



NOTICE OF TELECONFERENCE LICENSING COMMITTEE MEETING

Committee Members

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

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

**Friday, August 25, 2023
11:00 a.m. to 1:00 p.m.**
(or until completion of business)

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

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m79ce0440d3a85cb416dd4cccdf5e3864>

If joining using the link above

Webinar number: 2496 296 0707
Webinar password: BCE08252023

If joining by phone

+1-415-655-0001 US Toll
Access code: 249 629 60707
Passcode: 22308252

Instructions to connect to the meeting can be found at the end of this agenda.

Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the Webex platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXXX@mailinator.com.

Note: Members of the public may also submit written comments to the Committee on any agenda item by Tuesday, August 22, 2023. Written comments should be directed to chiro.info@dca.ca.gov for Committee consideration.

Primary Teleconference Meeting Location

**Department of Consumer Affairs
Stanislaus Room
1625 N. Market Blvd., Suite S-203
Sacramento, CA 95834**

Additional Teleconference Meeting Location

1165 Park Avenue
San Jose, CA 95126

AGENDA

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Review and Possible Approval of May 12, 2023 Committee Meeting Minutes**
- 3. Update on Board's Licensing Program**
- 4. Review, Discussion, and Possible Recommendation Regarding Requirements for Filing Places of Practice with the Board and Notifying the Public of Licensure at Practice Locations and in Mobile Settings (amend California Code of Regulations [CCR], Title 16, section 308 and add CCR, Title 16, section 308.1)**
- 5. Review, Discussion, and Possible Recommendation Regarding Requirements and Limitations for Inactive Licenses (Business and Professions Code sections 700–704 and CCR, Title 16, sections 370 and 371)**
- 6. Review, Discussion, and Possible Recommendation Regarding the Practice of Chiropractic via Telehealth**
- 7. Public Comment for Items Not on the Agenda**
Note: Members of the public may offer public comment for items not on the agenda. However, the Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]
- 8. Future Agenda Items**
Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]
- 9. Adjournment**

This agenda can be found on the Board's website at www.chiro.ca.gov. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to it taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Members of the public will not be permitted to yield their allotted time to other members of the public to make comments. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125 and 11125.7(a)).

The meeting is accessible to individuals with disabilities. A person who 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

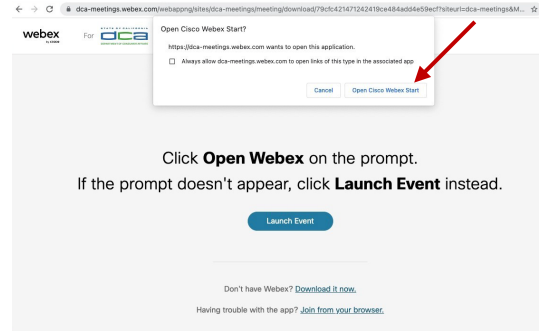
Mailing Address:

Board of Chiropractic Examiners
1625 N. Market Blvd., Suite N-327
Sacramento, CA 95834

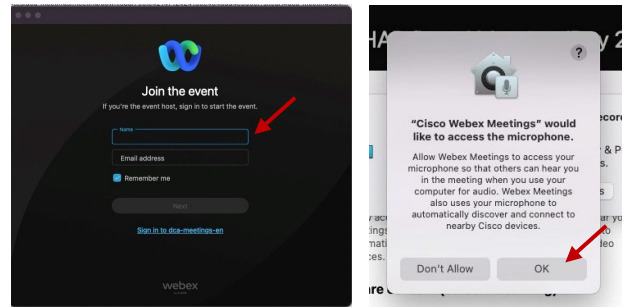
Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

If joining using the meeting link

- 1 Click on the meeting link. This can be found in the meeting notice you received.
- 2 If you have not previously used Webex on your device, your web browser may ask if you want to open Webex. Click "Open Cisco Webex Start" or "Open Webex", whichever option is presented. DO NOT click "Join from your browser", as you will not be able to participate during the meeting.



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

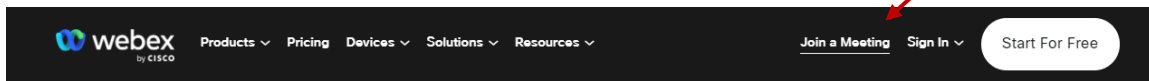


* Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative, and a fictitious email address like in the following sample format: XXXXX@mailinator.com.

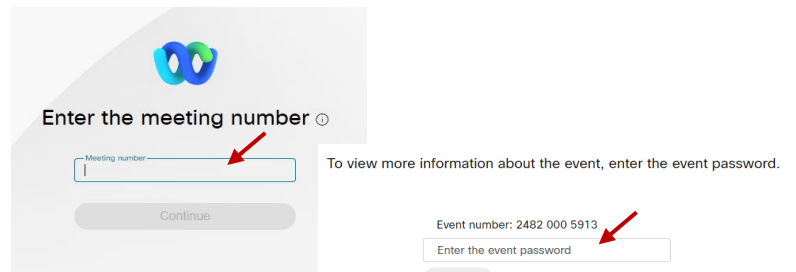
OR

If joining from Webex.com

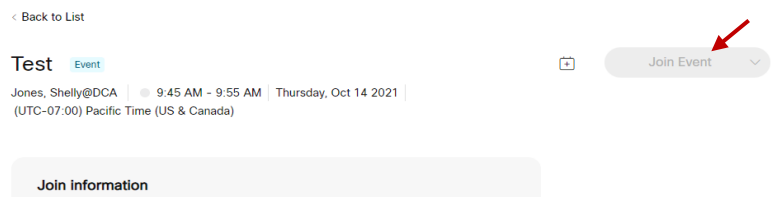
- 1 Click on "Join a Meeting" at the top of the Webex window.



- 2 Enter the meeting/event number and click "Continue". Enter the event password and click "OK". This can be found in the meeting notice you received.



- 3 The meeting information will be displayed. Click "Join Event".



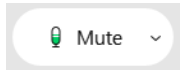
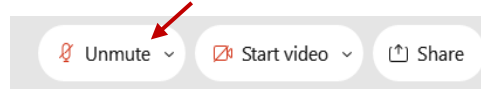
OR

Connect via telephone*:

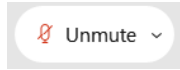
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

Microphone

Microphone control (mute/unmute button) is located on the command row.

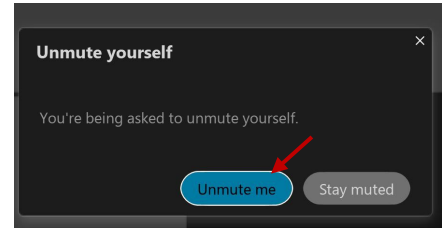


Green microphone = Unmuted: People in the meeting can hear you.



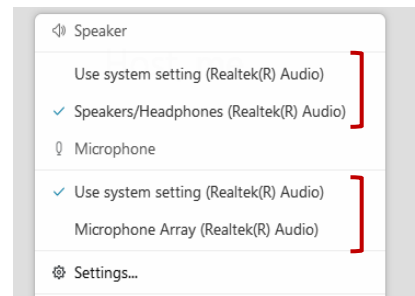
Red microphone = Muted: No one in the meeting can hear you.

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".



