Licensing and Continuing Education Committee discuss the potential impact to the licensee population of California.

Dr. McClain asked if CE audits resumed and at what percentage of the licensee population. Ms. Walker stated that the objective is to resume CE audits in June at ten percent of the licensee population and to provide regular updates to the Licensing and Continuing Education Committee, as the Legislature expressed concerns that 15.4% of the licensee population failed to comply with the annual CE requirement during the last sunset reporting period.

Public Comment: None.

10. Review and Approval of January 25, 2022 and March 22, 2022 Board Meeting Minutes

MOTION: DR. ADAMS MOVED TO APPROVE THE MINUTES OF THE JANUARY 25, 2022 AND MARCH 22, 2022 BOARD MEETINGS.

SECOND: MR. SWEET SECONDED THE MOTION.

Discussion: Ms. Walker proposed an edit to the March 22, 2022 on behalf of staff to note Dr. Daniels' absence was excused due to scheduling conflicts and the need to immediately hold the meeting based on deadlines in the sunset review process.

AMENDED MOTION: DR. ADAMS MOVED TO APPROVE THE MINUTES OF THE JANUARY 25, 2022 AND MARCH 22, 2022 BOARD MEETINGS WITH THE SUGGESTED AMENDMENT.

SECOND: MR. SWEET SECONDED THE AMENDED MOTION.

Discussion: None.

Public Comment: None.

VOTE ON JANUARY 25, 2022 MINUTES: 6-0 (DR. PARIS-AYE; DR. ADAMS-AYE; MR. SWEET-AYE; MS. CRUZ-AYE; DR. DANIELS-AYE; DR. MCCLAIN-AYE).

VOTE ON MARCH 22, 2022 MINUTES: 5-0-1 (DR. PARIS-AYE; DR. ADAMS-AYE; MR. SWEET-AYE; MS. CRUZ-AYE; DR. DANIELS-ABSTAIN; DR. MCCLAIN-AYE).

MOTION: CARRIED.

11. Ratification of Approved License Applications

MOTION: DR. MCCLAIN MOVED TO RATIFY THE APPROVED LICENSE APPLICATIONS.

SECOND: MR. SWEET SECONDED THE MOTION.

Discussion: None.

Public Comment: None.

VOTE: 6-0 (DR. PARIS-AYE; DR. ADAMS-AYE; MR. SWEET-AYE; MS. CRUZ-AYE; DR. DANIELS-AYE; DR. MCCLAIN-AYE).

MOTION: CARRIED.

12. Ratification of Approved Continuing Education Providers

MOTION: DR. ADAMS MOVED TO RATIFY THE APPROVED CONTINUING EDUCATION PROVIDERS.

SECOND: MS. CRUZ SECONDED THE MOTION.

Discussion: None.

Public Comment: None.

VOTE: 6-0 (DR. PARIS-AYE; DR. ADAMS-AYE; MR. SWEET-AYE; MS. CRUZ-AYE; DR. DANIELS-AYE; DR. MCCLAIN-AYE).

MOTION: CARRIED.

The Board tabled Agenda Items 14, 16, and 17 to a future meeting.

18. Public Comment for Items Not on the Agenda

Public Comment: Carrie Holmes, Deputy Director of Board and Bureau Relations, notified the Board that she is leaving DCA in May 2022 and thanked the Board for their hard work.

19. Future Agenda Items

Dr. McClain requested that a future Board or committee meeting include discussion on the topics of licensees repeating CE courses for credit within a single renewal period, the potential for conflicts of interest in Board members teaching CE courses, and updates to the Board Member Procedure Manual.

Public Comment: None.

20. Adjournment

Dr. Paris adjourned the meeting at 5:11 p.m.

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(Attachment A)

**List of Approved Applications for Initial Doctor of Chiropractic Licenses
 Issued from January 1, 2022 to March 31, 2022**

First Name	Middle Name	Last Name	License No.*	Date Issued
Choi-Yee		Lau	DC 35108	1/21/2022
Jennifer	Christine	Gordon	DC 35109	1/21/2022
Ahmed		Saleh	DC 35110	1/21/2022
Thor	Man	Clemens	DC 35111	2/9/2022
Jenifer	Elizabeth	Espenscheid	DC 35112	2/9/2022
Howard	Dunong	Tang	DC 35113	2/9/2022
Tamara	Lee	Bohren	DC 35114	2/9/2022
Corissa	Mae Mildred	Tobin	DC 35115	2/10/2022
Paul	Apostolos	Langis	DC 35116	2/10/2022
Christopher	Dillon	Connolly	DC 35117	2/10/2022
Nshan		Sayadyan	DC 35118	2/11/2022
Meher		Manouki	DC 35119	2/11/2022
Semele	Yvonne	Mellis	DC 35120	3/3/2022
Hyung-Bin		Kim	DC 35121	3/3/2022
Branden	Singh	Kapur	DC 35122	3/3/2022
Nicholas		Perez	DC 35123	3/3/2022
Brian	Anthony	Molina	DC 35124	3/3/2022
Santiago		Munoz-Briones	DC 35125	3/3/2022
Emin		Mehrabian	DC 35126	3/3/2022
Joshua	Adam	Satterlee	DC 35127	3/3/2022
Zhulin		Liu	DC 35128	3/9/2022
Taylor	James	Kahanowitch	DC 36211	1/5/2022
Hector	Louise	De Jesus	DC 36212	1/5/2022
Hyocheong		Byeon	DC 36213	1/6/2022
Ciara		Taborn	DC 36214	1/6/2022

First Name	Middle Name	Last Name	License No.*	Date Issued
Grant	Vidal	Rivera	DC 36215	1/6/2022
Blair	Bianca	Clement	DC 36216	1/6/2022
George		Tu'ihalangingie	DC 36217	1/12/2022
Desiree	Noel	Robinson	DC 36218	1/13/2022
Cassie	Angeline	Stansberry	DC 36219	1/13/2022
Ali	Adam	Heidari	DC 36220	1/13/2022
Cassidy	Marie	Anderson	DC 36221	1/13/2022
Dong	Hyun	Gwag	DC 36222	1/25/2022
Matthew		Giessman	DC 36223	1/25/2022
Arjang		Khani	DC 36224	1/25/2022
Erin	Adele	Hallahan	DC 36225	1/25/2022
Fiona	Man Sze	Cheung	DC 36226	1/25/2022
Edward	Michael	De Leon	DC 36227	1/25/2022
Cristina		De Cristofaro	DC 36228	1/25/2022
Jason	Chueng	Yuen	DC 36229	1/25/2022
Violet		Arras	DC 36230	1/25/2022
Hirbod		Azizi	DC 36231	1/25/2022
Nicole		Wong-Homer	DC 36232	1/25/2022
Kayla	Marie	Gloisten	DC 36233	1/25/2022
Kathryn		Messenger	DC 36234	1/25/2022
Rachel		Wong-Homer	DC 36235	1/25/2022
Joel	Douglas	Cone	DC 36236	1/25/2022
Conrad	Davidson	Adams	DC 36237	1/25/2022
Angelene		Rivera	DC 36238	2/1/2022
Karisa	Anne	Groff	DC 36239	2/1/2022
Brianne	Alexis	Wolfer	DC 36240	2/1/2022
Victoria	Marie	Hall	DC 36241	2/1/2022
Matthew	Allen	Torres	DC 36242	2/1/2022
Dmitriy	V	Mikhol	DC 36243	2/1/2022

First Name	Middle Name	Last Name	License No.*	Date Issued
Mina		Pashayi-Marandi	DC 36244	2/1/2022
Michaela	Florence	Peterson	DC 36245	2/1/2022
Nicole	Danielle	Chiaro	DC 36246	2/1/2022
Shaina	Nichole	Nolley	DC 36247	2/1/2022
Hansalak		Savage	DC 36248	2/1/2022
Jessica		Enriquez	DC 36249	2/1/2022
Tanner	Jay	Kinderman	DC 36250	2/1/2022
Placido		Castrejon	DC 36251	2/1/2022
Derrick	Jack	Stom	DC 36252	2/1/2022
Leah	Dale	Johnson	DC 36253	2/1/2022
Daniel		Meyer	DC 36254	2/1/2022
Andrew		Gilbaugh	DC 36255	2/2/2022
Mallory		Orth	DC 36256	2/2/2022
Prabhjot		Kaur	DC 36257	2/2/2022
Judith	Eda	Hoffman	DC 36258	2/2/2022
Corey	Chandler	Peterson	DC 36259	2/2/2022
Kathryn	Taylor	Fowler	DC 36260	2/2/2022
Alson		Kanahele	DC 36261	2/4/2022
Kai Hua		Hsu	DC 36262	2/4/2022
Oscar		Campos	DC 36263	2/4/2022
Ivan		Malinarich	DC 36264	2/4/2022
Chase	D	Kantor	DC 36265	2/4/2022
Julie		Gauthier	DC 36266	2/4/2022
Jake	Cullen	Reynolds	DC 36267	2/4/2022
Chloe	Noelle	Lightner	DC 36268	2/4/2022
Rose	Delaine	Russell	DC 36269	2/4/2022
William	Brett	Mason	DC 36270	2/4/2022
Megan		Gorton	DC 36271	2/4/2022
Elmira		Ghatreh Samani	DC 36272	2/4/2022

First Name	Middle Name	Last Name	License No.*	Date Issued
Javier		Balderas	DC 36273	2/4/2022
Sani		Kohen	DC 36274	2/4/2022
Noah	Miguel	Schriefer	DC 36275	2/8/2022
Jenna		Lagana	DC 36276	2/8/2022
Isabel	Lanfair	Smith	DC 36277	2/8/2022
Tara		Hall	DC 36278	2/8/2022
Samuel	Roy	Cornell	DC 36279	2/8/2022
Brian		Hernandez	DC 36280	2/8/2022
Mason	Michael	Stahley	DC 36281	2/9/2022
Joshua	Daniel	Manning	DC 36282	2/9/2022
Shayan		Yazdani	DC 36283	2/9/2022
Jonathan Anthony	Enriquez	Carlos	DC 36284	2/9/2022
Cynthia		Alcaraz	DC 36285	2/9/2022
Joshua		Jensen	DC 36286	2/11/2022
Jayme		Chew	DC 36287	2/11/2022
Christopher		Lee	DC 36288	2/11/2022
Brianna	Mercedes	Audelo	DC 36289	2/11/2022
Jack		Bergstrom	DC 36290	2/11/2022
Ashley	Renee	Valencia	DC 36291	2/11/2022
Frederick	William	Fritsch	DC 36292	3/8/2022
Jordan	Leal	Ziegler	DC 36293	3/8/2022
Christopher		Nguyen	DC 36294	3/8/2022
Arthur		Vito	DC 36295	3/8/2022
Jeremy		Handley	DC 36296	3/8/2022
Kathryn		Gwizdak	DC 36297	3/8/2022
Kent		Nishiya	DC 36298	3/8/2022
Jasmine	Nicole	Beard	DC 36299	3/8/2022
Austin		Blanchon	DC 36300	3/8/2022
Sarah		Logan	DC 36301	3/8/2022

First Name	Middle Name	Last Name	License No.*	Date Issued
Mattea		Malerba	DC 36302	3/8/2022
Jai		Patel	DC 36303	3/8/2022
Quianna	Kim	Winkfield	DC 36304	3/8/2022
Alecia	Lattoya	Beckford-Stewart	DC 36305	3/8/2022
Marcus	Rigoberto	Martinez	DC 36306	3/8/2022
Ethan		Henneberry	DC 36307	3/8/2022
Jay		Lee	DC 36308	3/8/2022
Nelson	Gabriel	Garcia Torres	DC 36309	3/9/2022
Charissa		Douglas	DC 36310	3/9/2022
David	Andres	Castro	DC 36311	3/9/2022
Anthony	Steven	Contreras	DC 36312	3/9/2022
Michael	J	Dubick	DC 36313	3/9/2022
Jennifer		Dufala	DC 36314	3/9/2022
Akiko		Akanuma	DC 36315	3/9/2022
Anthony		Gonzalez	DC 36316	3/9/2022
Jarred	Florence	Moore	DC 36317	3/9/2022
Kelsey	Elizabeth	Steele	DC 36318	3/15/2022
Mitchell	James	Lederer	DC 36319	3/15/2022
Trevor	Parker	Petersen	DC 36320	3/15/2022
Timothy	Lawrence	Esguerra	DC 36321	3/22/2022
Heidi	Lynn	Johnson-Schmidt	DC 36322	3/22/2022
Daniel	Jacob	Kaunator	DC 36323	3/22/2022
Benjamin		Laycock	DC 36324	3/22/2022
Robert		Cashel	DC 36325	3/29/2022
John	Paul	Meisner	DC 36326	3/29/2022

*License numbers beginning with DC 36211 were issued through the Board's new Connect system.

(Attachment B)

Pending Ratification to Approve New Continuing Education Providers

<p>Provider Name: Cardiff Health and Wellness</p> <p>CE Oversight Contact Person: Brook Sheehan</p> <p>Provider Status: Corporation</p>	<p>Provider Name: Genesis Medical College</p> <p>CE Oversight Contact Person: Leslie Gargiulo</p> <p>Provider Status: Corporation</p>
<p>Provider Name: University Learning Systems</p> <p>CE Oversight Contact Person: Charlene Celano, R.Ph.</p> <p>Provider Status: Corporation</p>	

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BOARD OF CHIROPRACTIC EXAMINERS
MEETING MINUTES
May 20, 2022
Teleconference

Teleconference Meeting Locations:

David Paris, D.C.
Dept. of Consumer Affairs
1625 N. Market Blvd., Ste. N-220
Sacramento, CA 95834

Laurence Adams, D.C.
101 Andrieux St.
Sonoma, CA 95476

Rafael Sweet
5250 Lankershim Blvd., Ste. 500
North Hollywood, CA 91601

Janette N.V. Cruz
6201 S St., Third Floor
Sacramento, CA 95817

Pamela Daniels, D.C.
1165 Park Ave.
San Jose, CA 95126

Board Members Present

David Paris, D.C., Chair
Laurence Adams, D.C., Vice Chair
Rafael Sweet, Secretary
Janette N.V. Cruz
Pamela Daniels, D.C.

