



**BOARD OF CHIROPRACTIC EXAMINERS
LICENSING COMMITTEE
MEETING MINUTES
October 3, 2022**

In accordance with the statutory provisions of Government Code section 11133, the Licensing Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events with no physical public locations on October 3, 2022.

Committee Members Present

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

Staff Present

Kristin Walker, Executive Officer
Dixie Van Allen, Licensing & Administration Manager
William Walker III, Enforcement Manager
Amanda (Campbell) Ah Po, Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

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

Dr. Daniels called the meeting to order at 12:00 p.m. Ms. Cruz called the roll. All members were present, and a quorum was established.

2. Update on Board's Licensing Program

Ms. Walker updated the Committee on the Business Modernization Project, also known as Connect. On July 1, 2022, the Board added functionality to the system to waive the application and initial license fees for spouses of active-duty members of the military who are assigned to a duty station in California and hold a current license to practice in another state, as required by Business and Professions Code (BPC) section 115.5. In August 2022, the Board implemented the Department of Health Care Access and Information (HCAI) health workforce data survey for licensees to complete during their electronic license renewal process, as required by BPC section 502.

Ms. Walker explained the Board is currently in the maintenance and operations phase of this project and has been focusing on system enhancements to: increase the system utilization rate by licensees; simplify the online renewal process; make the user dashboard easier and more intuitive to navigate; provide the ability for licensees to store their continuing education records in the system; and prominently display a list of links, resources, and contact information for each of the Board's units on the user dashboard.

Dr. Daniels asked if licensees were aware they could renew online. Ms. Walker replied after the improvements have been implemented, staff will work closely with DCA to

encourage licensees to register for and use the Connect system, rather than filing paper applications.

Ms. Walker advised the Committee that Senate Bill 1434 (Roth, Chapter 623, Statutes of 2022) will become effective January 1, 2023, and will implement a new fee schedule and require licensees to file their telephone numbers and email addresses with the Board. Staff are working with DCA to make necessary updates to the license renewal notifications, and the Connect system allows licensees to update their telephone numbers and email addresses directly with the Board in real-time.

Ms. Walker also shared that staff has been reviewing existing manual, paper-based licensing processes to identify and remove any duplicative or unnecessary steps, improve timeframes, and prepare for the integration of some of those processes into the Connect system.

Dr. Daniels asked if Ms. Walker anticipates any challenges or problems with implementing those processes in Connect. Ms. Walker explained the original plan was to build HTML applications for each of the Board's existing functions but due to resource limitations, staff is now focusing on creating a convenient online portal for the miscellaneous application types where users can upload a completed application and pay the appropriate fee.

Dr. Daniels asked if the number of inactive licensees was identified or represented in the licensing population data in the meeting materials. Ms. Walker replied the number of inactive licensees is not listed separately in the data and offered to include that data in the next report to the Committee. She also noted it may be helpful for the Committee to review data on the number of licenses in forfeiture and canceled status.

Public Comment: None.

3. Review, Discussion, and Possible Recommendation Regarding Submission of Comments Regarding Proposed Revisions to Council on Chiropractic Education (CCE) Accreditation Standards and CCE Residency Program Accreditation Standards

Ms. Walker stated the Board was notified on September 1, 2022, that CCE is conducting a 60-day public comment period through October 31, 2022, regarding proposed revisions to the CCE accreditation standards and the residency program accreditation standards. She shared that staff reviewed the proposed revisions and had some concerns with the "Examples of Evidence" being moved to a guidance document without that document being available for concurrent review.

Dr. Daniels shared a similar concern regarding the "Examples of Evidence" guidance document. She also noted Meta-Competency 1 (Assessment & Diagnosis) includes the phrase "perform a case-appropriate examination" within Curricular Objective C and Outcome 2, but the term "case-appropriate examination" is not clearly defined. She

further explained that within Meta-Competency 2 (Management Plan), in addition to training to “Determine the need for emergency care, referral, and/or collaborative care,” students should also be trained in emergency procedures and the risks and complications of chiropractic care. In addition, the outcomes for this meta-competency should include that students are able to demonstrate their knowledge of red flags and how to proceed in emergency situations and/or when red flags have been identified. Dr. Daniels recalled how licensees’ failure to perform a complete examination, identify red flags, or take appropriate action in an emergency situation often result in disciplinary matters before the Board.