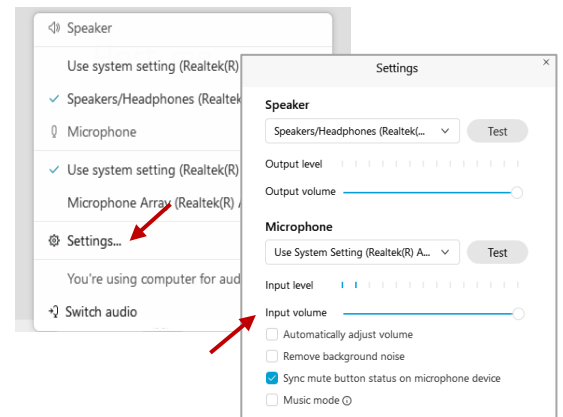
If you cannot hear or be heard

- 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

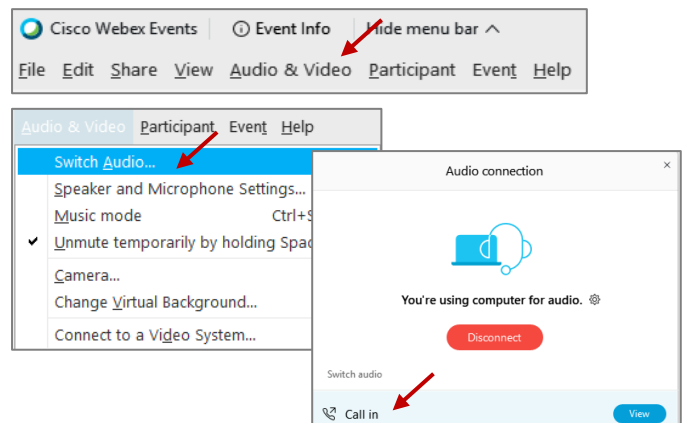
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
 - Click on "Settings...":
 - Drag the "Input Volume" located under microphone settings to adjust your volume.



Audio Connectivity Issues

If you are connected by computer or tablet and you have audio issues or no microphone/speakers, you can link your phone through Webex. Your phone will then become your audio source during the meeting.

- 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.



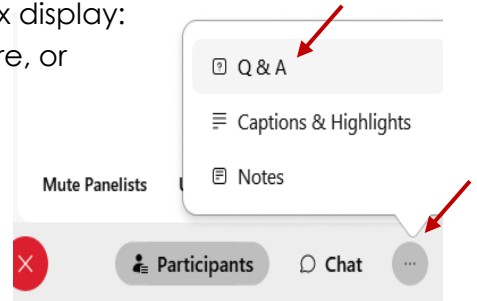
The question-and-answer (Q&A) and hand raise features are utilized for public comments.

NOTE: This feature is not accessible to those joining the meeting via telephone.

Q&A Feature

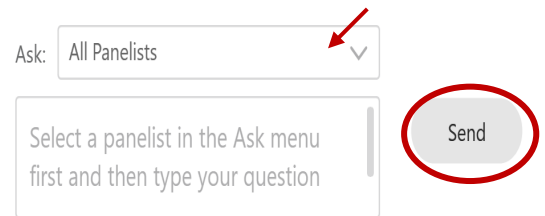
1 Access the Q&A panel at the bottom right of the Webex display:

- Click on the icon that looks like a “?” inside of a square, or
- Click on the 3 dots and select “Q&A”.



2 In the text box:

- Select “All Panelists” in the dropdown menu,
- Type your question/comment into the text box, and
- Click “Send”.



OR

Hand Raise Feature

- 1
- Hovering over your own name.
 - Clicking the hand icon that appears next to your name.
 - Repeat this process to lower your hand.

If connected via telephone:

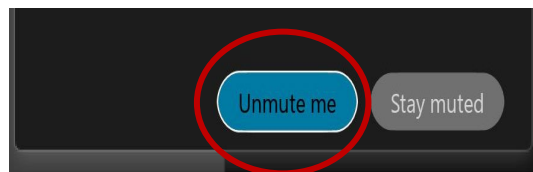
- Utilize the raise hand feature by pressing *3 to raise your hand.
- Repeat this process to lower your hand.

Unmuting Your Microphone



The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

- Click the **Unmute me** button on the pop-up box that appears.

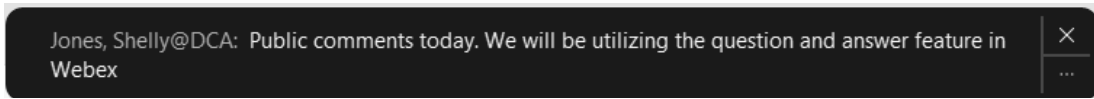


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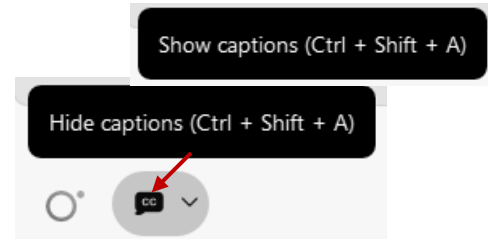
If connected via telephone:

- Press *3 to unmute your microphone.

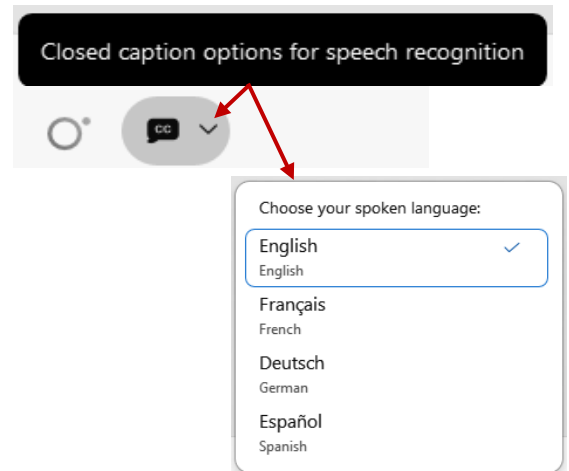
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



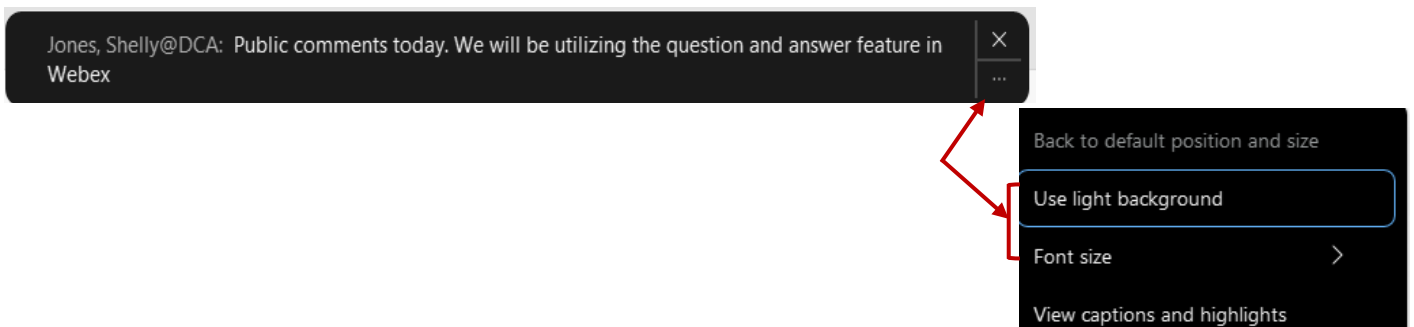
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



You can select the language to be displayed by clicking the drop-down arrow next to the closed captioning icon.



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





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**Agenda Item 1
August 25, 2023**

Call to Order / Roll Call / Establishment of a Quorum

Purpose of the Item

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

Committee Members

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



Agenda Item 2
August 25, 2023

Review and Possible Approval of May 12, 2023 Committee Meeting Minutes

Purpose of the Item

The Committee will review and possibly approve the minutes of the previous meeting.

Action Requested

The Committee will be asked to make a motion to approve the May 12, 2023 Committee meeting minutes.

Attachment

- May 12, 2023 Licensing Committee Meeting Minutes (Draft)



**BOARD OF CHIROPRACTIC EXAMINERS
LICENSING COMMITTEE
MEETING MINUTES
May 12, 2023**

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 May 12, 2023.

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 Ah Po, Enforcement Analyst
Tammi Pitto, Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Steven Vong, Regulatory Counsel, Attorney III, DCA

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

Dr. Daniels called the meeting to order at 10:32 a.m. Ms. Cruz called the roll. All members were present, and a quorum was established.