Staff Present

Kristin Walker, Acting Executive Officer
Dixie Van Allen, Licensing & Administration Manager
Amanda Campbell, Enforcement Analyst
Andreia McMillen, Policy Analyst
Jason Hurtado, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

1. Open Session – Call to Order / Roll Call / Establishment of a Quorum

Dr. Paris called the meeting to order at 12:03 p.m. Mr. Sweet called the roll. All members were present and a quorum was established.

2. Review, Discussion, and Possible Action on Proposal to Amend the Board's Fee Schedule (Business and Professions Code Section 1006.5)

Ms. Walker provided an overview of the Board's proposed fee schedule for the Board to discuss and make a final decision related to the continuing education (CE) course application and license renewal fees. Despite the Board's best efforts, increasing operating and enforcement costs are continuing to outpace the annual revenue received through regulatory fees, and without an increase in fees, the Board's fund is projected to become insolvent in fiscal year 2023-24.

Ms. Walker stated the Board previously contracted with Matrix Consulting Group (Matrix) to conduct a fee analysis and determine the appropriate level to set fees based

on actual workload and expenditures. Based on this analysis, Matrix concluded that the Board is under recovering approximately \$1.4 million annually and the majority of those costs are related to the CE program. At previous meetings, the Board aligned the proposed fee schedule with the fees deemed appropriate by Matrix. However, the Board has become aware of concerns from stakeholders and is reintroducing the topic for further discussion.

Ms. Walker explained in 2021, the Board processed over 2,000 CE course applications comprising approximately 10,500 hours of education. Of those courses, the average number of hours of instruction was five with a median of three hours, and the most common course application received was for just one hour of instruction. Of the applications received, approximately 30% were for mandatory subject areas and the remaining 70% were for general education in other categories.

Ms. Walker advised the Board the first policy issue for their discussion is the appropriate level for the CE course application fee. Currently, the Board charges a flat-rate fee of \$56 per course application in a single subject area and the course can be offered for one year. Based on their analysis, Matrix proposed a flat-rate fee of \$558 per course application or \$116 per hour of instruction to fully recover the Board's costs of administering the CE program. The Board could also consider setting an hourly rate with a maximum fee cap.

Dr. Adams asked if there were other options for the CE application fee or if \$558 was required. Ms. Walker replied that Matrix determined the full cost of the CE program was \$558 per course application and if this number was reduced, another fee, such as for license renewal, would need to be increased to reconcile the difference.

Dr. Paris asked if a fee cap would therefore need to be subsidized. Ms. Walker answered that a fee cap would increase the hourly rate so the CE providers who typically offer one- and two-hour courses would be subsidizing a portion of the costs for providers who offer longer courses.

Ms. Walker brought forth the second policy issue for the Board's consideration. Senate Bill (SB) 1031 (Ochoa Bogh), if passed, would limit the cost of an inactive license renewal to half of the fee for an active license renewal. For the Board to recover costs, the fee for an active license renewal would then need to be increased to \$366 with the inactive license renewal fee set at \$183.

Ms. Walker informed the Board of the third policy issue which is whether the Board should pursue a fee schedule with the fixed fees set in statute, or if the Board should request a fee schedule with the initial fee rate set in statute and the authority to further adjust the fees, if necessary, through the regulatory process. The California Acupuncture Board recently received a fee increase and their statute provides the authority through regulation to increase the renewal fee further to ensure financial stability of the board.

Dr. Adams asked if the cost for a CE course application could be decreased if the course was previously submitted and approved. Ms. Walker stated that under current regulations, it is the same application process regardless of whether it is the first time a CE provider is applying for a course or if the course has been submitted multiple times. Ms. Walker suggested the Licensing and CE Committee discuss this issue as part of the comprehensive update to CE regulations.

Dr. Adams suggested the Board decide on a standard hourly rate less than \$116 and increase the annual license renewal fee further instead. Dr. Paris emphasized the Board would then be asking licensees to subsidize the CE providers' cost of business. Discussion ensued.

Public Comment: Laurie Isenberg, Director of Postgraduate and Continuing Education at Life Chiropractic College West, expressed this would be a significant fee increase, requested there be a lower fee for renewing a course if there have been no changes, and stated the current CE process is inefficient.

Dawn Benton, Executive Director of the California Chiropractic Association, stated a fee of \$558 per course application would be exorbitant and unmanageable and agreed with Ms. Isenberg that the current CE process is inefficient.

Dr. Adams asked Ms. Benton if \$116 per hour of instruction was feasible. Ms. Benton replied it was more manageable.

MOTION: MR. SWEET MOVED TO PROPOSE A CONTINUING EDUCATION COURSE APPLICATION FEE OF \$116 PER HOUR OF INSTRUCTION AS RECOMMENDED BY MATRIX CONSULTING GROUP.

SECOND: DR. DANIELS SECONDED THE MOTION.

Discussion: Dr. Paris suggested an amendment to the motion to include "without a fee cap."

AMENDED MOTION: MR. SWEET MOVED TO PROPOSE A CONTINUING EDUCATION COURSE APPLICATION FEE OF \$116 PER HOUR OF INSTRUCTION WITHOUT A FEE CAP AS RECOMMENDED BY MATRIX CONSULTING GROUP.

SECOND: DR. DANIELS SECONDED THE AMENDED MOTION.

Discussion: None.

Public Comment: None

VOTE: 5-0 (DR. PARIS-AYE; DR. ADAMS-AYE; MR. SWEET-AYE; MS. CRUZ-AYE; DR. DANIELS-AYE).

MOTION: CARRIED.

MOTION: DR. ADAMS MOVED TO PROPOSE THE LICENSE RENEWAL FEE RECOMMENDED BY MATRIX CONSULTING GROUP WITH THE ACTIVE AND INACTIVE LICENSE RENEWAL FEES SET AT THE SAME RATE.

SECOND: DR. PARIS SECONDED THE MOTION.

Discussion: Mr. Sweet asked for clarification on the motion and how SB 1031 may affect the license renewal fees. Ms. McMillen stated SB 1031 is seeking to limit an inactive license renewal fee to no more than half of the active license renewal fee and would result in a revenue loss of over \$200,000 annually. Ms. Van Allen informed the Board that she was just notified that SB 1031 died in the Senate Appropriations Committee on May 19, 2022.

Public Comment: Laurie Isenberg stated the proposed fee increase for CE course applications would make California the most expensive state for courses consisting of three or more hours.

VOTE: 5-0 (DR. PARIS-AYE; DR. ADAMS-AYE; MR. SWEET-AYE; MS. CRUZ-AYE; DR. DANIELS-AYE).

MOTION: CARRIED.

MOTION: DR. ADAMS MOVED TO REQUEST A FEE SCHEDULE WITH THE INITIAL FEE RATES SET IN STATUTE AND THE AUTHORITY TO FURTHER ADJUST THE FEES, IF NECESSARY, THROUGH THE REGULATORY PROCESS.

SECOND: MR. SWEET SECONDED THE MOTION.

Discussion: None.

Public Comment: Matt Nishimine from DCA's Budget Office stated that he shepherded the California Acupuncture Board through this regulatory process and specified the need for the Board to establish a floor with the fees proposed in the Matrix fee study and a statutory cap.

Ms. Walker added staff's recommendation is to have fixed fees for a majority of the Board's services, but pursue a higher statutory cap for the chiropractic license renewal fee as it is the Board's primary source of revenue. Ms. Walker recommended a cap of \$400 to \$500 for that fee.

AMENDED MOTION: DR. ADAMS MOVED TO REQUEST A FEE SCHEDULE WITH THE INITIAL FEES SET IN STATUTE, THE AUTHORITY TO REDUCE THOSE FEES, IF NECESSARY, THROUGH THE REGULATORY PROCESS, AND THE AUTHORITY

TO INCREASE THE ANNUAL DOCTOR OF CHIROPRACTIC LICENSE RENEWAL FEE UP TO A STATUTORY MAXIMUM OF \$500.00 THROUGH REGULATION.

SECOND: DR. PARIS SECONDED THE AMENDED MOTION.

Discussion: None.

Public Comment: None.

VOTE: 5-0 (DR. PARIS-AYE; DR. ADAMS-AYE; MR. SWEET-AYE; MS. CRUZ-AYE; DR. DANIELS-AYE).

MOTION: CARRIED.

3. Update, Discussion, and Possible Action on Legislation

Ms. McMillen presented the Board with an overview of proposed legislation with potential impacts to the Board.

A. Assembly Bill (AB) 646 (Low) Department of Consumer Affairs: boards: expunged convictions.

Ms. McMillen explained AB 646 would require a board within DCA that has posted on its online license search system that a person's license was revoked due to being convicted of a crime to, within 90 days of receiving a certified copy of an expungement order from the person, either post notification of the expungement order if the person reapplies for licensure or is relicensed, or to remove the posting that the person's license was revoked and information regarding the conviction if the person is not currently licensed and does not reapply for licensure. While staff supports the intent of this bill to reduce employment barriers, there are concerns the bill could conflict with the Board's consumer protection mandate by limiting the disciplinary history information that can be publicly disclosed. The Board previously took a "watch" position on this bill at the July 16, 2021 meeting and staff recommends maintaining this position.

B. AB 1662 (Gipson) Licensing boards: disqualification from licensure: criminal conviction.

Ms. McMillen stated AB 1662 would require a board to establish a process by which prospective applicants may request a preapplication determination as to whether their criminal history could be cause for denial of a license and to publish information regarding its process for requesting a preapplication determination on its website. This bill would authorize a board designated in Business and Professions Code (BPC) section 144, subdivision (b), to require a prospective applicant to furnish a full set of fingerprints for purposes of conducting a criminal history record check and charge a fee of up to \$50. However, the Board is not currently included in BPC

section 144, subdivision (b). Therefore, staff recommends the Board support this bill if it is amended to authorize the Board to conduct a fingerprint background check for prospective applications seeking a preapplication determination based on criminal history information.

Dr. Paris requested an analysis of the fiscal impact of AB 1662.

C. AB 1733 (Quirk) State bodies: open meetings.

Ms. McMillen introduced AB 1733 which seeks to amend the Bagley-Keene Open Meeting Act to specify that a “meeting” held under this act includes those held entirely by teleconference and would remove provisions that requires each teleconference location to be identified in the notice and agenda and accessible to the public, and instead would require the state body to adhere to provisions that would ensure the public’s access via teleconference and at a set physical location. This bill would eliminate the requirement for the Board to meet at least once per calendar year in northern California and southern California if all meetings are held entirely by teleconference. Staff estimates this bill could result in cost savings to the Board of up to \$20,000 annually and recommends supporting this bill.

D. Senate Bill (SB) 1031 (Ochoa Bogh) Healing arts boards: inactive license fees.

This bill was held in the Senate Appropriations Committee on May 19, 2022, and no longer requires discussion.

E. SB 1237 (Newman) Licensees: military service.

Ms. McMillen informed the Board that amendments to SB 1237 on March 30, 2022, removed the provision to waive the renewal fees of a licensee called to active duty if the licensee is stationed outside of California. This bill would, instead, clarify that “called to active duty” has the same meaning as “active duty” and includes individuals who are on active duty in the California National Guard. Staff recommends watching this bill as it does not directly impact Board operations at this time.

F. SB 1365 (Jones) Licensing boards: procedures.

SB 1365 was placed on the Senate Appropriations Committee suspense file on May 9, 2022. Staff recommends watching this bill.

G. SB 1434 (Roth) State Board of Chiropractic Examiners: directory.

Ms. McMillen updated the Board on SB 1434 (Roth), the Board’s sunset bill. This bill would require the Board to: 1) be subject to review by the appropriate policy committees of the Legislature as if the practice act was scheduled to be repealed on

January 1, 2017; 2) include the telephone numbers and email addresses of licensees in the Board's directory and require licensees to immediately notify the Board of a change to contact information; and 2) submit a report to the appropriate policy and fiscal committees of the Legislature by July 1, 2023, on the Board's plans for restructuring its license fees. In addition, this bill would remove specified exemptions from the probation status disclosure requirement for licensees placed on probation by the Board. Staff recommends supporting this bill.

MOTION: MR. SWEET MOVED TO ADOPT STAFF'S RECOMMENDED LEGISLATIVE POSITIONS WITH THE EXCEPTION OF SB 1031 (OCHOA BOGH).

SECOND: MS. CRUZ SECONDED THE MOTION.

Discussion: None.

Public Comment: None.

VOTE: 5-0 (DR. PARIS-AYE; DR. ADAMS-AYE; MR. SWEET-AYE; MS. CRUZ-AYE; DR. DANIELS-AYE).

MOTION: CARRIED.

4. Discussion and Possible Action on Chair's Proposal for the Board to Create Separate "Licensing" and "Continuing Education" Committees

Dr. Paris introduced the discussion and reminded the Board of the current composition of its three standing committees:

- Licensing and Continuing Education Committee, formerly chaired by Dionne McClain, D.C. with members Drs. Adams and Daniels;
- Enforcement and Scope of Practice Committee, chaired by Dr. Adams with members Mr. Sweet and Dr. Paris; and
- Government and Public Affairs Committee, chaired by Ms. Cruz with member Mr. Sweet.

Ms. Walker noted under Dr. Paris' proposal, the Board would divide the functions of the existing Licensing and Continuing Education Committee between the two separate committees. The Licensing Committee would propose regulations, policies, and standards regarding chiropractic colleges, Doctors of Chiropractic, satellite offices, and corporation registrations, and the Continuing Education Committee would propose regulations, policies, and standards regarding CE providers and courses, provide oversight of staff's auditing of CE, and serve as the review committee for appeals of denied CE course applications.

Drs. Adams and Daniels were concerned that adding a new committee would hinder the Board's effectiveness by creating additional responsibilities and meetings. Dr. Paris

commented that regardless of adding another committee, the work was necessary to ensure progress. He expressed that the topic of CE currently overshadows the licensing aspect of the existing committee and separating the two into their own committees would allow the Board to diversify the expertise of the Board. He added that the Board has two vacant positions and once fully staffed, the responsibilities and time commitments to the assigned committees would become more manageable.

MOTION: DR. PARIS MOVED TO CREATE SEPARATE LICENSING AND CONTINUING EDUCATION COMMITTEES WITH THE FUNCTIONS OUTLINED IN THE BOARD MEETING MATERIALS AND FOR THIS CHANGE TO TAKE EFFECT IMMEDIATELY UPON APPROVAL.

SECOND: MS. CRUZ SECONDED THE MOTION.