Under Meta-Competency 3 (Health Promotion and Disease Prevention), Ms. Cruz questioned the rationale of removing “appropriate hygiene in a clinical environment” from the curricular objectives and replacing it with “the importance of primary, secondary, and tertiary prevention in population health, including health promotion, disease prevention, and screening” while keeping “apply appropriate hygiene practices” in the outcomes.

Public Comment: None.

4. Review, Discussion, and Possible Recommendation Regarding the Application for New Chiropractic College Approval by Keiser University - College of Chiropractic Medicine

Ms. Walker informed the Committee that the Board received an application for approval of a new chiropractic college, Keiser University - College of Chiropractic Medicine (KUCCM), which offers a doctor of chiropractic degree program at its main campus in West Palm Beach, Florida, and received its initial accreditation from CCE in January 2019. She noted the following deficiencies or discrepancies in the application when compared to the prescriptive requirements within the Board’s regulations:

1. KUCCM does not have physiology labs or 660 hours of “true” electives. (California Code of Regulations [CCR], title 16, section 331.12.2(b) and (c))
2. KUCCM does not currently quantify 250 patient treatments, written interpretation of at least 30 x-ray views, or 518 hours of practical clinical experience. (CCR, title 16, section 331.12.2(b) and (e)(2-4))
3. The current graduate catalog and course syllabi state students must attend 80% of classes in order to be considered to sit for the final examination(s). CCR, title 16, section 331.11(f) requires presence in class at least 90% of the time to obtain credit for a course unless evidence of illness or other excusable reasons can be submitted.
4. KUCCM does not offer clinical experience in psychological counseling. (CCR, title 16, section 331.12(e))

Dr. Daniels noted potential concerns with the deficiencies in the clinical experience and x-ray interpretations, as those skills are necessary for a doctor of chiropractic's role as a primary care provider. She also indicated the importance of physiology labs and elective hours. Dr. Daniels emphasized the patient-centered approach to care and the recommendations for lifestyle and nutritional changes that are provided through chiropractic treatment. Ms. Walker thanked Dr. Daniels for her feedback and perspectives on comprehensive patient care and practical clinical experience.

Public Comment: None.

5. Review, Discussion, and Possible Recommendation Regarding Existing Requirements for Filing Practice Addresses with the Board and Displaying Licenses or Satellite Certificates at Places of Practice (California Code of Regulations, Title 16, Sections 303 and 308)

Ms. Ah Po presented the topic of satellite certificates to the Committee to begin the discussion of whether changes are necessary to the existing regulations regarding licensees' additional places of practice, otherwise known as satellite offices. CCR, title 16, sections 303 and 308 require each licensee to file their proper and current place of practice address and each sub-office with the Board and display their license or satellite certificate in a conspicuous place at the location. However, a place of practice is not currently defined, and the regulations do not address temporary practice settings, such as sporting events or fairs, house calls, mobile clinics, and consultations at other facilities. Additionally, unless a licensee has an established chiropractic corporation, licensees are only required to file their practice address with the Board, not the name of the practice, which makes it challenging for the Board and the public to access this information. Currently, there is no clear way through the Board or DCA License Search to identify all licensees who practice at a specific location. The Board and consumers must then rely on the licensees' websites to determine this information. Ms. Ah Po also shared information with the Committee on how the California Acupuncture Board, the Dental Board of California, the Medical Board of California, the Osteopathic Medical Board of California, and the Physical Therapy Board of California handle multiple practice locations.