2. Review and Possible Approval of February 24, 2023 Committee Meeting Minutes

Motion: Dr. Daniels moved to approve the minutes of the February 24, 2023 Licensing Committee meeting.

Second: Ms. Cruz seconded the motion.

Public Comment: None.

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

Motion: Carried.

3. Update on Board's Licensing Program

Ms. Walker updated the Committee on the implementation of the Connect system and shared that refinements were made to the user dashboard in February 2023 and the Board was offered the opportunity to upgrade to the latest version of the Connect

software that will provide additional functionality and customization options. Ms. Cruz asked about the timeline and transition plan for the software upgrade. Ms. Walker explained that staff is continuing to work with the vendor on development activities in the current system while the vendor transitions the Board to the new version of the software over the summer. Dr. Daniels asked about the plan for advertising the Connect system to licensees. Ms. Walker replied that staff plans to begin by distributing email notifications to the Board's subscriber list and sharing the information with the professional associations to distribute to their members. Dr. Daniels asked if staff has a process in place to share information with the professional associations and chiropractic colleges. Ms. Walker stated the Assistant Executive Officer will be tasked with that effort when the position is filled. Dr. Daniels asked if there are any concerns with upgrading the Connect software. Ms. Walker explained the software upgrade will transition the Board to the same platform that the Business Modernization Cohort 2 boards and bureaus have already been using and testing, and the Board's staff will extensively test the software prior to releasing the upgrade. Dr. Daniels shared that she was unable to access the Connect system from her mobile device.

Ms. Walker summarized Assembly Bill (AB) 883 (Mathis), which would require DCA boards and bureaus to expedite the initial licensure process for an applicant who is enrolled in the United States Department of Defense SkillBridge program, and Senate Bill 372 (Menjivar), which would impose mandates on the handling of records and release of information following the receipt of a request for a name or gender change. She also updated the Committee on the eight pending regulatory proposals that affect the Licensing Program:

- Licensing and Regulatory Fees (Changes Without Regulatory Effect: Amend California Code of Regulations [CCR], Title 16, Sections 310.1, 317.1, 321, 323, 360, 362, 363, 367.5, 367.10, 370, and 371): This proposal is being prepared by staff and will ensure that the fee amounts within the Board's regulations are consistent with the fee schedule that became effective on January 1, 2023.
- Addition of Licensee Telephone Numbers and Email Addresses to Board Directory (Amend CCR, Title 16, Section 303): The Board approved the proposed regulatory text at its April 20, 2023 meeting and staff is preparing the regulatory package for this proposal.
- Repeal Sponsored Free Health Care Events (Changes Without Regulatory Effect: Repeal CCR, Title 16, Sections 309–309.4): This action under CCR, title 1, section 100 to repeal the Board's sponsored free health care events regulations was approved by the Office of Administrative Law (OAL) on May 4, 2023.
- Temporary Licensure for Military Spouses and Partners (Amend CCR, Title 16, Section 320): Staff is developing this proposal to update CCR, title 16, section 320 for consistency with the provisions of AB 107 (Salas, Chapter 693, Statutes

of 2021), which requires the Board to issue temporary licenses and satellite certificates to military spouses and partners beginning July 1, 2023.

- Approval of Chiropractic Schools and Educational Requirements (Amend CCR, Title 16, Sections 330–331.16): Staff is developing this proposal to amend the regulations regarding approval of chiropractic colleges to align with the accrediting body, the Council on Chiropractic Education (CCE), and eliminate any unduly prescriptive content.
- Chiropractic College Curriculum Requirements (Amend CCR, Title 16, Section 331.12.2 and Add CCR, Title 16, Section 331.12.3): This proposal will be discussed under Agenda Item 4.
- Order for Physical or Mental Examination of Applicants (Add CCR, Title 16, Section 324): Staff is developing this Consumer Protection Enforcement Initiative (CPEI) proposal to allow the Board to order an applicant to complete a physical or mental examination when evidence exists that the applicant may be unable to practice safely due to a mental or physical condition affecting their competency.
- Chiropractic Practice Locations and Display of License (Amend CCR, Title 16, Sections 306.3 and 308 and Add CCR, Title 16, Section 308.1): Staff is developing this CPEI proposal to update the requirements for filing practice locations with the Board and displaying a license/certificate and notice to patients at each practice location.

Dr. Daniels noted the proposal for temporary licensure of military spouses and partners relates to the last proposal where the Committee is in the process of defining a licensee's place of practice. She also asked about the anticipated volume of applications for temporary licenses. Ms. Walker replied that staff only expects to receive a few temporary license applications per year. She also explained that the challenge with the AB 107 regulatory proposal is that the Board must define the how to obtain a temporary license and satellite certificate in regulations, but the processes for a permanent license and satellite certificate are not clearly addressed in the Board's existing regulations. Dr. Daniels asked how long the temporary license will last and what the license will state. Ms. Walker replied that temporary licenses are valid for up to one year, or until permanent licensure is obtained, whichever occurs first, and the license type will be "temporary doctor of chiropractic." She added that applicants who are licensed in another state can obtain a temporary license after completing a background check process and passing the California Chiropractic Law Examination, and after obtaining the temporary license, staff will work directly with the applicants to obtain the necessary documentation for them to be eligible for a permanent license such as their transcripts and chiropractic college certificates. Dr. Daniels noted the Committee would like to review that regulatory proposal when it is available.

Ms. Walker highlighted the Licensing Program statistics and noted that the volume of doctor of chiropractic licenses and corporation certificates are comparable to prior years while the number of satellite certificates has significantly increased from levels observed during the COVID-19 pandemic. She also shared that staff is making progress on the two Strategic Plan objectives to establish an effective Licensing Committee and review reciprocity requirements to minimize barriers to licensure in California.

Public Comment: Falkyn Luouxmout stated the Board's rules only hold students accountable for demonstration of skill including full spine adjusting in clinic to get a license and the rules do not hold students accountable for the ability to operate within adjusting limits. He asked the Committee to allow partial points for the doctor-tiered procedure that collects data, includes measurements from an evaluation, and indicates no detection of subluxation and no subsequent adjustment is needed. He further asked the Committee to have the CCR, title 16, section 331.12.2 language ready for a vote at the July 20, 2023 Board meeting.

4. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Update the Chiropractic College Curriculum Requirements (amend California Code of Regulations [CCR], Title 16, section 331.12.2 and add CCR, Title 16, section 331.12.3)

Ms. Walker presented this agenda item and explained that at the January 20, 2023 Board meeting, the Board approved the Committee's recommendation to return the pending regulatory proposal regarding chiropractic college curriculum requirements to the Committee for further study and discussion. She shared that in April 2023, she and Drs. Daniels and Paris participated in a discussion with CCE and representatives from some of the chiropractic colleges to address concerns regarding the prescriptive nature of the Board's chiropractic college regulations and Section 5 of the Chiropractic Initiative Act of California (Act). She explained that Section 5 of the Act contains a schedule of minimum educational requirements to be eligible to practice chiropractic in California expressed in eight content areas plus electives as percentages. She added the Board then adopted regulations that mandate a minimum of 4,400 hours of education, which exceeds CCE requirements, define the content areas and minimum number of hours in each area, and provide specific requirements for the clinical program. She shared that the language the Board had approved in July 2020 to amend CCR, title 16, section 331.12.2 and add section 331.12.3 is not sufficient for approval by OAL and asked the Committee to engage in a policy discussion regarding the direction for this proposal.

Dr. Daniels noted that CCE acknowledges in their guidance document that the practice of chiropractic exists in a variety of environments distinguished by different jurisdictional regulations and demands. She explained that the existing curriculum regulatory language is outdated and too prescriptive and should be updated to allow for the progression of chiropractic practice and education while also meeting the unique needs of California with a large, diverse population. She shared that higher education in medicine and nursing is moving toward a model of competency-based education and

entrustable professional activities (EPAs), and while chiropractic does not yet utilize that model, the clinic portion of the training program allows the colleges to ensure that students are competent in all aspects of providing chiropractic care prior to entrusting them to provide healthcare following graduation. She stated the three elements of the clinical encounter – diagnosing, providing a service, and demonstrating the ability to reassess and determine the need for additional care or recognize when maximum medical improvement has been achieved – are essential for demonstrating competency prior to graduation. She also proposed incorporating terms such as “or equivalent” and defining what those terms mean in the regulations as a potential pathway forward.