Discussion: None.

Public Comment: None.

VOTE: 5-0 (DR. PARIS-AYE; DR. ADAMS-AYE; MR. SWEET-AYE; MS. CRUZ-AYE; DR. DANIELS-AYE).

MOTION: CARRIED.

5. Public Comment for Items Not on the Agenda

There were no public comments.

6. Future Agenda Items

Dr. Paris requested the Board have a discussion regarding how far in advance the scheduling of meetings should occur. Drs. Adams and Daniels agreed.

There were no public comments.

7. Closed Session

The Board met in Closed Session to:

- A. Interview Candidates for the Executive Officer Position Pursuant to Government Code Section 11126, subd. (a)(1)
- B. Discuss and Possibly Take Action to Select and Appoint a Permanent Executive Officer Pursuant to Government Code Section 11126, subd. (a)(1)

8. Adjournment

Dr. Paris adjourned the meeting at 4:00 p.m.

**BOARD OF CHIROPRACTIC EXAMINERS
MEETING MINUTES
August 4, 2022
Teleconference**

In accordance with the statutory provisions of Government Code section 11133, the Board of Chiropractic Examiners (Board) met by teleconference via Webex with no physical public locations on Thursday, August 4, 2022.

Board Members Present

David Paris, D.C., Chair
Laurence Adams, D.C., Vice Chair
Rafael Sweet, Secretary
Janette N.V. Cruz
Pamela Daniels, D.C.

Staff Present

Kristin Walker, Executive Officer
Dixie Van Allen, Licensing & Administration Manager
William Walker III, Enforcement Manager
Amanda Campbell, Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

1. Open Session – Call to Order / Roll Call / Establishment of a Quorum

Board Chair Dr. Paris asked Vice Chair Dr. Adams to preside over this meeting.

Dr. Adams called the meeting to order at 12:01 p.m. Mr. Sweet called the roll. All members were present and a quorum was established.

2. Public Comment for Items Not on the Agenda

There were no public comments.

3. Closed Session

The Board met in Closed Session to:

- Deliberate and Vote on Disciplinary Matters Pursuant to Government Code Section 11126, subd. (c)(3)

4. Adjournment

Dr. Adams adjourned the meeting at 1:46 p.m.



Agenda Item 7
August 18-19, 2022

Ratification of Approved Doctor of Chiropractic License Applications

Purpose of the Item

The Board will review and ratify the attached list of approved applications for initial Doctor of Chiropractic licenses.

Action Requested

The Board will be asked to make a motion to ratify the attached list of approved license applications.

Background

Staff reviewed and confirmed that the applicants on the attached list of approved applications for initial Doctor of Chiropractic licenses met all statutory and regulatory requirements for licensure.

Attachment

- List of Approved Applications for Initial Doctor of Chiropractic Licenses Issued from April 1, 2022 to July 31, 2022

**List of Approved Applications for Initial Doctor of Chiropractic Licenses
Issued from April 1, 2022 to July 31, 2022**

First Name	Middle Name	Last Name	License No.*	Date Issued
Joycelyn		Nguyen	4/14/2022	35129
Claire	Michelle	Kassian	4/14/2022	35130
Alan	Scott	Fecher	4/14/2022	35131
Laura	Elizabeth	Woodhead	4/14/2022	35132
Christian	Gregory	Barresi	4/14/2022	35133
Steve	Baez	Hernandez	4/14/2022	35134
Carole	Setsuko	Yoshiwara	4/14/2022	35135
Alberto	Cruz	Yanez II	5/13/2022	35136
Justin	Pierre	Maia	5/13/2022	35137
Chesica	Danielle	Jones	5/13/2022	35138
Jordan	Pitcher	Brand	5/20/2022	35139
Jennifer	Delores	Robinson	6/17/2022	35140
Woon Min		Yeo	7/14/2022	35141
Mary	Isabel	Miranda	7/29/2022	35142
Jesse	Aron	Yancosek	4/12/2022	36327
Rebecca	Khiet Hoa	La	4/12/2022	36328
Bradford		Chew	4/12/2022	36329
Tanner	Michael	Diebold	4/12/2022	36330
Emma	Genevieve	Freeze	4/12/2022	36331
Sena	Angelina	Griffith	4/12/2022	36332
Adam		Greenberg	4/12/2022	36333
Ryan		Falcis	4/12/2022	36334
Lacey		Mendez	4/12/2022	36335
Amninder		Gill	4/12/2022	36336
Jacqueline		Noborikawa	4/26/2022	36337
Jessica	Ann	Hambley	4/26/2022	36338
Kathryn	Anne	McCarthy	4/26/2022	36339

**Agenda Item 7
Attachment**

First Name	Middle Name	Last Name	License No.*	Date Issued
Stephanie	Ann	Harris	4/26/2022	36340
Frederick	Siu-Hin	Cheng	4/26/2022	36341
Machesney	Kreay	Thiel	4/26/2022	36342
Jeffrey	Scott	Keysar	4/26/2022	36343
Danildon		Andres	4/26/2022	36344
Reed		Barnard	5/5/2022	36345
Andres	Armando	Portillo	5/5/2022	36346
Stephanie	M	Wilson	5/5/2022	36347
Luke	Hyun-Wook	Choi	5/5/2022	36348
Yosef	Yitzchak	Stein	5/5/2022	36349
Kenneth		Kwong	5/10/2022	36350
Chad	Lucas	Bell	5/10/2022	36351
Joseph	Lister	Belzil	5/10/2022	36352
Fuk	Sang	Wong	5/10/2022	36353
Christina		Pekar	5/10/2022	36354
Megan	Maureen	Thoma	5/12/2022	36355
Trevor	Ian	Prater	5/12/2022	36356
Anna		Schroeter	5/12/2022	36357
Kurt		Schroeter	5/12/2022	36358
Blake	Joseph	Edmonson	5/20/2022	36359
Kurt	Howard	O'Neill	5/20/2022	36360
Yvonne	Yen Kim	Hua	5/20/2022	36361
Laura	Marie	Barnum	5/20/2022	36362
Rachel	Michelle	Howley	5/20/2022	36363
Kent	Winston	Drever	5/20/2022	36364
Erik		Cabeza	5/20/2022	36365
Thoan		Ferguson	5/20/2022	36366
Reinhardt		Henstock	6/9/2022	36367
Andranik		Keshishyan	6/9/2022	36368

**Agenda Item 7
Attachment**

First Name	Middle Name	Last Name	License No.*	Date Issued
Miranda	Verlee	Given	6/9/2022	36369
Dominick		Hernandez Hernandez	6/9/2022	36370
Joel		Ryman	6/9/2022	36371
Amy	Q	Chin	6/9/2022	36372
Ashley		Studimire	6/9/2022	36373
Daniel	Roberto	Soto	6/9/2022	36374
Donovan		Smolich	6/22/2022	36375
Pilar-Sacha		Harmon	6/22/2022	36376
Gabriel		Yalda	6/22/2022	36377
Andrew	Tyler	Bown	6/22/2022	36378
Sarah		O'Hara	6/22/2022	36379
Andrea	Elena	Schwab	6/22/2022	36380
Jacob		Lilley	6/30/2022	36381
Michael		Villanueva	6/30/2022	36382
Dalvir		Atwal	6/30/2022	36383
Jenna	Rachel	Graff	6/30/2022	36384
Stefany		Monroy	6/30/2022	36385
James		Pitts	6/30/2022	36386
Daniel	Takhyun	Kim	6/30/2022	36387
Chi	Wa	Chan	6/30/2022	36388
Tanya		Dejkunchorn	7/20/2022	36389
Swati	Singh	Hans	7/20/2022	36390
Debiante	Jabria	Mincey	7/20/2022	36391
Jerome	Alexis	Cortez	7/20/2022	36392
Jennifer		Culanag	7/20/2022	36393
Morgan	Kathleen	Popek	7/20/2022	36394
Kulvir	Singh	Nijjar	7/21/2022	36395
Heather		Brown	7/21/2022	36396

**Agenda Item 7
Attachment**

First Name	Middle Name	Last Name	License No.*	Date Issued
Fritz-Ulrich		Stolle	7/21/2022	36397
Diana		Shaboyan	7/21/2022	36398
Garrett		Woo	7/21/2022	36399
Kelly		Schweitzer	7/21/2022	36400
Michael		Baba	7/21/2022	36401
Lorenzo	Javier	Lao	7/21/2022	36402
Myles		O'Donnell	7/26/2022	36403
Alexis		Griffith	7/26/2022	36404
Mariem		Brakache	7/27/2022	36405
Eleni	Anne	LaRue	7/27/2022	36406
Paul	Watchara	Chivabunditt	7/27/2022	36407
Harjot	Kaur	Grewal	7/27/2022	36408
Nicholas	Todd	Teixeira	7/27/2022	36409

***License numbers beginning with DC 36327 were issued through the Board's new Connect system.**



**Agenda Item 8
August 18-19, 2022**

Ratification of Approved Continuing Education Providers

Purpose of the Item

The Board will review and ratify the applications for new continuing education (CE) providers.

Action Requested

The Board will be asked to make a motion to ratify the following new CE providers:

Provider Name	CE Oversight Contact Person	Provider Status
Douglas Gillard	Douglas Gillard	Individual
Makani Elizabeth Lew, DC, DACRB	Makani Lew, D.C.	Individual
National Chiropractic Association	John Schmidt D.C.	Corporation
Aristotle Continuing Education	Gregory Katsaros D.C.	Corporation
Accurate Medical Billing and Audit	David Martinez	Corporation
Legacy Wealth Management LLC	Justin Martin	Corporation
Functional Movement Systems, LLC	Jamie Harrill	Partnership
Jeanette Y Lomori, DC	Jeanette Lomori, D.C.	Individual
Brian Bronk, DC	Brian Bronk, D.C.	Individual
Forward Thinking Chiropractic Alliance	Kerri Domingo	Corporation
Michael D Allen	Michael D Allen	Corporation
Carl Alexander	Carl Alexander	Individual
Jennifer Santos	Jennifer Santos	Individual

Ratification of Approved CE Providers
August 18-19, 2022
Page 2

Provider Name	CE Oversight Contact Person	Provider Status
Scott Beavers D.C.	Scott Beavers, D.C.	Individual
United States Olympic and Paralympic Committee	Jenna Street	Health Facility
SP of South Coastal CA	Melissa Bellis	Corporation

Background

Staff reviewed and confirmed that the above CE provider applications meet all regulatory requirements for approval.

Attachment(s)

N/A – To maintain compliance with Assembly Bill 434 (Baker, Chapter 780, Statutes of 2017) [State Web accessibility: standard and reports], the Board is unable to provide scanned documents on its website. To obtain a copy of the CE provider applications through a California Public Records Act request, please email chiro.info@dca.ca.gov or send a written request to the Board's office at the address above.



**Agenda Item 9
August 18-19, 2022**

Executive Officer's Report and Updates

Purpose of the Item

The Executive Officer and Board staff will provide the Board with an update on:

- A. Administration, Continuing Education, Enforcement, and Licensing Programs**
- B. Board's Budget and Fund Condition**
- C. Business Modernization Project and Implementation of Connect System**
- D. Status of Board's Pending Rulemaking Packages**

Action Requested

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

Attachments

1. Board's Organizational Chart (July 2022)
2. Licensing Program Statistics (FY 2021-22)
3. Enforcement Program Statistics (FY 2021-22)
 - a. Enforcement Statistics Tables
 - b. Chart of Complaints Received by Case Category
 - c. Chart of Accusations Filed by Alleged Violation
 - d. April 2022 Enforcement Actions
 - e. May 2022 Enforcement Actions
 - f. June 2022 Enforcement Actions

Department of Consumer Affairs
 State Board of Chiropractic Examiners
 July 2022

BOARD MEMBERS (7)

Kristin Walker
Executive Officer
 620-110-8862-001

Staff Services Manager II
 Vacant
Assistant Executive Officer
 620-110-4801-001

**Proposed
 Authorized Positions: 19
 Blanket Positions: 4**

Staff Services Manager
 William Walker III
Compliance Manager I
 620-110-4600-006

ENFORCEMENT

Enforcement Unit

Tammi Pitto
Associate Governmental Program Analyst
 620-110-5393-002

Christina Bell
Associate Governmental Program Analyst
 620-110-5393-005

Marlene Valencia
Associate Governmental Program Analyst
 620-110-5393-800

Amanda Campbell
Associate Governmental Program Analyst
 620-110-5393-xxx

Valerie James
Staff Services Analyst
 620-110-5157-009

Susan Glover-Smith
Office Technician (Typing)
 620-110-1139-001

Kelly Siguenza
Seasonal Clerk
 620-110-1120-907

FIELD OPERATIONS

Field Operations North

Vacant
Special Investigator
 620-110-8612-001

Denise Robertson **Special Investigator**
 620-110-8612-002

Field Operations South

Yanti Soliman
Special Investigator
 620-110-8612-003

Staff Services Manager I
 Dixie Van Allen
Admin/Licensing/CE Manager
 620-110-4800-008

ADMIN/LICENSING

Policy/Admin

Vacant
Associate Governmental Program Analyst
 620-110-5393-003

Admin/Licensing

Vacant
Associate Governmental Program Analyst
620-110-5393-801

Brianna Lauziere
Staff Services Analyst
 620-110-5157-008

Vacant
Office Technician (Typing)
 620-110-1139-009

Vacant
Office Technician (Typing)
 620-110-1139-010

Licensing/Continuing Education

Syeda As-Salek
Staff Services Analyst
 620-110-5157-005

Executive Officer _____

Personnel Office _____

**BOARD OF CHIROPRACTIC EXAMINERS
LICENSING TRENDS
FY 2021-22**

New Chiropractic Licenses Issued

Month	Received	Issued
July	23	24
August	22	27
September	36	10
October	24	18
November	15	25
December	58	17
January	67	30
February	20	63
March	18	44
April	25	25
May	17	26
June	37	23

Total Population of Clear Chiropractic Licenses

Month	Total Licenses
July	12,568
August	12,527
September	12,497
October	12,481
November	12,456
December	12,423
January	12,407
February	12,429
March	12,430
April	12,399
May	12,375
June	12,353

Number of Restored Cancelled Licenses

Month	Received	Issued
July	3	3
August	2	3
September	1	2
October	5	4
November	1	3
December	1	2
January	4	2
February	2	3
March	1	3
April	4	1
May	2	2
June	1	1