Dr. Daniels stated she was aware of the frustration some larger businesses were experiencing regarding the satellite certificate requirement in situations where many licensees are staffed within one company and travel to events or are rotated between locations. She agreed that more flexibility is needed while still ensuring the public is safe, comfortable, and has access to information regarding the treating provider after they receive care, particularly after receiving an adjustment at a sporting event, fair, or locum tenens scenario.

Dr. Daniels indicated the other healing arts boards' regulations did not offer much guidance, as none of the models would work for the Board's licensing population without changes. Dr. Daniels suggested a third category of certification for mobile

chiropractic, where that certification would be attached to a primary or satellite address with a QR code printed on the certificate, so the public is better able to scan and obtain their license information.

Ms. Walker noted this is the first time the issue has been discussed by the Committee and there are many different options to discuss and consider. One key issue is that mobile practices, house calls, or temporary fill-in situations are not addressed in regulation nor is a “place of practice” defined. She offered one potential solution of a location-based facility permit that identifies all licensees practicing at a specific location but with just one authorized individual who is responsible for the permit renewal and updates.

Ms. Walker suggested the Committee begin with defining the term “place of practice” and asked if mobile practices would be considered a “place of practice.” Dr. Daniels responded affirmatively but noted a mobile practice may not be associated with any physical location. However, the Board and the public must have a method to contact the licensee if there are any questions or complaints.

Ms. Walker stated the Committee will be asked at a future meeting to discuss public posting requirements to ensure the public is aware that licensees are regulated by the Board. This could be a notice posted to the wall, similar to other healing arts professions such as in dental or medical offices, or through paperwork and handouts, which would benefit public awareness in mobile chiropractic settings. Ms. Walker added the Enforcement Committee will be discussing updates to the Disciplinary Guidelines, including an optional probationary condition that restricts a probationer from practicing in a mobile setting when warranted for public safety purposes.

Dr. Daniels indicated the different practice settings will need to be defined and categorized. She suggested defining primary physical practice locations where the doctor of chiropractic license can be displayed, satellite certificates for licensees who travel to multiple physical locations, and mobile certificates for temporary practice settings such as sporting events or fairs. She also noted that mobile certificates should only be issued to active licensees who are not currently on probation. Ms. Walker agreed and suggested staff draft definitions for a “place or practice” and these practice settings so the Committee can continue its discussion. Dr. Daniels agreed and believed these changes could simplify the satellite office certificate process for licensees and staff and modernize this function.

Public Comment: None.

6. Public Comment for Items Not on the Agenda

Ms. Ah Po summarized a written public comment received from Falkyn Luouxmont, a student at Life Chiropractic College West. Mr. Luouxmont requested the Board consider an addendum to CCR, title 16, section 331.12.2, subdivision (e), which requires students to complete a minimum of 250 patient treatments or visits, including diagnostic

procedures, chiropractic adjustive technique, and patient evaluation, to receive credit for the encounter. Mr. Luouxmout requested the Board and Licensing Committee consider awarding students with partial credit if chiropractic adjustive technique was not performed during the visit due to circumstances where no subluxation was indicated during the patient examination or while utilizing another technique, such as the National Upper Cervical Chiropractic Association (NUCCA), versus the diversified technique.

Public Comment: Mr. Luouxmout agreed with the summary of his written comment and added that due to the protocol he uses, when patients return, no subluxation is identified and no adjustment is performed. As a result, he does not receive any credit for the patient visit and examination. He stated he will not be able to graduate unless the Board amends its regulations.

7. Future Agenda Items

Dr. Daniels requested the Committee discuss the following items at a future meeting: 1) a potential reduction of the renewal fee amount for inactive licenses and conducting a survey of licensees' opinions on the issue; 2) requirements for licensure in California through reciprocity; and 3) clinical requirements for chiropractic students that quantify the number of patient treatments versus visits.

Ms. Walker suggested the Committee also consider discussing the creation of a "retired" license status. Dr. Daniels agreed.

Public Comment: None.

8. Adjournment

Dr. Daniels adjourned the meeting at 1:20 p.m.