Dr. Daniels acknowledged CCE’s efforts in developing new meta competencies that are relevant to the Board’s stakeholders and current chiropractic education. She reiterated the need to also incorporate the particular needs of California’s patient population such as education and training in dermatology and pharmacology. Ms. Walker thanked Dr. Daniels for her research and insight into chiropractic education and stated staff will use that information to find a creative solution to put modern standards in place while staying within the confines of Section 5 of the Act.

Dr. Daniels continued that CCE is leading by updating the meta competencies to reflect the essential skill sets for a doctor of chiropractic and the Board needs to further examine and research the specific health concerns of California patients and define the equivalencies of those needs to provide additional pathways to reciprocity. Ms. Walker noted the need to address any gaps or deficiencies for those seeking licensure through reciprocity who did not meet the Board’s entry-level educational requirements. Dr. Daniels replied that other states have developed similar frameworks that could be incorporated into the Board’s regulations and emphasized the need to ensure the regulations reflect the minimum educational needs to serve California’s population as a competent clinician.

Ms. Cruz explained the need to identify and use leading indicators to inform the development of educational and clinical program standards that meet the expected competency level for new graduates entering the profession. Dr. Daniels agreed and reflected on the importance of ensuring applicants have attained the minimum educational requirements to be able to meet the demands and needs of California patients. She also noted CCE is currently revising their standards and the Board’s role is to ensure the regulations protect the health, safety, and welfare of the public. Ms. Cruz asked if any of the other regulations being developed by the other committees may overlap with this proposal. Ms. Walker replied that the Board’s proposed changes to the continuing education regulations and standards to maintain licensure closely relate to the development of the minimum educational requirements for entry into the profession. Dr. Daniels noted the results of the Board’s occupational analysis also relate to this proposal.

Public Comment: Falkyn Luouxmout asked how a doctor–patient relationship proceeds without reaching the limit that flags adjusting toxicity and stated the Veterans Health

Administration indicates that meeting with a patient for detection of subluxation is better than not meeting at all. He stated he hopes that priority is placed on his requested rule edit to CCR, title 16, section 331.12.2 to create a partial point system for such visits.

Ana Facchinato, D.C., Dean of the Los Angeles College of Chiropractic (LACC) within the Southern California University of Health Sciences (SCUHS), thanked the Committee and staff for their work on the chiropractic college curriculum regulations and relayed LACC's support of the discussed changes.

5. Review, Discussion, and Possible Recommendation Regarding Chiropractic College Preceptorship and Postceptorship Clinical Experience Programs

Ms. Pitto provided the Committee with a presentation on the Board's existing process for reviewing and approving preceptor requests and comparing those requirements to the requirements of the chiropractic boards in Arizona and Washington. She highlighted the following points:

- A preceptorship is an optional, college-sponsored clinical program where student interns and recent graduates can gain practical experience in a private chiropractic office under the direct supervision of a licensed doctor of chiropractic who serves as a preceptor.
- Each chiropractic college determines the structure and guidelines for their program. Preceptors must be licensed doctors of chiropractic, carry malpractice insurance, and have no restrictions that would prevent them from serving as a preceptor, such as discipline.
- Forty-four of the 50 states recognize the preceptorship programs offered by chiropractic colleges, and 42 of those states allow interns to adjust. Eighteen states require the preceptor or intern to submit an application for approval to participate in the program.

Ms. Pitto explained CCR, title 16, section 312 prohibits an unlicensed individual from diagnosing, analyzing, or performing a chiropractic adjustment but provides an exemption for students participating in a Board-approved preceptorship program. She stated Business and Professions Code section 1006.5, subdivision (s) authorizes the Board to collect a fee of \$72 from those who apply for approval to serve as a preceptor, but the Board's regulations do not address the application or approval process for these programs so the only existing criteria for denial of a request is an invalid license or a licensee who is currently on probation. She contrasted the Board's existing review process with those in Arizona and Washington and asked the Committee to consider the potential need to develop regulations regarding preceptorship programs, such as rules and responsibilities for colleges, preceptors, and interns; minimum requirements for approval of preceptors; patient notification and/or informed consent; name badge

requirements while on the premises; and time limits on program participation after graduation.

Ms. Walker added further context and explained that the Enforcement Committee is already developing updates to CCR, title 16, section 312, which outlines the role of an unlicensed individual within a practice, and may encounter issues during the regulatory process if the preceptorship programs are not further defined. She proposed potential options ranging from deferring entirely to the chiropractic colleges to vet the programs and preceptors to establishing an application process similar to those in place in other states. She noted the Board is not currently requesting or tracking the timeframes of the interns' involvement in the program, and it may be appropriate to establish a limit for program participation after graduation, such as one year.

Dr. Daniels asked about the Board's ability to regulate these programs. Ms. Walker advised that the Committee begin by defining preceptorship programs and determine the information about the preceptor, student intern, and sponsoring college to collect during the application process. She also suggested outlining the activities that can be performed during preceptorship programs and defining the direct supervision requirements.

Dr. Daniels shared that the application process needs to be updated and suggested obtaining feedback and opinions from the chiropractic colleges on reasonable limits for participation in the postceptorship programs after graduation. She noted the licensure process can be completed in weeks and the Board should assess if there is a reason or ongoing need for postceptorship programs as part of the discussion of this issue.

Ms. Cruz expressed the need to collect some identifying information from the student interns so the Board can positively identify and locate them if needed while reviewing a complaint. Dr. Daniels requested that staff gather information and guidelines for each of the chiropractic college preceptorship programs.

Public Comment: Falkyn Luouxmont stated Life Chiropractic College West (LCCW) is offering preceptorships at its new second campus within Bellevue University in Nebraska. He added the LCCW clinic operator agrees that his requested rule edit to CCR, title 16, section 331.12.2 is needed but acknowledges that it is not within the clinic operator's scope to execute the edit and therefore does not prioritize it. He added the clinic operator is prepared to receive news of the approved edit from the Board and would then subsequently adjust the rules at LCCW for detection of subluxation.

Dr. Facchinato stated that the preceptorship experience is an important piece of LACC's doctor of chiropractic program and students are excited about participating in the program. She also noted the experience provides a great avenue for future employment opportunities for students. She cautioned against having too many restrictive rules for the preceptorship programs and offered to provide any information or support the Committee may need.

Dr. Daniels thanked the public for their comments and noted the Committee's intent is to ensure public safety without imposing overly prescriptive requirements on the programs. She also explained the importance of selecting qualified preceptors due to their role in educating and transitioning students from school into practice, especially as programs move to competency-based education.

6. Public Comment for Items Not on the Agenda

Public Comment: Falkyn Luouxmout stated if the proposed language to amend CCR, title 16, section 331.12.2 is not prepared for the July 20, 2023 Board meeting, then he proposes an agenda item for the Board to reassign some of the positions within the Licensing Committee.

7. Future Agenda Items

Dr. Daniels noted the following topics for future Committee meetings: 1) defining a licensee's place of practice and discussing satellite and mobile settings; 2) further exploring the use of active and inactive licenses, conducting an environmental scan, and potentially developing regulatory language; and 3) continuing the discussion of licensure through reciprocity, including the minimum educational requirements, application and review process, and options for license verification and endorsement.

Dr. Daniels asked if the Board's regulations address telehealth. Ms. Walker replied there are some general statutes regarding telehealth but no Board regulations. Dr. Daniels noted other state boards have adopted regulations for telehealth and proposed a future agenda item to discuss telehealth.

Public Comment: None.