New Satellite Office Certificates Issued

Month	Received	Issued
July	119	109
August	146	129
September	82	57
October	83	116
November	58	81
December	106	77
January	134	136
February	165	95
March	230	137
April	136	141
May	103	50
June	117	142

Corporation Registrations Issued

Month	Received	Issued
July	11	4
August	11	10
September	14	11
October	8	9
November	7	9
December	12	4
January	14	18
February	13	5
March	12	13
April	13	7
May	9	7
June	5	5

Licensing Population as of June 30, 2022

License Type	Clear Licenses
Doctor of Chiropractic	12,353
Satellite Offices	4,390
Corporations	1,357
Referral Services	31

Applications Received and Processed – July 1, 2021 through June 30, 2022

Application Type	Received	Issued	Denied	Pending
Initial Chiropractic	362	332	0	98
Reciprocal	5	7	0	1
Restorations (Cancelled & Forfeiture)	116	114	0	21
Corporation	129	102	0	20

**BOARD OF CHIROPRACTIC EXAMINERS
ENFORCEMENT STATISTICS**

COMPLAINTS

Description	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Complaints Received	479	642	785	474	507
Pending Complaints	235	592	594	511	360
Closed: No Violation	75	38	115	36	65
Closed: Insufficient Evidence	72	63	76	106	159
Closed with Merit	214	56	65	45	32
Closed: Letter of Admonishment	17	62	279	6	24

CITATIONS

Description	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Citations Issued	25	28	111	34	37
Total Fines Assessed	\$24,650	\$25,200	\$71,850	\$48,250	\$58,500
Total Fines Collected	\$29,646	\$29,104	\$64,820	\$35,635	\$37,126

ACCUSATIONS

Description	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Accusations Filed	34	23	19	28	53
Pending Cases	55	47	59	97	107

DISCIPLINARY CASES CLOSED

Description	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
License Revoked	9	13	4	4	14
Revocation Stayed: Probation	15	14	2	8	13
Rev. Stayed: Susp. / Probation	1	0	1	1	0
Voluntary Surrender of License	9	15	5	5	13
Dismissed/Withdrawn	0	2	0	1	4

STATEMENTS OF ISSUES

Description	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
SOI Filed	2	1	0	2	0
Withdrawn	0	2	0	1	0
Denied	0	1	1	1	0
Granted	0	0	0	0	0
Probationary License Issued	0	1	0	0	0

PETITIONS FOR RECONSIDERATION

Description	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Filed	0	1	3	0	1
Granted	0	0	0	0	0
Denied	0	1	3	0	1

PETITIONS FOR REINSTATEMENT OF LICENSE

Description	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Filed	6	3	8	5	3
Granted	0	0	2	0	1
Denied	3	8	5	1	7

PETITIONS FOR EARLY TERMINATION OF PROBATION

Description	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Filed	2	1	1	1	2
Granted	0	0	0	0	0
Denied	5	1	2	1	3

PETITIONS FOR MODIFICATION OF PROBATION

Description	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Filed	1	0	2	1	0
Granted	1	0	2	1	0
Denied	0	0	0	0	1

PETITIONS BY BOARD TO REVOKE PROBATION

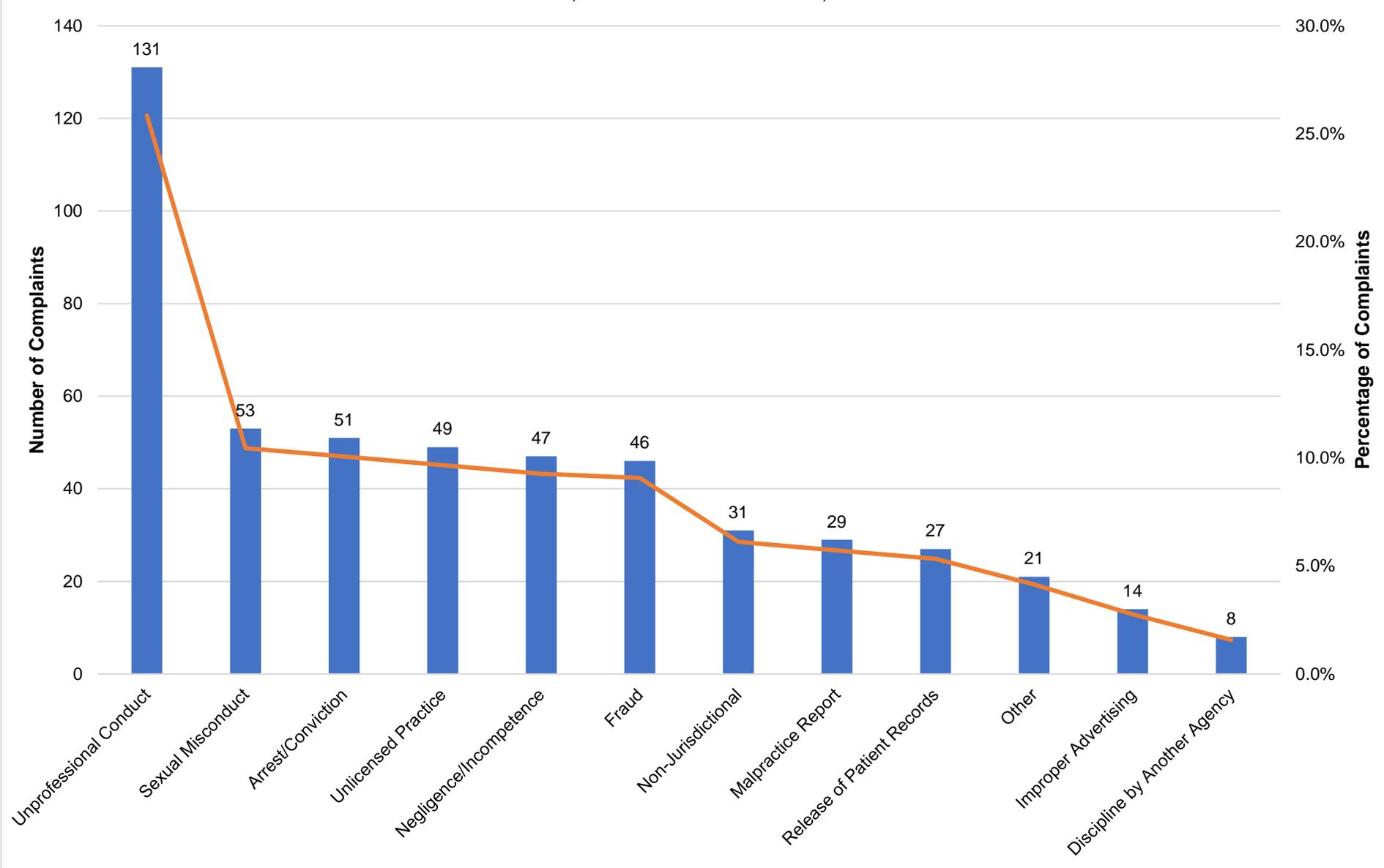
Description	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Filed	6	7	2	1	1
License Revoked	9	4	2	1	0

PROBATION CASES

Description	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Active Probationers	90	80	67	61	64

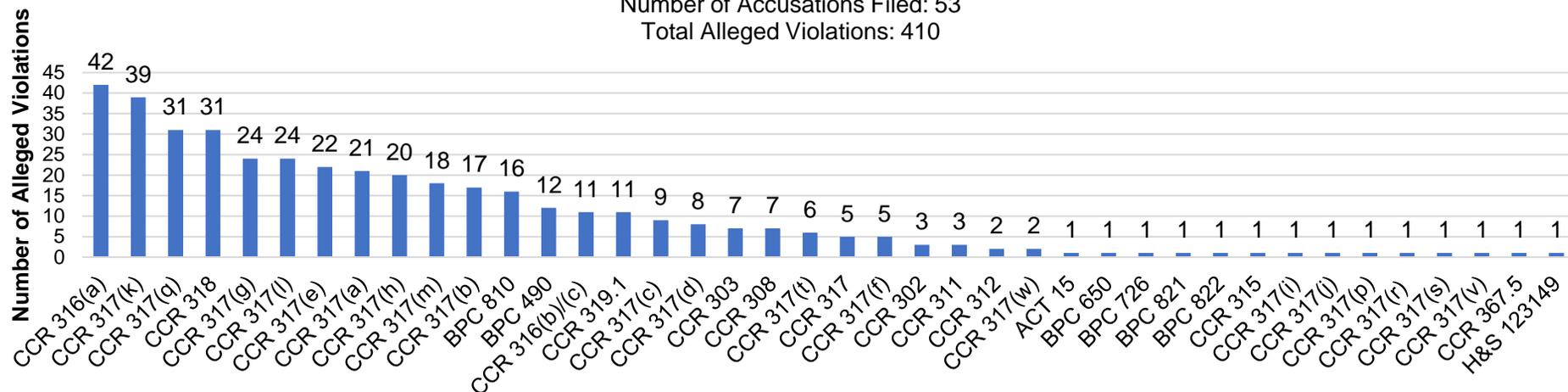
Complaints Received FY 2021-22

(Total Number Received: 507)



Accusations Filed FY 2021-22

Number of Accusations Filed: 53
Total Alleged Violations: 410



Violation Codes/Descriptions

- | | |
|---|--|
| <p>ACT 15 – Use of Title
 BPC 490 – Conviction of a Substantially Related Crime
 BPC 650 – Unlawful Referral of Patients
 BPC 726 – Sexual Misconduct
 BPC 810 – Insurance Fraud
 BPC 821 – Failure to Comply with Examination Order
 BPC 822 – Impairment Due to Mental or Physical Illness
 CCR 302 – Exceed Scope of License
 CCR 303 – Filing of Addresses
 CCR 308 – Display of License
 CCR 311 – False or Misleading Advertising
 CCR 312 – Unlicensed Practice
 CCR 315 – Mental Illness That Affects Ability to Practice
 CCR 316(a) – Responsibility for Conduct on Premises
 CCR 316(b)/(c) – Sexual Misconduct
 CCR 317 – Unprofessional Conduct
 CCR 317(a) – Gross Negligence
 CCR 317(b) – Repeated Negligent Acts
 CCR 317(c) – Incompetence
 CCR 317(d) – Excessive Treatment
 CCR 317(e) – Endangering the Health, Welfare, or Safety of Public</p> | <p>CCR 317(f) – Dangerous Use of Alcoholic Beverages
 CCR 317(g) – Conviction of Substantially Related Crime
 CCR 317(h) – Conviction Involving Moral Turpitude, Dishonesty, Etc.
 CCR 317(i) – More Than One Alcohol-Related Conviction
 CCR 317(j) – Violation of Any Provisions of Law Regulating Dispensing or Administration of Narcotics, Dangerous Drugs, or Controlled Substances
 CCR 317(k) – Act of Moral Turpitude, Dishonesty, or Corruption
 CCR 317(l) – False Representation
 CCR 317(m) – Violation of Act or Board Regulations
 CCR 317(p) – Advertising That Violates BPC 17500
 CCR 317(q) – Participation in Fraud or Misrepresentation
 CCR 317(r) – Unauthorized Disclosure of Patient Information
 CCR 317(s) – Employment or Use of Cappers or Steerers
 CCR 317(t) – Compensation or Inducement for Referring Patients
 CCR 317(v) – Waiver of Copayment Without Notifying Insurer
 CCR 317(w) – Failure to Refer Patient
 CCR 318 – Chiropractic Patient Records/Accountable Billings
 CCR 319.1 – Informed Consent
 CCR 367.5 – Render Services Without Corporation Certificate
 H&S 123149 – Failure to Secure Electronic Records</p> |
|---|--|



APRIL 2022 ENFORCEMENT ACTIONS

ACCUSATIONS FILED

Name and City	License No.	Date Filed	Alleged Violation(s)
Bittle, Ronald Dale Santa Clarita, CA	DC 29611	4/1/2022	<ul style="list-style-type: none"> • BPC 490 and CCR 317(g) – Unprofessional Conduct: Conviction of a Substantially Related Crime (Driving While Having 0.08% or More Alcohol in Blood) • CCR 317(e) – Unprofessional Conduct: Intentionally or Recklessly Causing Harm to the Public • CCR 317(f) – Unprofessional Conduct: Dangerous Use of Alcoholic Beverages
Areta, Steven Francis Rialto, CA	DC 32676	4/14/2022	<ul style="list-style-type: none"> • CCR 316(a) and 317(a) – Unprofessional Conduct: Gross Negligence • CCR 316(a) and 317(b) – Unprofessional Conduct: Repeated Negligent Acts • CCR 316(a) and 317(e) – Unprofessional Conduct: Conduct Endangering Public Health, Safety and Welfare • CCR 316(a) and 317(k) – Unprofessional Conduct: Moral Turpitude/Dishonesty • CCR 316(a) and 317(l) – Unprofessional Conduct: Misrepresentation in a Document • CCR 316(a) and 317(q) – Unprofessional Conduct: Acts of Fraud • CCR 316(a) and 318(a) – Inadequate Patient Records • CCR 316(a) and 318(b) – Accountable Billing

Name and City	License No.	Date Filed	Alleged Violation(s)
Straw, Philip Arthur Ladera Ranch, CA	DC 24628	4/20/2022	<ul style="list-style-type: none"> • CCR 316 and 317(a) – Unprofessional Conduct: Gross Negligence • CCR 316 and 317(b) – Unprofessional Conduct: Repeated Acts of Negligence • CCR 316 and 317(e) – Unprofessional Conduct: Conduct That Endangers or Is Likely to Endanger Health, Welfare or Safety of the Public • CCR 316 and 317(m) – Unprofessional Conduct: Violating Board Regulation Regarding Patient Billings (CCR 318(b)) • CCR 316 and 317(k) – Unprofessional Conduct: Dishonest Acts • CCR 316 and 317(l) – Unprofessional Conduct: False Representation of Facts • CCR 316 and 317(q) – Unprofessional Conduct: Act of Fraud or Misrepresentation • CCR 302(a)(4)(A), (a)(4), and (a)(7) – Exceeding Scope of Practice
Collins, Curtis Wayne Bakersfield, CA	DC 28356	4/29/2022	<ul style="list-style-type: none"> • CCR 317(a) – Unprofessional Conduct: Gross Negligence • CCR 317(e) – Unprofessional Conduct: Endangering the Health, Welfare, or Safety of the Public • CCR 302(a)(4)(E) – Exceeding Scope of Practice • CCR 319.1(a) – Unprofessional Conduct: Failure to Provide Informed Consent Inclusive of Material Risk • CCR 318(a) – Failure to Maintain Complete Patient Records • CCR 317(q) – Unprofessional Conduct: Act of Fraud or Misrepresentation
Okhowat, Omid Los Angeles, CA	DC 26462	4/29/2022	<ul style="list-style-type: none"> • BPC 490 and CCR 317(g) – Unprofessional Conduct: Substantially Related Criminal Conviction (Participating in Patient Referral Rebates) • CCR 317(h) – Unprofessional Conduct: Conviction Involving Moral Turpitude, Dishonesty, or Corruption • CCR 317(k) – Unprofessional Conduct: Acts Involving Moral Turpitude and Dishonesty • CCR 317(q) – Unprofessional Conduct: Participation in Acts of Fraud and/or Misrepresentation • CCR 317(t) – Unprofessional Conduct: Participation in Referring Patients

DISCIPLINARY ACTIONS

Name and City	License No.	Action	Effective Date	Violation(s)
Forrest, Alan Tarzana, CA	DC 14038	Stayed Revocation, 5 Years' Probation	4/1/2022	<ul style="list-style-type: none"> • CCR 317(a) – Unprofessional Conduct: Gross Negligence • CCR 316(c) and BPC 726(a) – Unprofessional Conduct: Sexual Relations with a Patient • CCR 318(a)(2) and (3) – Deficient Patient Records
Hafner, Diane Helen Atherton, CA	DC 20209	Revoked	4/7/2022	<ul style="list-style-type: none"> • CCR 317(e) – Unprofessional Conduct: Endangering the Health, Welfare, or Safety of the Public • CCR 317(g) – Unprofessional Conduct: Conviction of a Crime Substantially Related to Chiropractic Practice • CCR 317(h) – Unprofessional Conduct: Conviction of an Offense Involving Physical Violence • BPC 822 and CCR 315 – Mental/Physical Illness Affecting Competency • BPC 821 – Failure to Comply with Order for Examination
Ward, Stephen Michael Long Beach, CA	DC 20438	Stayed Revocation, 3 Years' Probation	4/8/2022	<ul style="list-style-type: none"> • BPC 726(a) and CCR 316(c) – Sexual Misconduct with a Patient • CCR 317(k) – Unprofessional Conduct: Acts Involving Moral Turpitude • CCR 317(a) and 319.1 – Unprofessional Conduct: Failure to Obtain Written Informed Consent • CCR 317(m) – Unprofessional Conduct: Failure to Comply with Board Regulations • CCR 318(a)(2), (3), (4), and (7) – Chiropractic Patient Records: Required Content

FINAL CITATIONS

Name and City	License No.	Fine Amount	Date Final	Violation(s)
Kowalczyk, Keith A. Los Angeles, CA	DC 34122	\$2,000	4/1/2022	<ul style="list-style-type: none">• CCR 303 – Filing of Addresses• CCR 308 – Display of License• CCR 318(a) – Failure to Maintain Patient Records• CCR 318(b) – Failure to Ensure Accurate Billings
Braun, Richard Paul, III Beverly Hills, CA	DC 33684	\$1,500	4/17/2022	<ul style="list-style-type: none">• CCR 303 – Filing of Addresses• CCR 308 – Display of License• CCR 318(a) – Failure to Maintain Patient Records• CCR 318(b) – Failure to Ensure Accurate Billings
DeMoss, William Lyle Newport Beach, CA	DC 17462	\$1,500	4/17/2022	<ul style="list-style-type: none">• CCR 316(a) – Responsibility for Conduct on Premises• CCR 317(m) – Unprofessional Conduct: Violation of Board Regulations

PETITIONS FOR REINSTATEMENT OF LICENSE

No Data to Report

PETITIONS FOR EARLY TERMINATION OR MODIFICATION OF PROBATION

No Data to Report

STATEMENT OF ISSUES

No Data to Report



MAY 2022 ENFORCEMENT ACTIONS

ACCUSATIONS FILED

Name and City	License No.	Date Filed	Alleged Violation(s)
Didomenicantonio, Domenic Torrance, CA	DC 27596	5/5/2022	<ul style="list-style-type: none"> • CCR 316(a) and 308 – Failure to Maintain Valid Satellite Office Certificate • CCR 316(a) and 317(a) – Unprofessional Conduct: Gross Negligence • CCR 316(a) and 317(b) – Unprofessional Conduct: Repeated Acts of Negligence • CCR 316(a) and 317(c) – Unprofessional Conduct: Incompetence • CCR 316(a) and 317(m) – Unprofessional Conduct: Violating Board Regulation Regarding Patient Medical Records (CCR 318(b)) • CCR 316(a) and 317(d) – Unprofessional Conduct: Excessive Administration of Treatment • CCR 316(a) and 317(k) – Unprofessional Conduct: Acts of Dishonesty and Moral Turpitude • CCR 316(a) and 317(l) – Unprofessional Conduct: False Documentation • CCR 316(a) and 317(q) – Unprofessional Conduct: Fraud or Misrepresentation • CCR 316(a) and 318(b) – Failure to Maintain Accountable Billings • CCR 316(a) and 303 – Failure to Update Address • CCR 316(a) and BPC 810 – Insurance Fraud

Name and City	License No.	Date Filed	Alleged Violation(s)
Didomenicantonio, Kimberly Torrance, CA	DC 29152	5/5/2022	<ul style="list-style-type: none"> • CCR 316(a) and 308 – Failure to Maintain Valid Satellite Office Certificate • CCR 316(a) and 317(a) – Unprofessional Conduct: Gross Negligence • CCR 316(a) and 317(b) – Unprofessional Conduct: Repeated Acts of Negligence • CCR 316(a) and 317(c) – Unprofessional Conduct: Incompetence • CCR 316(a) and 317(m) – Unprofessional Conduct: Violating Board Regulation Regarding Patient Medical Records (CCR 318(b)) • CCR 316(a) and 317(d) – Unprofessional Conduct: Excessive Administration of Treatment • CCR 316(a) and 317(k) – Unprofessional Conduct: Acts of Dishonesty and Moral Turpitude • CCR 316(a) and 317(l) – Unprofessional Conduct: False Documentation • CCR 316(a) and 317(q) – Unprofessional Conduct: Fraud or Misrepresentation • CCR 316(a) and 318(b) – Failure to Maintain Accountable Billings • CCR 316(a) and 303 – Failure to Update Address • CCR 316(a) and BPC 810 – Insurance Fraud
Lee, Kyu Yong-John Torrance, CA	DC 32296	5/11/2022	<ul style="list-style-type: none"> • CCR 316(c) – Sexual Relations with a Patient • CCR 317(a) – Unprofessional Conduct: Gross Negligence • CCR 317(b) – Unprofessional Conduct: Repeated Negligent Acts • CCR 317(e) – Unprofessional Conduct: Endangering the Health, Welfare, or Safety of the Public • CCR 317(k) – Unprofessional Conduct: Moral Turpitude or Dishonesty • CCR 317(l) – Unprofessional Conduct: False Documents • CCR 317(q) – Unprofessional Conduct: Acts of Fraud or Misrepresentation • CCR 318(b) – Unprofessional Conduct: Failure to Maintain Accountable Billings and Records • BPC 810(a) and (b) – Insurance Fraud
So, Kenneth Chi-Hung San Francisco, CA	DC 11662	5/11/2022	<ul style="list-style-type: none"> • CCR 316(c) and 317 – Sexual Abuse and/or Sexual Misconduct with a Patient • CCR 317 – Unprofessional Conduct

DISCIPLINARY ACTIONS

Name and City	License No.	Action	Effective Date	Violation(s)
Aschenberg, Julius Jay Lake Elsinore, CA	DC 22275	Stipulated Surrender of License	5/5/2022	N/A – Voluntary Surrender of License While on Probation
Higier, Benjamin Los Angeles, CA	DC 24408	Stayed Revocation, 5 Years' Probation with Suspension	5/5/2022	<ul style="list-style-type: none"> • CCR 317 – Unprofessional Conduct • CCR 317(b) – Unprofessional Conduct: Repeated Acts of Negligence • CCR 317(m) and 318(a) – Unprofessional Conduct: Failure to Maintain Chiropractic Patient Records • CCR 317(m) and 318(b) – Unprofessional Conduct: Failure to Ensure Accurate Billings • CCR 317(m) and 312.1 – Unprofessional Conduct: Aid/Assist Unlicensed Practice • CCR 317(q) – Unprofessional Conduct: Participation in Act of Fraud or Misrepresentation • CCR 317(k) – Unprofessional Conduct: Act Involving Moral Turpitude, Dishonesty, or Corruption • CCR 317(l) – Unprofessional Conduct: False Representation of Facts • BPC 810 – Violation of Penal Code Section 550

Name and City	License No.	Action	Effective Date	Violation(s)
Kim, David Young Los Angeles, CA	DC 22740	Revoked	5/5/2022	<ul style="list-style-type: none"> • BPC 490 and CCR 317(g) – Unprofessional Conduct: Conviction of a Substantially Related Crime (Health Care Fraud and Illegal Remunerations) • CCR 317(h) – Unprofessional Conduct: Conviction Involving Moral Turpitude, Dishonesty, or Corruption • CCR 317(k) – Unprofessional Conduct: Acts Involving Moral Turpitude and Dishonesty • CCR 317(l) – Unprofessional Conduct: Falsely Representing a State of Facts • CCR 317(q) – Unprofessional Conduct: Participation in Acts of Fraud and/or Misrepresentation • BPC 810(a)(2) – Submitting False or Fraudulent Claims
Yoo, Phillip Brian Garden Grove, CA	DC 31461	Stipulated Surrender of License	5/5/2022	<ul style="list-style-type: none"> • CCR 302.5(a)(1) – Unprofessional Conduct: Use of Unapproved Lasers • CCR 317(k) – Unprofessional Conduct: Moral Turpitude • CCR 317(q) – Unprofessional Conduct: Participation in Misrepresentation Related to Advertising • CCR 317(m) – Unprofessional Conduct: Violation of the Chiropractic Act by Advertising as a Doctor Without Using the Designation of Chiropractor or D.C. After His Name • CCR 317(q) – Unprofessional Conduct: Participation in Misrepresentation Related to Use of Title • CCR 317(b) – Unprofessional Conduct: Repeated Negligent Acts • CCR 317(q) – Unprofessional Conduct: Participation in Misrepresentation Related to Price Advertising and Discounts • Failure to Comply with the Terms and Conditions of Probation: Obey All Laws

ACT: Chiropractic Initiative Act
BPC: Business and Professions Code
CCR: California Code of Regulations, Title 16
H&S: Health and Safety Code

Name and City	License No.	Action	Effective Date	Violation(s)
Acs, Nahid Haji Los Angeles, CA	DC 26946	Stayed Revocation, 5 Years' Probation	5/26/2022	<ul style="list-style-type: none"> • BPC 490 and CCR 317(g) – Unprofessional Conduct: Conviction of a Substantially Related Crime (Participating in Patient Referral Rebates) • CCR 317(h) – Unprofessional Conduct: Conviction Involving Moral Turpitude, Dishonesty, or Corruption • CCR 317(k) – Unprofessional Conduct: Acts Involving Moral Turpitude and Dishonesty • CCR 317(q) – Unprofessional Conduct: Participation in Acts of Fraud and/or Misrepresentation • CCR 317(t) – Unprofessional Conduct: Participation in Referring Patients

FINAL CITATIONS

Name and City	License No.	Fine Amount	Date Final	Violation(s)
Arons, Scott Steven Red Bluff, CA	DC 25303	\$1,500	5/14/2022	<ul style="list-style-type: none"> • CCR 317(a) – Unprofessional Conduct: Gross Negligence • CCR 317(c) – Unprofessional Conduct: Incompetence • CCR 317(d) – Unprofessional Conduct: Administration of Excessive Treatment • CCR 317(e) – Unprofessional Conduct: Endangering the Health, Safety, or Welfare of the Public • CCR 317(m) – Unprofessional Conduct: Violation of Board Regulations • CCR 318(a) – Failure to Maintain Chiropractic Patient Records and Make Records Available to the Board
Flint, Michael Cameron San Diego, CA	DC 21321	\$2,000	5/20/2022	<ul style="list-style-type: none"> • CCR 317(a) – Unprofessional Conduct: Gross Negligence • CCR 317(b) – Unprofessional Conduct: Repeated Negligent Acts • CCR 318(a)(2) – Chiropractic Patient Records: Required Content

Name and City	License No.	Fine Amount	Date Final	Violation(s)
O'Neill, Kurt Riverside, CA	Unlicensed	\$1,500	5/28/2022	<ul style="list-style-type: none"> • CCR 310.2 – Use of Title to Imply Licensure • CCR 312 – Illegal Practice

PETITIONS FOR REINSTATEMENT OF LICENSE

Name	License No.	Status	Board Action/Decision
Dahan, Daniel Hanania	DC 19744	License surrendered effective 8/12/2015	Petition for reinstatement of license denied effective 5/25/2022

PETITIONS FOR EARLY TERMINATION OR MODIFICATION OF PROBATION

Name	License No.	Status	Board Action/Decision
Foli, Michael John	DC 17135	License placed on probation effective 7/26/2019	Petition for early termination of probation denied effective 5/25/2022
Kimes, Mark Steven	DC 17504	License placed on probation effective 7/11/2020	Petition for early termination of probation denied effective 5/25/2022