8. Adjournment

Dr. Daniels adjourned the meeting at 12:36 p.m.



**Agenda Item 3
August 25, 2023**

Update on Board's Licensing Program

Purpose of the Item

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

Action Requested

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

Attachment

- Executive Officer's August 18, 2023 Memo to Committee Members Regarding Licensing Program Activities and Statistics



MEMORANDUM

Agenda Item 3 Attachment

DATE	August 18, 2023
TO	Members of the Board of Chiropractic Examiners' Licensing Committee
FROM	Kristin Walker, Executive Officer
SUBJECT	Update on Board's Licensing Program

This report provides an overview of recent Board of Chiropractic Examiners' (BCE) Licensing Program activities and statistics.

BCE Board and Licensing Committee Meetings

The following meetings have been scheduled:

- August 25, 2023 – Licensing Committee (Teleconference)
- October 19–20, 2023 – Board (Southern California)

Business Modernization Project and Implementation of the Connect System

BCE continues to collaborate with the Department of Consumer Affairs (DCA) Office of Information Services (OIS) and three other programs (California Acupuncture Board; Board for Professional Engineers, Land Surveyors, and Geologists; and Bureau for Private Postsecondary Education) in the first cohort of a Business Modernization Project to develop and implement a new application, licensing, and enforcement system known as Connect.

Through three phased software releases from September 2020 through June 2021, BCE implemented these licensing functions:

- Initial license applications (doctor of chiropractic and satellite certificates)
- License renewals (doctor of chiropractic and satellite certificates)
- Address changes and cancellation of satellite certificates
- Online payment for all other paper applications

On July 1, 2022, BCE 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, BCE 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](#).

Through a software release on February 28, 2023, BCE updated the user dashboards for applicants and licensees, provided the ability for licensees to maintain and store their continuing education records in the system, and added a list of BCE links, resources, and direct contact information for each of BCE's units to the user dashboard. In June 2023, BCE added functionality to accept applications for temporary licensure and issue temporary licenses and satellite certificates to military spouses and partners beginning July 1, 2023, as required by [Assembly Bill 107 \(Salas, Chapter 693, Statutes of 2021\)](#).

BCE is currently working with OIS and the vendor to upgrade to the latest version of the Connect software, as well as fully implement cashiering functionality in the system for all business processes and develop the continuing education module to process course applications electronically.

Legislation Affecting Licensing Program

[Assembly Bill 883 \(Mathis\)](#) **Business licenses: United States Department of Defense SkillBridge program.** This bill would require, on or after July 1, 2024, a DCA board to expedite, and authorize the board to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that they are an active duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program.

[Senate Bill 372 \(Menjivar\)](#) **Department of Consumer Affairs: licensee and registrant records: name and gender changes.** This bill would require a DCA board to update a licensee's or registrant's license by replacing references to the former name or gender on the license or registration, as specified, if the board receives documentation, as described, from the licensee or registrant demonstrating that their legal name or gender has been changed. The bill would also require the board to replace references to the licensee's or registrant's former name with their current name or gender, as applicable, and prohibit a board from publishing information relating to the licensee's or registrant's former name or gender online. Instead, the bill would require the board to post an online statement directing the public to contact the board for more information. Further, the board would be prohibited from posting enforcement records online for specified licensees and registrants, but would be required to post an online statement stating that the individual was previously subject to an enforcement action and directing the public to contact the board, as prescribed. The bill would provide that all records related to a request to update an individual's license or registration under these provisions are confidential and not subject to public inspection or disclosure. The

bill would also require a board, if requested by the licensee or registrant, to reissue any license created by the board and conferred upon the licensee or registrant and prohibit a board from charging a higher fee for reissuing a license with an updated legal name or gender than the fee it charges for reissuing a license with other updated information.

Proposed Regulations Affecting Licensing Program

- 1. Licensing and Regulatory Fees (Changes Without Regulatory Effect: Amend California Code of Regulations [CCR], Title 16, Sections 310.1, 317.1, 321, 323, 360, 362, 363, 367.5, 367.10, 370, and 371):** This action under CCR, title 1, section 100 will update the licensing and regulatory fee amounts within the Board's regulations and forms for consistency with the fee amounts codified in BPC section 1006.5. This package is planned to be submitted to the Office of Administrative Law (OAL) in fall 2023.
- 2. Addition of Licensee Telephone Numbers and Email Addresses to Board Directory (Amend CCR, Title 16, Section 303):** This proposal will implement the requirement from [Senate Bill 1434 \(Roth, Chapter 623, Statutes of 2022\)](#) for the Board to include licensees' telephone numbers and email addresses in the Board's directory and clarify the requirement for the filing of a public "address of record." The Board approved the proposed regulatory text at its April 20, 2023 meeting. Staff is preparing the regulatory package for this proposal and plans to submit it to DCA for review in August 2023.
- 3. Repeal Sponsored Free Health Care Events (Changes Without Regulatory Effect: Repeal CCR, Title 16, Sections 309–309.4):** This action under CCR, title 1, section 100 repealed the Board's sponsored free health care events regulations to reflect the repeal of the underlying statutory authority for these regulatory provisions effective January 1, 2018. This package was approved by OAL on May 4, 2023.
- 4. Temporary Licensure for Military Spouses and Partners (Amend CCR, Title 16, Section 320):** This proposal will update CCR, title 16, section 320 for consistency with the provisions of [Assembly Bill 107 \(Salas, Chapter 693, Statutes of 2021\)](#), which provide for temporary licensure of military spouses and partners. This proposal is being developed by staff and is planned to be presented to the Board for review and discussion at its October 2023 meeting.
- 5. Approval of Chiropractic Schools and Educational Requirements (Amend CCR, Title 16, Sections 330–331.16):** This proposal will amend the regulations regarding approval of chiropractic colleges to align with the accrediting body, the Council on Chiropractic Education, and eliminate any unduly prescriptive content that could be restrictive to the evolving nature of higher education. This rulemaking package is being developed by staff and the Licensing Committee.

6. **Chiropractic College Curriculum Requirements (Amend CCR, Title 16, Section 331.12.2 and Add CCR, Title 16, Section 331.12.3):** This proposal will update the minimum curriculum and clinical experience requirements for Board-approved chiropractic colleges. At the January 20, 2023 meeting, the Board voted to return these proposed changes to the Licensing Committee for further study and discussion. This proposal is being developed by staff and the Licensing Committee.
7. **Order for Physical or Mental Examination of Applicants (Add CCR, Title 16, Section 324):** This Consumer Protection Enforcement Initiative (CPEI) proposal will allow the Board to order an applicant to complete a physical or mental examination when evidence exists that the applicant may be unable to practice safely due to a mental or physical condition affecting their competency. This proposal is being developed by staff and is planned to be presented to the Licensing Committee for review and discussion at a future meeting.
8. **Chiropractic Practice Locations and Display of License (Amend CCR, Title 16, Sections 306.3 and 308 and Add CCR, Title 16, Section 308.1):** This CPEI proposal will update the requirements for filing practice locations with the Board and displaying a license/certificate and notice to patients at each practice location. This proposal will be reviewed and discussed by the Licensing Committee at its August 25, 2023 meeting.

Statistics Through Fiscal Year 2022-23

Licenses/Certificates Issued

Type	FY 2020-21	FY 2021-22	FY 2022-23
Doctor of Chiropractic	269	332	370
Corporation Certificate	73	102	113
Satellite Certificate	1,136	1,270	1,637

Licensing Population by Type

Type	FY 2020-21	FY 2021-22	FY 2022-23
Doctor of Chiropractic	12,579	12,353	12,162
Corporation	1,379	1,357	1,378
Satellite Certificate	4,194	4,390	4,833

Strategic Plan

At the October 27, 2022 meeting, the Board adopted its [2022–2026 Strategic Plan](#). On November 29-30, 2022, and December 5, 2022, BCE staff participated in action planning sessions with DCA’s SOLID Training and Planning Solutions to identify the specific tasks and actions that staff will take to implement each objective within the

strategic plan. Staff presented the action plan to the Board at the January 20, 2023 meeting.