STATEMENT OF ISSUES

No Data to Report



JUNE 2022 ENFORCEMENT ACTIONS

ACCUSATIONS FILED

Name and City	License No.	Date Filed	Alleged Violation(s)
Gilliland, Troy Lee Clovis, CA	DC 17981	6/2/2022	<ul style="list-style-type: none"> • CCR 316 and 317 – Unprofessional Conduct: Sexual Relations with a Patient • CCR 317(a) – Unprofessional Conduct: Gross Negligence • CCR 317(b) – Unprofessional Conduct: Repeated Negligent Acts • CCR 317(k) – Unprofessional Conduct: Acts of Moral Turpitude • CCR 318(a) – Unprofessional Conduct: Failure to Document • CCR 319.1 – Unprofessional Conduct: Failure to Obtain Consent
Haselden, Jarrod Dempsey Fountain Valley, CA	DC 29129	6/2/2022	<ul style="list-style-type: none"> • CCR 317(g) – Unprofessional Conduct: Conviction of Crimes Substantially Related to the Practice of Chiropractic (Disorderly Conduct – Secretly Filming Another) • CCR 317(h) and (k) – Unprofessional Conduct: Convictions and Acts Involving Moral Turpitude or Dishonesty • CCR 317(e) – Unprofessional Conduct: Public Endangerment • CCR 317(f) – Unprofessional Conduct: Dangerous Use of Drugs • CCR 317 – Unprofessional Conduct
Melvin, Gregory Mark La Mesa, CA	DC 11984	6/8/2022	<ul style="list-style-type: none"> • CCR 317(a) – Unprofessional Conduct: Gross Negligence • CCR 317(e) – Unprofessional Conduct: Endangering the Public • CCR 317(w) – Unprofessional Conduct: Failure to Refer Patient • CCR 318(a)(7) and 319.1 – Failure to Obtain Informed Consent • CCR 311 and 317(p) – Misleading Advertising • BPC 17500 and CCR 302 – Exceeding Scope of Practice • ACT 15 – Use of “Dr.” as Title Without Qualifier

DISCIPLINARY ACTIONS

Name and City	License No.	Action	Effective Date	Violation(s)
Glade, David Los Angeles, CA	DC 17152	Revoked	6/3/2022	<ul style="list-style-type: none"> • CCR 316(c) and 317(g) and BPC 490 – Unprofessional Conduct: Conviction of a Substantially Related Crime (Battery) • CCR 317(h) – Unprofessional Conduct: Conviction of a Crime Involving Physical Violence • CCR 317(e) – Unprofessional Conduct: Endanger the Health, Welfare, or Safety of the Public • CCR 317(m) – Violation of Regulation Adopted by the Board
Urdea, Judith Huntington Beach, CA	DC 16942	Revoked	6/22/2022	<ul style="list-style-type: none"> • Failure to comply with the terms and conditions of probation

FINAL CITATIONS

Name and City	License No.	Fine Amount	Date Final	Violation(s)
Moreau, Chad Lomita, CA	DC 26106	\$1,000	6/3/2022	<ul style="list-style-type: none"> • CCR 318(b) – Chiropractic Patient Records: Accountable Billings • CCR 319.1 – Informed Consent

PETITIONS FOR REINSTATEMENT OF LICENSE

Name	License No.	Status	Board Action/Decision
Aliakbar, Reza	DC 24268	License revoked effective 5/1/2008	Petition for reinstatement of license denied effective 6/1/2022
Nabatmama, Jeffrey	DC 24181	License surrendered effective 12/20/2022	Petition for reinstatement of license denied effective 6/2/2022
Kim, Phillip Jung-Wan	DC 24057	License surrendered effective 11/18/2013	Petition for reinstatement of license denied effective 6/4/2022

PETITIONS FOR EARLY TERMINATION OR MODIFICATION OF PROBATION

No Data to Report

STATEMENT OF ISSUES

No Data to Report



**Agenda Item 10
August 18-19, 2022**

Update, Discussion, and Possible Action on Legislation

Purpose of the Item

Board staff will provide the Board with an update on the following bills:

- A. [Assembly Bill \(AB\) 646](#) (Low) Department of Consumer Affairs: boards: expunged convictions.
- B. [AB 1662](#) (Gipson) Licensing boards: disqualification from licensure: criminal conviction.
- C. [AB 1733](#) (Quirk) State bodies: open meetings.
- D. [AB 2790 \(Wicks\)](#) Reporting of crimes: mandated reporters.
- E. [Senate Bill \(SB\) 189 \(Committee on Budget and Fiscal Review\)](#) State Government.
- F. [SB 1237](#) (Newman) Licenses: military service.
- G. [SB 1434](#) (Roth) State Board of Chiropractic Examiners: directory.

Action Requested

The Board will be asked to review and discuss pending legislation.

Overview of Pending Legislation

Bill	Author	Title	Status	Current Board Position
AB 646	Low	Department of Consumer Affairs: boards: expunged convictions.	In Senate – Referred to Appropriations Committee suspense file on 8/2/2022	Watch
AB 1662	Gipson	Licensing boards: disqualification from licensure: criminal conviction.	In Senate – Referred to Appropriations Committee suspense file on 8/8/2022	Support If Amended
AB 1733	Quirk	State bodies: open meetings.	Not moving forward this year	Support
AB 2790	Wicks	Reporting of crimes: mandated reporters.	In Senate – Referred to Appropriations Committee suspense file on 8/2/2022	No Position
SB 189	Committee on Budget and Fiscal Review	State Government.	Approved by Governor on 6/30/2022	N/A

Update on Legislation
August 18-19, 2022
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Bill	Author	Title	Status	Current Board Position
SB 1237	Newman	Licenses: military service.	In Assembly – Read Second Time and Ordered to Consent Calendar on 8/4/2022	Watch
SB 1434	Roth	State Board of Chiropractic Examiners: directory	In Assembly – Referred to Appropriations Committee suspense file on 8/3/2022	Support

Attachment

- Memo with Analysis of Legislation



MEMORANDUM

DATE	August 11, 2022
TO	Members of the Board of Chiropractic Examiners
FROM	Kristin Walker, Executive Officer
SUBJECT	Analysis of 2022 Legislation

The purpose of this memorandum is to provide an update on the 2022 legislation that will be discussed during the August 18-19, 2022 Board meeting.

Hyperlinks to the legislation, status, and analyses are included in this document to ensure access to current information, as legislation is frequently amended.

A. [Assembly Bill \(AB\) 646 \(Low\)](#) Department of Consumer Affairs: boards: expunged convictions.

Status: Senate Appropriations Committee – Referred to suspense file on August 2, 2022

Bill Analyses:

- 07/29/2022 - Senate Appropriations
- 06/25/2022 - Senate Public Safety
- 06/19/2022 - Senate Business, Professions and Economic Development
- 01/25/2022 - Assembly Floor Analysis
- 04/19/2021 - Assembly Appropriations
- 04/06/2021 - Assembly Business and Professions

Next Hearing Date: August 11, 2022

Summary: This bill would require a board within the Department of Consumer Affairs (DCA) that has posted on its online license search system that a person's license was revoked because the person has been convicted of a crime to, within 90 days of receiving a certified copy of an expungement order from the person, either:

- 1) Post notification of the expungement order if the person reapplies for licensure or has been relicensed; or
- 2) Remove the initial posting that the person's license was revoked and information regarding arrests, charges, and convictions, if the person is not currently licensed and does not apply for licensure.

Analysis of 2022 Legislation
August 11, 2022
Page 2

This bill would also require a board to charge a fee of \$25 to cover the reasonable regulatory cost of administering this section, unless there is no cost, and provide a board with authority to adopt regulations to implement this fee.

Background: According to the author's office, "[w]hile an expungement does not eliminate the person's records, it provides a potential opportunity for a rehabilitated individual to secure employment through state licensure. If the individual agrees to not seek to practice in the profession for which the license was revoked, it is fair, provided expungement, to give the individual a chance for a new start." This bill is designed to reduce employment barriers for people with previous criminal records who have been rehabilitated and whose convictions have been expunged through the judicial process.

Staff Comments: Staff is supportive of the intent of this bill to reduce employment barriers but is concerned the bill could conflict with the Board's consumer protection mandate by limiting the disciplinary history information that can be publicly disclosed on the Board's online license search system. It is also not clear if the fee authorized by the bill will be sufficient to cover the additional workload and expenses that will be incurred by the Board.

At the July 16, 2021 Board meeting, the Board took a "watch" position on this bill. The Board voted to maintain this position at the May 20, 2022 meeting.

Staff Recommendation: Maintain WATCH Position

B. AB 1662 (Gipson) Licensing boards: disqualification from licensure: criminal conviction.

Status: Senate Appropriations Committee – Referred to suspense file on August 8, 2022

Bill Analyses: 08/05/2022 – Senate Appropriations
06/25/2022 – Senate Public Safety
06/09/2022 – Senate Business, Professions and Economic Development
05/20/2022 – Assembly Floor Analysis
05/16/2022 – Assembly Appropriations
04/22/2022 - Assembly Business and Professions

Next Hearing Date: August 11, 2022

Summary: This bill would require a board to: 1) establish a process by which prospective applicants may request a preapplication determination as to whether their criminal history could be cause for denial of a completed application for licensure by the board; and 2) publish information regarding its process for requesting a preapplication determination on its internet website. This bill would also authorize a board designated

in Business and Professions Code (BPC) section 144, subdivision (b), to require a prospective applicant to furnish a full set of fingerprints for purposes of conducting a criminal history record check as part of a preapplication determination. In addition, this bill would authorize a board to charge a fee of up to \$50 to administer this section.

Background: According to the author's office, "Californians with criminal records face regulatory barriers that can deter or exclude them from good-paying licensed professions. One of the main barriers that people with criminal records face when trying to apply for a licensed profession is the expensive tuition that comes with training and courses one needs to take, just to find out that they were denied due to their criminal record."

Staff Comments: This bill would require the Board to review criminal conviction information and determine if the applicant's criminal history could be cause for denial of a license to practice chiropractic. Staff estimates this review and determination would cost the Board \$600 in staff compensation per request. Staff anticipates an increase in workload and operating costs associated with the implementation of this bill.

Staff believes this bill would benefit prospective applicants by allowing them to determine if their criminal background may prevent them from obtaining a license as a doctor of chiropractic prior to seeking a chiropractic education. However, staff notes the Board is not currently included in the list of boards and bureaus that are authorized by BPC section 144, subdivision (b), to obtain and receive criminal history information. This will prevent the Board from being able to conduct a thorough, objective background check on a prospective applicant through fingerprinting prior to issuing a determination to the applicant.

At the May 20, 2022 meeting, the Board voted to support this bill if it is amended to authorize the Board to conduct a fingerprint background check for prospective applicants seeking a preapplication determination based on their criminal history information. Staff recommends maintaining this position.

Staff Recommendation: Maintain SUPPORT IF AMENDED Position

C. [AB 1733 \(Quirk\)](#) State bodies: open meetings.

Status: This bill will not be moving forward this year.

Bill Analysis: N/A

Next Hearing Date: N/A

Summary: This bill would specify that a "meeting" held under the Bagley-Keene Open Meeting Act includes a meeting held entirely by teleconference, as defined. This bill would remove existing provisions that require each teleconference location to be

Analysis of 2022 Legislation
August 11, 2022
Page 4

identified in the notice and agenda and accessible to the public, and instead, require the state body to adhere to certain specified requirements, such as: holding all open meetings by teleconference; ensuring the public has the means to hear, observe, and address the state body during the meeting; providing the public with at least one physical location where they can participate; posting the meeting agendas online and at the physical meeting location with information indicating how the meeting can be accessed; and ensuring that if a means of remote participation fails, the meeting must adjourn. This bill would take effect immediately as an urgency statute.

Background: According to the author's office, "[t]he COVID-19 global pandemic has disrupted the way organizations function, just as it has disrupted daily life in general. In 2020, as California's infection rates began to climb, California implemented stay-at-home orders and businesses (both private and public) shut down physical work sites in an attempt to reduce the spread of infection caused by the virus. The lockdown prompted Governor Newsom to issue Executive Order N-29-20, which suspended Bagley-Keene requirements and authorized any local legislative body or state body to hold public meetings via teleconference. This suspension was extended until March 31, 2022. AB 1733 modernizes the teleconferencing statute of Bagley-Keene to encourage more participation and engagement in public service."

Staff Comments: This bill would increase public access to board and committee meetings by requiring both a physical location and a means of remote participation and would allow members of the Board to remotely participate in a meeting from a non-public location, such as their homes or private offices. However, if the means of remote participation fails during a meeting and cannot be restored, the Board must end or adjourn the meeting and comply with various public notification requirements to reconvene the board meeting.

This bill would also eliminate the requirement for the Board to meet at least once per calendar year in northern California and southern California if the Board's meetings are held entirely by teleconference. Staff estimates this bill would result in cost savings to the Board of up to \$20,000 per year by reducing or eliminating the costs associated with Board member and staff travel for meetings.

At the May 20, 2022 meeting, the Board voted to support this bill. Staff will continue to monitor for similar legislation during the next session.

Staff Recommendation: Monitor for Similar Legislation Next Session

D. [AB 2790 \(Wicks\)](#) Reporting of crimes: mandated reporters.

Status: Senate Appropriations Committee – Referred to suspense file on August 2, 2022

Bill Analyses: 07/29/2022 – Senate Appropriations
06/25/2022 – Senate Public Safety
05/24/2022 – Assembly Floor Analysis
05/06/2022 – Assembly Floor Analysis
05/02/2022 – Assembly Appropriations
04/04/2022 – Assembly Public Safety

Next Hearing Date: August 11, 2022

Summary: This bill would, on or after January 1, 2024, remove the requirement that a health care practitioner report to law enforcement when they know or reasonably suspect a patient has suffered physical injury caused by assaultive or abusive conduct, and instead, would require the practitioner to provide brief counseling, education, or other support, and a warm handoff, as defined, or referral to local and national domestic violence or sexual violence advocacy services, as specified.

Background: Existing law, Penal Code section 11160, requires a health care practitioner to make a report to law enforcement by telephone and in writing when they know or reasonably suspect a patient has suffered physical injury that is either self-inflicted, caused by a firearm, or caused by assaultive or abusive conduct, including elder abuse, sexual assault, or torture. Failure to comply with these provisions is punishable as a misdemeanor.

Staff Comments: This bill does not directly impact the Board or its operations. It would affect licensees by updating the current mandatory reporting requirements when a health care practitioner knows or suspects that their patient is experiencing any form of domestic or sexual violence. Staff recommends watching this bill.

Staff Recommendation: WATCH

E. [Senate Bill 189 \(Committee on Budget and Fiscal Review\)](#) State Government.

Summary: This bill was signed by Governor Newsom on June 30, 2022, and reinstates the remote meeting provisions of the Bagley-Keene Open Meeting Act that were in place during the pandemic through July 1, 2023. These changes took effect immediately upon signing.

F. [SB 1237 \(Newman\)](#) Licenses: military service.

Status: In Assembly – Read second time and ordered to consent calendar on August 4, 2022

Bill Analyses: 08/01/2022 - Assembly Appropriations
06/27/2022 - Assembly Military and Veterans Affairs
06/10/2022 - Assembly Business and Professions
05/11/2022 - Senate Floor Analyses
04/25/2022 - Senate Committee on Military and Veterans Affairs
03/31/2022 - Senate Business, Professions and Economic Development

Next Hearing Date: N/A

Summary: This bill would clarify the definition of “active duty” for purposes of an individual called to active duty as a member of the United States Armed Forces or the California National Guard to be eligible for a waiver of renewal fees, continuing education requirements, and other renewal requirements of DCA boards and bureaus.

Background: AB 1588 (Atkins, Chapter 742, Statutes of 2012) authorized DCA entities to provide waivers from professional license renewal fees and continuing education requirements for active duty members of the United States Armed Forces. The waivers do not apply to entities that have a similar statutorily authorized renewal waiver process for military personnel. A 2013 memo issued by DCA designed to assist programs in implementing AB 1588 noted, “Legislative notes indicate that Section 114.3 presupposes a service member’s temporary change in lifestyle and circumstance whereby the fulfillment of renewal requirements like continuing education and the submittal of fees would be near impossible. The waiver applies equally to those reservists called up to active duty, or to career active duty military personnel that are ordered to a change in circumstance. Not all career military licensees that fall under the broader definition of ‘active’ military by working full time, then, would be eligible for the waiver. Only career active-duty licensees that have a temporary change in assignment to a remote location in order to perform a military task would qualify for the waiver. Conversely, those military personnel that have orders to serve in a permanent, career position at a base are not ‘called to active duty’ within the meaning of the exemption...The granting of military renewal waivers, however, should be reserved for what is commonly referred to as a ‘TOY’ or temporary duty assignment.” This narrow interpretation has caused confusion and resulted in unintended consequences whereby military personnel have been denied the opportunity to take advantage of waivers if their active duty is longer than a specified timeframe, even as they remain called to active duty.

Staff Comments: Amendments made to this bill on March 30, 2022, removed the provision to waive the renewal fees of a licensee called to active duty if the licensee is

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stationed outside of California. This bill would, instead, clarify that “called to active duty” has the same meaning as “active duty” and also include individuals who are on active duty in the California National Guard. This bill does not impact Board operations at this time.

At the May 20, 2022 meeting, the Board voted to watch this bill.

Staff Recommendation: Maintain WATCH Position

G. [SB 1434 \(Roth\)](#) State Board of Chiropractic Examiners: directory.

Status: Senate Appropriations Committee – Referred to suspense file on August 3, 2022

Bill Analyses: 08/01/2022 - Assembly Appropriations
06/24/2022 - Assembly Business and Professions
05/21/2022 - Senate Floor Analyses
05/06/2022 - Senate Appropriations
04/14/2022 - Senate Business, Professions and Economic Development

Next Hearing Date: August 11, 2022

Summary: This bill would require the Board to: 1) be subject to review by the appropriate policy committees of the Legislature as if the practice act was scheduled to be repealed on January 1, 2027; and 2) include the telephone numbers and email addresses of licensees in the Board’s directory and require licensees to immediately notify the Board of a change of contact information. In addition, this bill would remove specified exemptions from the probation status disclosure requirement for licensees placed on probation by the Board. On June 20, 2022, this bill was amended to include an updated fee schedule and to direct the Board to submit a report to the appropriate policy and fiscal committees of the Legislature that contains an update on the status of the Board’s license fee structure and whether the Board needs to consider plans for restructuring its license fees.

Background: On March 7, 2022, the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions held a Joint Sunset Review Oversight Hearing on the Board’s administration. Prior to the hearing, Committee staff prepared a background paper identifying issues and recommendations for the Board based on the information provided in the Board’s Sunset Review Report.

This is the Board’s sunset bill, and it is intended to improve oversight of chiropractic and chiropractic licensees stemming from the sunset review oversight of the Board and implement legislative changes as recommended by staff of the Committees.

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Staff Comments: This bill extends the Board's oversight review date by four years, modernizes the Board's directory, strengthens consumer protection by ensuring patients are properly notified of a licensee's probationary status and can make informed decisions prior to receiving chiropractic care, and restores balance to the Board's fund through an updated fee schedule.

At the May 20, 2022 meeting, the Board voted to support this bill. Staff recommends maintaining that position.

Staff Recommendation: Maintain SUPPORT Position



Agenda Item 11
August 18-19, 2022

Discussion and Possible Action to Address Licensees Repeating Continuing Education Courses (CCR, Title 16, Sections 361-366)

Purpose of the Item

The Board will discuss whether changes to the Board's current continuing education regulations are necessary to address licensees earning credit for repeating continuing education courses.

Action Requested

The Board will be asked to discuss this topic and consider a motion to either direct staff to develop a regulatory proposal to specifically address this issue or refer the matter to the Continuing Education Committee for inclusion in the comprehensive updates to the Board's continuing education requirements.

Background

The Board's continuing education (CE) requirements are listed in California Code of Regulations (CCR), title 16, section 361. To renew a doctor of chiropractic license in active status, licensees must complete 24 hours of CE, including a minimum of two hours in subdivision (g)(11) - Ethics and Law, and a minimum of four hours in any one of, or a combination of, the subject areas specified in subdivision (g)(3) - History Taking and Physical Examination Procedures, subdivision (g)(5) - Chiropractic Adjustive Techniques or Chiropractic Manipulation Techniques, or subdivision (g)(10) - Proper and Ethical Billing and Coding.

The remaining 18 hours of CE may be met by taking Board-approved courses in any subject area(s) and/or completing courses that are approved by the California Department of Industrial Relations Division of Workers Compensation, or any healing arts board or bureau within Division 2 of the Business and Professions Code or approved by any organization authorized to approve CE by any healing arts board or bureau.

Pursuant to CCR, title 16, section 365, any person who submits an application for reinstatement or restoration of a license which has been revoked, is required to fulfill the CE requirements for each year the license was revoked. Often, the Board observes that petitioners will repeat the same CE course multiple times to meet this requirement rather than completing separate courses from a variety of providers.

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The Board's current regulations do not restrict or prohibit a licensee from earning CE credit multiple times by repeating a course. During this meeting, the Board is asked to discuss this issue and consider the following questions:

1. What is considered a "repeated course"? Would the term apply only to a course taken multiple times within a single renewal cycle, multiple cycles, or indefinitely?
2. Should a licensee/petitioner be able to repeat the same CE course and receive credit for each instance they attend and participate in the course? Should a limit be imposed on the number of times a course can be repeated for credit?
3. How would the restrictions imposed on the repeating of CE courses be enforced? Should the responsibility of ensuring the licensee's compliance be placed on the Board-approved CE provider, the licensee, or both?
4. How would this affect the individuals who apply for reinstatement of a revoked or surrendered license or restoration of a cancelled license and must provide CE credit for multiple renewal cycles?

Attachment

- California Code of Regulations, Title 16, Sections 361-366 (Continuing Education)

California Code of Regulations, Title 16, Section 361. Continuing Education Requirements

(a) For purposes of this section, “implementation date” means two years following June 8, 2011.

(b) For license renewals that expire on or after June 8, 2013, the number of required hours of continuing education courses shall be twenty-four (24). For license renewals that expire prior to June 8, 2013, the number of required hours of continuing education courses shall be twelve (12).

(c) For license renewals that expire on or after June 8, 2013, a maximum of twelve (12) continuing education hours may be completed through distance learning as defined in Section 363.1. For license renewals that expire prior to June 8, 2013, a maximum of six (6) continuing education hours may be completed through distance learning as defined in Section 363.1.

(d) Any continuing education hours accumulated before June 8, 2011 that meet the requirements in effect on the date the hours were accumulated will be accepted by the board for license renewals.

(e) On or after June 8, 2013, licensees shall complete a minimum of two (2) hours in subdivision (g)(11) - Ethics and Law, a minimum of four (4) hours in any one of, or a combination of, the subject areas specified in subdivision (g)(3) – History Taking and Physical Examination Procedures, subdivision (g)(5) – Chiropractic Adjustive Techniques or Chiropractic Manipulation Techniques, or subdivision (g)(10) – Proper and Ethical Billing and Coding.

(f) With the exception of the mandatory hours referenced in subdivision (e), the remaining eighteen (18) hours of additional continuing education requirements may be met by taking courses in any of the subject areas listed in subdivision (g) or courses taken pursuant to subdivision (h). The eighteen (18) hours may include any combination of continuing education courses in subject areas specified in either subdivision (g) or approved by agencies specified in subdivision (h). By way of example, a licensee may take eight (8) hours of continuing education courses in subject areas listed in subdivision (g), that are approved by the board, and ten (10) hours of continuing education courses that are approved by the California Department of Industrial Relations, Division of Workers Compensation pursuant to subparagraph (1) of subdivision (h).

(g) Courses approved by the board shall be limited to the following subject areas:

1. Philosophy of chiropractic, including the historical development of chiropractic as an art and science and health care approach; the vertebral subluxation complex and somato-visceral reflexes including their relationships between disease and health; and other chiropractic theory and philosophy.

2. Instruction in basic sciences of anatomy, histology, neurology, physiology, nutrition, pathology, biochemistry or toxicology.

3. Instruction in various basic to comprehensive history taking and physical examination procedures, including but not limited to orthopedic, neurological and general diagnosis related to evaluation of the neuro-musculoskeletal systems, and includes general diagnosis and differential diagnosis of all conditions that affect the human body.

4. Diagnostic testing procedures, interpretation and technologies that aid in differential diagnosis of all conditions that affect the human body.
5. Chiropractic adjustive techniques or chiropractic manipulation techniques.
6. Pain management theory, including, but not limited to, current trends in treatment and instruction in the physiology and anatomy of acute, sub-acute and chronic pain.
7. Physiotherapy.
8. Instruction in Manipulation Under Anesthesia including the safe handling of patients under anesthesia.
9. Instruction in the aspects of special population care, including, but not limited to, geriatric, pediatric, and athletic care as related to the practice of chiropractic.
10. Instruction in proper and ethical billing and coding, including accurate and effective record keeping and documentation of evaluation, treatment and progress of a patient. This is not to include practice building or patient recruitment/retention or business techniques or principles that teach concepts to increase patient visits or patient fees per case.
11. Ethics and law: including but not limited to: truth in advertising; professional boundaries; mandatory reporting requirements for child abuse/neglect, elder abuse/neglect; spousal or cohabitant abuse/neglect; sexual boundaries between patient and doctors; review of the specific laws, rules and regulations related to the practice of chiropractic in the State of California.
12. Adverse event avoidance, including reduction of potential malpractice issues.
13. Pharmacology, including side effects, drug interactions and the pharmacodynamics of various commonly prescribed and over-the-counter drugs; drug reactions and interactions with herbs, vitamins and nutritional supplements; blood and urinalysis testing used in the diagnosis and detection of disease, including use of and interpretation of drug testing strips or kits utilizing urinalysis, saliva, hair and nail clippings.
14. A licensee may earn up to a maximum of two (2) hours of continuing education credit in cardiopulmonary resuscitation, basic life support or use of an automated external defibrillator.
15. Board Meeting: A licensee may earn a maximum of four (4) hours of continuing education credit per renewal period for attending a full board meeting that includes the hearing of cases related to petitioners seeking the reinstatement of revoked licenses or early termination of probationary licenses. A petitioner may not earn any continuing education hours for attending a board meeting on the same day in which said petitioner's hearing is conducted. The attendance of a licensee at a board meeting under this subparagraph shall be monitored and confirmed by board staff designated by the Executive Officer.
16. Any of the following as related to the practice of chiropractic:
 - A) Principles of practice.
 - B) Wellness. (prevention, health maintenance)
 - C) Rehabilitation.
 - D) Public health.

(h) With the exception of the mandatory courses specified in subdivision (e), the remaining continuing education requirements may be met by taking continuing education courses, including distance learning, that are approved by either of the following:

1) The California Department of Industrial Relations, Division of Workers Compensation.

2) Any Healing Arts Board or Bureau within Division 2 of the Business and Professions Code or approved by any organization authorized to approve continuing education by any Healing Arts Board or Bureau in Division 2 of the Business and Professions Code. (i) The continuing education providers and courses referenced in subdivision (h) do not need to be approved by the Board for credit to be granted nor do they need to meet the requirements contained in Sections 362, 363, and 363.1.

NOTE: Authority cited: Sections 1000-4(b) and 1000-4(e), Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii). Reference: Sections 1000-4(b) and 1000-10(a), Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii).

California Code of Regulations, Title 16, Section 362. Continuing Education Provider Approval, Duties, and Responsibilities

(a) CONTINUING EDUCATION PROVIDER DENIAL AND APPEAL PROCESS: If an application is denied under this section, the applicant shall be notified in writing of the reason(s) for the denial. The applicant may request an informal hearing with the Executive Officer regarding the reasons stated in the denial notification. The appeal must be filed within 30 days of the date of the denial notification.

The Executive Officer shall schedule the informal hearing within 30 days of receipt of the appeal request. Within 10 days following the informal hearing, the Executive Officer shall provide written notification of his or her decision to the denied applicant. If the Executive Officer upholds a denial under this section, the applicant may, within 30 days of the date of the Executive Officer's denial notification, request a hearing before the board to appeal the denial. The Executive Officer shall schedule the requested hearing at a future board meeting but not later than 180 days following receipt of the request. Within 10 days of the hearing before the board, the Executive Officer shall provide written notification of the board's decision to the applicant. The board's decision shall be the final order in the matter.

(b) As used in this section, a provider is an individual, partnership, corporation, professional association, college or any other entity approved by the board to offer board approved continuing education courses to licensees to meet the annual continuing education requirements set forth in Section 361 of these regulations.

(c)(1) To apply to become an approved provider, an applicant shall complete and submit a "Continuing Education Provider Application" form (Revision date 02/10) which is hereby incorporated by reference, and pay the fee specified in Section 360(a). Applications for approval shall be submitted to the board office at least 30 days prior to a scheduled board meeting. Providers with applications that are incomplete will be notified of the deficiencies in writing within three (3) weeks from the date of receipt. Complete applications will be reviewed at the

scheduled board meeting and notification of the board's decision will be provided in writing within two (2) weeks following the board meeting.