Two objectives from the Strategic Plan have been assigned to the Licensing Committee:

Objective 1.2: Establish a robust, effective Licensing Committee to identify issues and increase efficiency.

Start Date: Q1 2023

End Date: Q3 2023

Success Measure: The completion of the action plan for all current pending licensing issues.

Task Number	Task Description	Responsible Party	Due Date	Status
1.2.1	Gather background information to educate Licensing Committee members on pending licensing issues.	Licensing Manager	Q1 2023	In Progress
1.2.2	Train Licensing Lead (staff member) as a Licensing Committee liaison (calendar, meeting agendas, etc.).	Executive Officer and Assistant Executive Officer	Q2 2023	On Hold (pending selection and hiring of Licensing Lead) This role has been assigned to Tammi Pitto until the position has been filled.
1.2.3	Educate Licensing Committee members on background and history of prior actions.	Executive Officer	Q2 2023 – ongoing	In Progress

Task Number	Task Description	Responsible Party	Due Date	Status
1.2.4	Identify current issues, discuss possible solutions, and present recommendations to the Licensing Committee Chair.	Assistant Executive Officer	Q2 2023	In Progress
1.2.5	Staff works with the Licensing Committee Chair to create an action plan for pending and current issues identified above.	Assistant Executive Officer and Licensing Liaison	Q3 2023	On Hold (pending completion of tasks 1.2.1-1.2.4)

Objective 1.3: Review reciprocity requirements to minimize barriers to licensure in California.

Start Date: Q2 2023
 End Date: Q3 2024

Success Measure: The Board has identified how they are going to minimize any potential barriers to licensure through reciprocity.

Task Number	Task Description	Responsible Party	Due Date	Status
1.3.1	Conduct an environmental scan of reciprocity requirements (BCE, other states, and other DCA healing arts boards).	Assistant Executive Officer	Q2 2023	In Progress
1.3.2	Analyze the data that has been collected.	Assistant Executive Officer	Q3 2023	In Progress
1.3.3	Develop potential options and recommendation for the Licensing Committee on how to minimize barriers to licensure.	Assistant Executive Officer	Q3 2023	In Progress

Task Number	Task Description	Responsible Party	Due Date	Status
1.3.4	Summarize environmental scan, analysis, potential options, and recommendation.	Assistant Executive Officer	Q4 2023	In Progress
1.3.5	Present findings and recommendations to the Licensing Committee.	Licensing Liaison	Q1 2024	On Hold (pending completion of environmental scan)
1.3.6	Present Licensing Committee's recommendation to the Board.	Executive Officer	Q3 2024	On Hold (pending completion of environmental scan)



Agenda Item 4 August 25, 2023

Review, Discussion, and Possible Recommendation Regarding Requirements for Filing Places of Practice with the Board and Notifying the Public of Licensure at Practice Locations and in Mobile Settings (amend California Code of Regulations [CCR], Title 16, section 308 and add CCR, Title 16, section 308.1)

Purpose of the Item

The Committee will continue its policy discussion regarding a regulatory proposal to update the requirements for filing places of practice with the Board and potentially implement a new requirement for notifying the public of licensure at practice locations and in mobile settings.

Action Requested

The Committee will be asked to discuss these issues and provide feedback to staff.

Background

At the May 19, 2016 Board meeting, as part of a planned comprehensive Consumer Protection Enforcement Initiative (CPEI) regulatory package, the Board approved proposed language to amend California Code of Regulations (CCR), title 16, section 308 and add CCR, title 16, section 308.1 (see Attachment).

This regulatory text would have required each licensee to prominently display their license in the entry area or waiting area of their principal place of business and prominently display a satellite certificate in the entry area or waiting area of the office for which it was issued at all times while treating, examining, or evaluating patients at that location. The regulations would also have exempted a licensee who is practicing in a mobile setting, such as at a health fair, a sporting event, or a patient's home, from obtaining and displaying a satellite certificate and instead, require the licensee to carry a pocket license and make it available for inspection to a representative of the Board or any member of the public immediately upon request.

The regulatory text would also have implemented a mandatory requirement for licensees to provide notice to each patient that they are licensed and regulated by the Board, including the Board's telephone number and web address, through one of the following methods:

1. Prominently posting a notice in an area visible to patients on the premises where the licensee provides the licensed services;
2. Including the notice in a written statement signed and dated by the patient or their representative and retained in the patient's file; or

3. Including the notice in a statement on letterhead, discharge instructions, or other documents given to a patient or their representative.

During the October 3, 2022 Licensing Committee meeting, the Committee discussed the Board's existing requirements for filing practice addresses and displaying licenses or satellite certificates at places of practice and compared those requirements to other Department of Consumer Affairs (DCA) healing arts boards. The Committee discussed how a "place of practice" is not currently defined in the Board's regulations and the filing requirements do not address temporary practice settings such as locum tenens arrangements, sporting events or fairs, mobile practices, house calls, and consultations at other facilities. Another challenge is that unless they have established a chiropractic corporation, licensees are only required to file their practice address with the Board, not the name of their practice, which makes it difficult for the Board and the public to readily access information regarding chiropractic practices.

At this meeting, the Committee is asked to continue its discussion regarding the filing of places of practice with the Board and the potential for modernizing the licensure notification and posting requirements at practice locations.

To begin this discussion, staff recommends broadly defining a "place of practice" as follows:

A "place of practice" means any location where a licensee practices chiropractic or holds a proprietary interest related to the practice of chiropractic or any right to participate in the management, supervision, or control thereof.

A chiropractic "place of practice" includes many types of settings:

- Traditional chiropractic office (i.e., individual practice, partnership, or corporation)
- Integrated practice with other health care providers (i.e., MD/DC, acupuncture, physical therapy, etc.)
- Temporary practice (i.e., locum tenens arrangements, sporting events or health fairs, etc.)
- Mobile practice (i.e., house calls, mobile clinics, etc.)

Staff suggests that the Committee consider discussing the feasibility of implementing a facility permit for fixed places of practice, such as traditional offices and integrated practices, that contains the name and physical location of the practice along with the name and license number of each owner, employee, and independent contractor associated with that facility to replace the existing satellite certificate requirement.

The Committee could also discuss whether to require a mobile permit for transitory practice settings and consider establishing minimum requirements for patient notification of licensure and providing post-care instructions and the provider's contact information to the patient in these settings.

Staff further recommends that the Committee discuss modern methods to notify the public of licensure at all practice settings, such as through the use of posting a QR code that links to a licensee's license or facility permit on the DCA Search public license information system.

Attachment

- Proposed Language to Amend California Code of Regulations, Title 16, Section 308 and Add Section 308.1 (as Approved by the Board on May 19, 2016)

**Proposed Language to Amend California Code of Regulations, Title 16,
Section 308 and Add Section 308.1 (as Approved by the Board on May 19, 2016)**

§ 308. Display of License.

(a) Each person holding a license shall prominently display a their current active license in the entry area or waiting area of their principal place of business a conspicuous place in the licensee's principal office or primary place of practice.

(b) Any licensed ~~D~~doctor of ~~C~~chiropractic with more than one place of practice shall obtain from the board a Satellite Office Certificate for each additional place of practice. Said certificate must be renewed annually.

(c) A licensed ~~D~~doctor of ~~C~~chiropractic must prominently display in a conspicuous place a current active Satellite Office Certificate in the entry area or waiting area of at the office for which it was issued at all times while treating, examining or evaluating patients at that location.

(d) Notwithstanding subdivisions (b) and (c), any licensed doctor of chiropractic who is practicing in a mobile setting, such as at a health fair, a sporting event, or a patient's home, shall not be required to obtain and display a satellite certificate. However, any licensee practicing in such a mobile setting must at all times carry a current and active pocket license and shall make their pocket license available for inspection to a representative of the board or any member of the public immediately upon request.

(e) No licensed ~~D~~doctor of ~~C~~chiropractic shall display any chiropractic license, certificate or registration, which is not currently active and valid.

NOTE: Authority cited: Section 104 of the Business and Professions Code and Section 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii). Reference: Section 104 of the Business and Professions Code and Sections 1000-5, 1000-7 and 1000-12, Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii).

§ 308.1. Notice to Consumers.

(a) A licensee engaged in the practice of chiropractic shall provide notice to each patient of the fact that the licensee is licensed and regulated by the board. The notice shall include the following statement and information:

Notice to Consumers

Chiropractic doctors are licensed and regulated by the Board of Chiropractic Examiners

(916) 263-5355

www.chiro.ca.gov

(b) The notice required by this section shall be provided by one of the following methods:

(1) Prominently posting the notice in an area visible to patients on the premises where the licensee provides the licensed services, in which case the notice shall be in at least 40-point type in Arial font.

(2) Including the notice in a written statement, signed and dated by the patient or the patient's representative and retained in the patient's medical records, stating the patient understands the chiropractor is licensed and regulated by the board.

(3) Including the notice in a statement on letterhead, discharge instructions, or other documents given to a patient or the patient's representative, where the notice is placed immediately above the signature line for the patient in at least 14-point type.

NOTE: Authority cited: Sections 138 of the Business and Professions Code and 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii). Reference: Section 138 of the Business and Professions Code and 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii).



Agenda Item 5 August 25, 2023

Review, Discussion, and Possible Recommendation Regarding Requirements and Limitations for Inactive Licenses (Business and Professions Code sections 700–704 and CCR, Title 16, sections 370 and 371)

Purpose of the Item

The Committee will continue its policy discussion regarding the requirements and limitations for inactive licenses and the potential need to develop regulations regarding the activities that require an active chiropractic license.

Action Requested

The Committee will be asked to discuss this topic and provide direction to staff.

Background

Business and Professions Code (BPC) section 700 establishes an inactive category of health professionals' licensure which is intended to allow a healing arts licensee who is not actively engaged in the practice of their profession, to maintain licensure in a nonpracticing status.

BPC section 702 prohibits an inactive licensee from: 1) engaging in any activity for which an active license or certificate is required; and 2) representing that they have an active license.

Renewal Requirements for an Inactive Doctor of Chiropractic License

Licensees with an inactive license are exempt from the Board's continuing education requirements but must renew their license annually and pay the same \$336 license renewal fee as those with an active license.

During the renewal process, inactive licensees provide their mailing address to the Board and disclose whether they have been convicted of any crimes or had disciplinary action taken against them during the last renewal period.

To reactivate an inactive license, licensees must complete an Inactive to Active Status Application, pay the annual license renewal fee, and provide proof of completion of continuing education equivalent to that required for a single license renewal period.

The Board's regulations do not allow licensees to "restore" an inactive license from forfeiture or canceled status. Instead, licensees must complete the Application for

Restoration of License, provide documentation to satisfy the continuing education requirements, and pay the \$672 restoration fee.

Activities Performed with an Inactive License

During the February 24, 2023 Licensing Committee meeting, the Committee discussed how the phrase “not actively engaged in the practice” within BPC section 700 is vague and the potential need to establish regulations to clarify the prohibition against engaging in any activity for which an active license is required in BPC section 702. The Committee considered how the practice of chiropractic involves case management and developing a clinical impression and differential diagnosis, and it may not be appropriate for inactive licensees to perform examinations and develop clinical impressions because they could be considered to be practicing chiropractic without completing the annual continuing education requirements.

At this meeting, the Committee is asked to continue its policy discussion regarding the activities that require an active chiropractic license and the purpose and use of an inactive chiropractic license.

Attachments

1. Business and Professions Code Sections 700–704
2. California Code of Regulations, Title 16, Sections 370 and 371

Business and Professions Code Sections 700–704

**Division 2. Healing Arts
Chapter 1. General Provisions
Article 9. Inactive License**

§ 700. It is the intent of the Legislature to establish in this article an inactive category of health professionals' licensure. Such inactive licenses or certificates are intended to allow a person who has a license or certificate in one of the healing arts, but who is not actively engaged in the practice of his or her profession, to maintain licensure or certification in a nonpracticing status.

(Added by Stats. 1977, Ch. 410.)

§ 701. (a) As used in this article, "board" refers to any healing arts board, division, or examining committee which licenses or certifies health professionals.

(b) Each healing arts board referred to in this division shall issue, upon application and payment of the normal renewal fee, an inactive license or certificate to a current holder of an active license or certificate whose license or certificate is not suspended, revoked, or otherwise punitively restricted by that board.

(Amended by Stats. 2018, Ch. 249, Sec. 1. (AB 1659) Effective January 1, 2019.)

§ 702. The holder of an inactive healing arts license or certificate issued pursuant to this article shall not do any of the following:

(a) Engage in any activity for which an active license or certificate is required.

(b) Represent that he or she has an active license.

(Amended by Stats. 2018, Ch. 249, Sec. 2. (AB 1659) Effective January 1, 2019.)

§ 703. (a) An inactive healing arts license or certificate issued pursuant to this article shall be renewed during the same time period at which an active license or certificate is renewed. In order to renew a license or certificate issued pursuant to this article, the holder thereof need not comply with any continuing education requirement for renewal of an active license or certificate.

(b) The renewal fee for a license or certificate in an active status shall apply also for renewal of a license or certificate in an inactive status, unless a lower fee has been established by the issuing board.

(Amended by Stats. 2018, Ch. 249, Sec. 3. (AB 1659) Effective January 1, 2019.)

§ 704. In order for the holder of an inactive license or certificate issued pursuant to this article to restore his or her license or certificate to an active status, the holder of an inactive license or certificate shall comply with all the following:

(a) Pay the renewal fee; provided, that the renewal fee shall be waived for a physician and surgeon who certifies to the Medical Board of California that license restoration is for the sole purpose of providing voluntary, unpaid service to a public agency, not-for-profit agency, institution, or corporation which provides medical services to indigent patients in medically underserved or critical-need population areas of the state.

(b) If the board requires completion of continuing education for renewers of an active license or certificate, complete continuing education equivalent to that required for a single license renewal period.

(Amended by Stats. 1999, Ch. 631, Sec. 2. Effective January 1, 2000.)

California Code of Regulations, Title 16, Sections 370 and 371

§ 370. License Renewal Fees.

The following represents fees for license renewals:

- (a) Annual license renewal for active and inactive licenses: \$250
- (b) License restoration for forfeited and cancelled licenses: double the annual renewal fee
- (c) Inactive to active status license renewal: same as the annual license renewal fee

§ 371. Annual License Renewals and Restoration.

- (a) This section shall apply to non-disciplinary license renewal and restoration. Disciplinary license restoration conditions are defined in Section 1000-10 of the Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p.1xxxviii).
- (b) A license shall expire annually on the last day of the licensee's birth month. For purposes of this section, the following terms have the following meanings:
 - (1) "License in forfeiture" is a license that has not been renewed within 60 days following its expiration date.
 - (2) "Inactive license" has the meaning specified in Business and Professions Code 700.
 - (3) "Cancelled license" is a license that has been expired for a period of three (3) consecutive years.
- (c) To renew an active license, a licensee shall complete and submit a "Renewal" form (R1HDC, Rev. 06/11), which is incorporated by reference, pay the appropriate fee specified in Section 370(a) prior to the expiration date of the license, and complete the board's continuing education requirements that were in effect during the license renewal period.
- (d) To renew an inactive license, a licensee shall complete and submit a "Renewal" form (R1HDC, Rev. 06/11) and pay the appropriate fee specified in Section 370(a) prior to the expiration date of the license.
- (e) To renew and restore a license in forfeiture, a licensee shall complete and submit a "Forfeiture Notice" form (D1HDC, Rev. 06/11) and an "Application for Restoration of

License” form (Revision date 04/11), which are incorporated by reference, pay the appropriate fees specified in Section 370(b) and have met one of the following continuing education requirements:

(1) Completed the board's continuing education requirements that were in effect at the time of each license renewal period;

(2) Practiced in another state under an active valid license and completed all continuing education requirements for that state for each license renewal period the license was expired;

(3) Passed the National Board of Chiropractic Examiners (NBCE) Special Purposes Examination for Chiropractic examination within six (6) months prior to submitting the Application for Restoration of License.