(2) The approval of the provider shall expire two (2) years after it is issued by the board and may be renewed upon the filing of the "Continuing Education Provider Application" form (Revision date 02/10) and fee specified in Section 360(b).

(3) Providers who were approved by the board prior to June 8, 2011 of this regulation shall renew their provider status two years from June 8, 2011 by filing of the "Continuing Education Provider Application" form (Revision date 02/10) and fee specified in Section 360(b).

(4) The board will not process incomplete applications nor applications that do not include the correct application fee.

(d) Providers shall:

(1) Identify an individual responsible for overseeing all continuing education activities of the provider.

(2) Provide a course roster to the board, within 30 days, upon written request. Course rosters shall include the names of all licensees, license numbers, and e-mail addresses if available. Failure to submit the roster upon written request within thirty (30) days may result in the withdrawal or denial of previous course approval and withdrawal of provider status. Providers shall maintain the course roster for four (4) years from the date of completion of the course.

(3) Maintain course instructor curriculum vitae or resumes for four (4) years.

(4) Disclose to prospective participants the names of the individuals or organizations, if any, who have underwritten or subsidized the course. Providers may not advertise, market, or display materials or items for sale inside the room while the actual instruction is taking place. Nothing in this section shall be interpreted to prohibit a provider from mentioning a specific product or service solely for educational purposes.

(5) Inform the board in writing immediately of any change to the date, time or location of the course.

(6) Provide a certificate of completion to licensees within 30 days following completion of the continuing education course. Providers shall retain records of course completion for four (4) years from the date of completion and provide records of completion to the Board within thirty (30) days, upon written request. The certificate shall include the following information:

(A) Name and address of provider.

(B) Course title.

(C) Course approval number.

(D) Date(s) and location of course.

(E) Licensee name.

(F) License number.

(G) Printed name and signature of the provider's designated representative.

(H) Number of hours the licensee earned in continuing education, including the type of mandatory hours, and whether the hours were obtained in classroom instruction or distance learning.

(e) The Executive Officer, after notification, may withdraw approval of any continuing education provider for good cause, including, but not limited to, violations of any provision of the regulation or falsification of information, and shall provide written notification of such action to the provider. The provider may request an informal hearing with the Executive Officer regarding the reasons for withdrawal of approval stated in the Executive Officer's notification. The appeal must be filed within 30 days of the date of the notification. The Executive Officer shall schedule the informal hearing within 30 days of receipt of the appeal request. Within 10 days following the informal hearing, the Executive Officer shall provide written notification of his or her decision to the provider. If the Executive Officer upholds his or her decision under this subsection, the provider may, within 30 days of the date of the Executive Officer's notification, request a hearing before the board to appeal the Executive Officer's decision. The Executive Officer shall schedule the requested hearing at a future board meeting but not later than 180 days following receipt of the request. Within 10 days of the hearing before the board, the Executive Officer shall provide written notification of the board's decision to the provider. The board's decision shall be the final order in the matter.

NOTE: Authority cited: Sections 1000-4(b) and 1000-4(e), Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii). Reference: Sections 1000-4(b) and 1000-10(a), Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii).

California Code of Regulations, Title 16, Section 363. Approval of Continuing Education Courses

(a) Providers must complete and submit a "Continuing Education Course Application" form (Revision date 02/10) which is hereby incorporated by reference, and pay the nonrefundable application fee as provided by Section 360(c) at least 45 days prior to the date of the course. Providers shall submit and complete one application for each continuing education course being offered.

(b) A "course" is defined as an approved program of coordinated instruction in any one of the subject areas as defined in Section 361(g) and given by an approved Provider. Once approved, a course may be given any number of times for one year following approval, with the single continuing education course fee paid one time annually by the provider. A course may not consist of more than one subject area as defined in Section 361(g).

(c) The following documentation shall be submitted with each Continuing Education Course Application:

(1) An hourly breakdown of the continuing education course;

(2) A final copy of the syllabus/course schedule including seminar name, date and location of seminar, instructor(s) name, course description, educational objectives, teaching methods, course schedule/outline, recommended reading, disclosure of expenses underwritten or subsidized by vendors of any goods, and supplies or services;

(3) A copy of the course brochure and all other promotional material to be used;

(4) A curriculum vitae for each instructor including the instructor's name and address; the type of educational degree including the name of the college and year the degree was received; license information including status and name of licensing agency; certification including status and name of certifying agency; the type, location and years of practical experience; the type, location and years of teaching experience; the type, location and years of research experience; the type, location and years of other relevant experience; and the title, journal, and date of publications.

(d) DENIAL AND APPEAL PROCESS: If a course application is denied under this section, the applicant shall be notified in writing of the reason(s) for the denial. The applicant may request an informal hearing regarding the reasons stated in their denial notification, with the Executive Officer. The appeal must be filed within 30 days of the date of the denial notification.

The Executive Officer shall schedule the informal hearing within 30 days of receipt of the appeal request. Within 10 days following the informal hearing, the Executive Officer shall provide written notification of his or her decision to the denied applicant. If the Executive Officer upholds a denial under this section, the applicant may, within 30 days of the date of the Executive Officer's denial notification, request a hearing before the board to appeal the denial. The Executive Officer shall schedule the requested hearing at a future board meeting but not later than 180 days following receipt of the request.

Within 10 days of the hearing before the board, the Executive Officer shall provide written notification of the board's decision to the applicant. The board's decision shall be the final order in the matter.

(e) Only those courses that meet the following shall be approved:

(1) No more than twelve (12) hours of continuing education credit shall be awarded to an individual licensee for coursework completed on a specific date.

(2) Each hour of continuing education credit shall be based on at least fifty (50) minutes of participation in an organized learning experience. Class breaks shall be at the discretion of the instructor and shall not count towards a course hour. Providers shall furnish a sign-in sheet that contains the course date(s), each licensee's name, license number, and designated space for each licensee to sign in at the beginning and conclusion of the course each day. Furthermore, the form shall state that a licensee by signing their name on that sheet, is declaring under penalty of perjury, that they personally attended the stated course, on the listed date(s) and they personally attended the listed hours of course work. Each licensee shall be responsible for signing the "sign-in sheet" at the start and conclusion of each day's coursework, and failure to do so may invalidate credit for that day's coursework. Providers shall retain sign-in sheets for four (4) years from the date of course completion and shall provide copies to the Board within thirty (30) days upon written request.

(f) The board shall not approve the following subjects for continuing education courses: financial management, income generation, practice building, collections, self-motivation, and patient recruitment.

(g) If a provider makes a substantive change in content of an approved course, he or she shall notify the board as soon as possible of the changes prior to giving the course. A new application may be required as determined by the Executive Officer.

(h) The Executive Officer, after notification, may withdraw approval of any continuing education course for good cause, including, but not limited to, violations of any provision of this regulation or falsification of information and shall provide written notification of such action to the provider. The provider may request an informal hearing with the Executive Officer regarding the reasons for withdrawal of approval stated in the Executive Officer's notification. The appeal must be filed within 30 days of the date of the notification. The Executive Officer shall schedule the informal hearing within 30 days of receipt of the appeal request. Within 10 days following the informal hearing, the Executive Officer shall provide written notification of his or her decision to the provider. If the Executive Officer upholds his or her decision under this subsection, the provider may, within 30 days of the date of the Executive Officer's notification, request a hearing before the board to appeal the Executive Officer's decision. The Executive Officer shall schedule the requested hearing at a future board meeting but not later than 180 days following receipt of the request. Within 10 days of the hearing before the board, the Executive Officer shall provide written notification of the board's decision to the provider. The board's decision shall be the final order in the matter.

NOTE: Authority cited: Sections 1000-4(b), and 1000-4(e), Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii). Reference: Sections 1000-4(b), and 1000-10(a), Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii).

California Code of Regulations, Title 16, Section 363.1. Distance Learning Courses

In addition to the applicable requirements of Sections 362 and 363, providers of continuing education courses offered through distance learning formats, including, but not limited to, computer, Internet, manuals, compact disks, digital video, versatile discs, and audio and video tapes, shall meet all of the following:

- (a) Disclose course instructors' curriculum vitae or resumes.
- (b) Explain the appropriate level of technology required for a student licensee to successfully participate in the course.
- (c) Make available technical assistance as appropriate to the format.
- (d) Contain security measures to protect the learner's identity, course and related content from unauthorized access.
- (e) Establish a deadline for completion.
- (f) Review instructional materials annually to ensure the content is current and relevant.
- (g) The continuing education provider shall notify the licensee when he or she is leaving a continuing education site and directed to a promotional or sponsored site. Course material may not endorse manufacturers, distributors, or other sellers of chiropractic products or services.

Nothing in this section shall be interpreted to prohibit a provider from mentioning a specific product or service solely for educational purposes.

NOTE: Authority cited: Sections 1000-4(b) and 1000-4(e), Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii). Reference: Section 1000-4(b) and 1000-10(a), Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii).

California Code of Regulations, Title 16, Section 364. Exemptions and Reduction of Requirement

A licensee may qualify for a full or partial exemption, from the continuing education requirements of Section 361 if a licensee meets any of the criterion listed below:

- (a) A licensee who holds a license on inactive status is not required to complete continuing education on an annual basis; however, they must provide proof of completion of the required continuing education hours prior to activating their license as specified in Section 371(f);
- (b) A new licensee is exempt from continuing education requirements in the year of initial licensure;
- (c) An instructor who has taught for one (1) year and currently teaches core curriculum courses for more than eight (8) credit hours per week at any Council on Chiropractic Education accredited college for at least six (6) months during any license renewal period year shall be exempt from continuing education.
- (d) A licensee who teaches a board approved continuing education course may earn one (1) hour of continuing education credit for each hour of lecture up to 24 hours per year.
- (e) Notwithstanding Section 361(c), a licensee who is unable to attend continuing education courses due to a physical disability and provides written certification from a primary health care provider may earn all 24 hours of continuing education credits for the period of the license renewal through Board-approved distance learning courses as defined in Section 363.1.
- (f) A licensee who participates as an examiner for the entire part four portion of the National Board of Chiropractic Examiners (NBCE) examinations shall receive a maximum of six (6) hours of continuing education credit for each examination period conducted by the NBCE during the license renewal period. The licensee must provide written certification from the NBCE confirming the licensee has met the requirements of this subsection.
- (g) An active Board Members. A professional board member who has served one full year on the Board of Chiropractic Examiners shall be exempt from the continuing education requirement in each year of board member service.
- (h) Notwithstanding Section 361(c), a licensee on active duty with a branch of the armed forces of the United States shall be permitted to take all twenty-four (24) hours of required continuing education through board-approved distance learning courses as defined in Section 363.1.

NOTE: Authority cited: Sections 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii).

Reference: Sections 1000-4(b) and 1000-4(e), Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii).

California Code of Regulations, Title 16, Section 365. Revoked Licenses

Any person making application for reinstatement or restoration of a license which has been revoked shall be required to fulfill the continuing education requirements for each year the license was revoked and may be required to complete an approved course of continuing education, or to complete such study or training as the board deems appropriate.

NOTE: Authority cited: Section 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii).

Reference: Sections 1000-4(b), 1000-4(e) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California Stats. 1923 p. 1xxxviii).

California Code of Regulations, Title 16, Section 366. Continuing Education Audits

The Board shall conduct random audits to verify compliance with Continuing Education requirements of active licensees. Licensees shall secure and retain certificates of completion issued to them at the time of attendance of approved Continuing Education courses for a period of four (4) years from their last renewal and shall forward these documents to the Board upon request.

Licensees who fail to retain certificates of completion shall obtain duplicate certificates, from approved Continuing Education providers, who shall issue duplicates only to licensees whose names appear on the providers' rosters of course attendees. The certificates of completion shall be clearly marked "duplicate" and shall contain the information specified in Section 362(d)(6).

Licensees who furnish false or misleading information to the Board regarding their Continuing Education hours shall be subject to disciplinary action. Providers who provide false or inaccurate verification of a licensee's participation may lose their provider status for up to ten (10) years, at the discretion of the Executive Officer. The full board's ruling, as described in Section 362(e), shall be the final order on the matter.

The board or its designee shall not be restricted from inspecting, observing, or auditing any approved chiropractic course in progress, at no charge.

The board, at its discretion, may contact attendees after a continuing education course as part of the board's auditing process to obtain information regarding the quality and content of the course.

NOTE: Authority cited: Section 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii).

Reference: Sections 1000-4(b), 1000-4(e) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii).



Agenda Item 12
August 18-19, 2022

Discussion and Possible Action on the Frequency and Scheduling of Board Meetings

Purpose of the Item

The Board will discuss whether changes are necessary to the frequency and process of scheduling Board meetings.

Action Requested

The Board is asked to discuss the frequency and scheduling of Board meetings, a tentative 2023 meeting schedule, and preferences for in-person, teleconference meetings, or hybrid meeting formats.

Background

At the May 20, 2022 meeting, the Board expressed an interest in discussing the frequency and scheduling of meetings.

Typically, at the last meeting of the calendar year, the Board identifies and approves quarterly meeting dates for the next calendar year. Occasionally, other circumstances such as urgent legislation or the need to deliberate on pending disciplinary actions, necessitate additional meetings with limited notice.

The following provisions apply to the frequency and scheduling of Board meetings:

- The Board is required to meet at least twice each calendar year (Chiropractic Initiative Act (ACT) section 6, subd. (b)).
- The Board is required to meet at least once in Northern California and once in Southern California (Business and Professions Code (BPC) section 101.7).
- Elections of Board officers are to take place annually at the January Board meeting (ACT section 3).
- It is recommended that the Board hold at least one meeting each calendar year at a California chiropractic college (Board Member Administrative Procedure Manual).
- The Board must give at least 10 days written notice of each meeting by mail, email, or both, and must be posted to the Board's website (Government Code (GOV) section 11125).

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- The Board must meet in closed session and act within 100 days of receipt of an administrative law judge's proposed decision in contested disciplinary cases (GOV section 11517, subd. (c)).
- Until July 1, 2023, the Board can hold all meetings through teleconference so long as they are accessible telephonically or electronically to all members of the public. The identification of participating Board members' locations is currently not required (GOV section 11133).

At this meeting, the Board is asked to discuss the frequency and scheduling of meetings and any preferences for meeting formats. In addition, staff suggests the Board consider developing a tentative meeting schedule for 2023.

Attachment(s)

N/A