(f) To restore an inactive license to active status, a licensee shall complete and submit an “Inactive to Active Status Application” form (Revision date 02/10), which is incorporated by reference, pay the appropriate fee specified in Section 370(c) prior to the expiration date of the license, and complete continuing education equivalent to that required for a single license renewal period.

(g) To restore a cancelled license, a licensee shall complete and submit an “Application for Restoration of License” form (Revision date 04/11), pay the appropriate fee specified in Section 370(b), and have met one of the following continuing education requirements:

(1) Completed the board's continuing education requirements that were in effect at the time of each license renewal period;

(2) Practiced in another state under an active valid license and completed all continuing education requirements for that state for each license renewal period the license was expired;

(3) Passed the National Board of Chiropractic Examiners (NBCE) Special Purposes Examination for Chiropractic examination within six (6) months prior to submitting the Application for Restoration of License.

(h) The board will not process incomplete applications nor complete applications that do not include the correct fee as specified in Section 370.

(i) In addition to any other requirement for renewal or restoration of a license, a licensee shall disclose whether, since the last renewal of his or her license, he or she has been convicted of any violation of the law in this or any other state, the United States, or other country. However, licensees are not required to disclose traffic infractions that resulted in fines of less than five hundred dollars (\$500) that did not involve alcohol, dangerous drugs, or controlled substances.



**Agenda Item 6
August 25, 2023**

**Review, Discussion, and Possible Recommendation Regarding the Practice of
Chiropractic via Telehealth**

Purpose of the Item

The Committee will review and discuss the existing requirements for practicing chiropractic in California via telehealth and compare those requirements to other California healing arts boards and other state chiropractic boards.

Action Requested

The Committee will be asked to engage in an initial policy discussion regarding the practice of chiropractic in California via telehealth.

Background

Business and Professions Code (BPC) section 686 requires a licensed health practitioner providing services via telehealth to comply with the requirements of BPC section 2290.5, the practice act relating to their profession, and the regulations adopted by their licensing board pursuant to that practice act.

BPC section 2290.5, subdivision (a)(6) defines telehealth as follows:

“ ‘Telehealth’ means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.”

BPC section 2290.5 requires health care providers to inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health before the delivery of health care via telehealth. Providers must also document the patient’s consent.

In addition, this statute provides that all laws regarding the confidentiality of health care information and a patient’s rights to the patient’s medical information shall apply to telehealth interactions and all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to the health provider’s license shall apply while providing telehealth services.

The issue of practicing chiropractic via telehealth was last considered by the Board when developing its [2021 Sunset Review Report](#) to the Legislature. At that time, the Board noted telehealth is becoming more prevalent in healthcare professions, including chiropractic, and its use was accelerated by the COVID-19 pandemic. While the “hands-on” aspects of chiropractic care cannot be provided via telehealth, it can often be used for patient consultations, follow-up visits, patient education, and health and wellness coaching.

The Board has not adopted any regulations specifically related to telehealth; however, licensees must comply with the provisions of BPC section 2290.5 when providing telehealth services and they are subject to the same standards of practice as when delivering in-person patient care.

The California Acupuncture Board is developing a regulation to establish standards of practice for the practice of acupuncture via telehealth. At their March 2021 meeting, the Acupuncture Board approved proposed language to add California Code of Regulations (CCR), title 16, section 1399.452.1, which would permit a licensee to provide acupuncture services via telehealth to a patient located in California under the following conditions:

1. The licensee shall hold a valid and current license issued by the board.
2. The licensee shall obtain and document informed consent for the provision of acupuncture services via telehealth from the patient. The consent shall cover concerns unique to the receipt of acupuncture services via telehealth, including risks to confidentiality and security, data storage policies and procedures, possibility of disruption and/or interruption of service due to technological failure, insurance coverage considerations, and other conditions that the licensee can reasonably anticipate regarding the incompatibility between acupuncture services delivered in-person and via telehealth.
3. The licensee shall determine whether the delivery of acupuncture services via telehealth is appropriate after considering at least the following factors:
 - The ability to obtain diagnostic information sufficient to be able to determine a diagnosis and prescribe treatment;
 - The patient’s diagnosis, symptoms, and medical history;
 - The patient’s preference for receiving acupuncture services via telehealth;
 - The nature of the acupuncture services to be provided including anticipated benefits, risks, and constraints resulting from their delivery via telehealth; and
 - The licensee’s competency to deliver such services based upon whether the licensee possesses the appropriate knowledge, skills, and abilities relating to

delivery of acupuncture services via telehealth, the information technology chosen for the delivery of telehealth services, and how such services might differ from those delivered in-person.

4. The licensee shall take reasonable steps to ensure the electronic data is transmitted securely and inform the patient immediately of any known data breach or unauthorized dissemination of data.
5. The licensee shall comply with all other provisions and standards of care related to the practice of acupuncture in California.

The California Board of Occupational Therapy established standards of practice for telehealth through CCR, title 16, section 4172. This regulation requires an occupational therapist or occupational therapy assistant to: 1) comply with the informed consent requirements of BPC section 2290.5; 2) determine whether an in-person evaluation or in-person interventions are necessary considering the complexity of the patient's/client's condition; their knowledge, skills, and abilities; the nature and complexity of the intervention; the requirements of the practice setting; and the patient's/client's context and environment; 3) exercise the same standard of care when providing occupational therapy services via telehealth as with any other mode of delivery; and 4) comply with all other provisions of the Occupational Therapy Practice Act.

The California Board of Behavioral Sciences (BBS) also adopted standards of practice for telehealth through CCR, title 16, section 1815.5. Among other things, the regulation requires licensees to provide the client with their license number and type of license upon the initiation of telehealth services and to do the following each time they provide services via telehealth: 1) verbally obtain from the client and document the client's full name and address of present location at the beginning of each session; 2) assess whether the client is appropriate for telehealth, including, but not limited to, consideration of the client's psychosocial situation; and 3) utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium. Additionally, [Assembly Bill 1759 \(Chapter 520, Statutes of 2022\)](#) requires BBS licensees to complete a minimum of three hours of training or coursework in the provision of mental health services via telehealth effective July 1, 2023.

The regulation of chiropractic care via telehealth varies across the United States. For example, the Texas Board of Chiropractic Examiners established the following requirements for telehealth:

- The licensee shall obtain the patient's written informed consent before providing chiropractic telehealth services.
- The licensee shall use the same standard of care when providing chiropractic telehealth services to a patient as the licensee would use in an in-person setting.
- The licensee shall ensure the confidentiality of the patient's clinical information.

- The licensee shall provide access to a copy of the licensee's license and the board's mandatory notice to the public form each time the licensee provides chiropractic telehealth services to a patient.

In 2019, the Florida Legislature established standards of practice for telehealth services and a registration requirement for out-of-state practitioners to perform telehealth services for patients in Florida. To be eligible for registration with the Florida Department of Public Health as an out-of-state telehealth provider, a health care professional must have an active license in another state, not be subject to disciplinary action within the last five years, and designate a duly appointed registered agent for service of process in Florida.

At this meeting, the Committee is asked to engage in an initial policy discussion regarding the practice of chiropractic via telehealth.

Attachment

- Business and Professions Code Sections 686 and 2290.5

External Resources

1. California Acupuncture Board's Proposed Language for Standards of Practice for Telehealth Services: [Add California Code of Regulations, Title 16, Section 1399.452.1 \(March 25–26, 2021 Board Meeting Materials, pages 229–230\)](#)
2. California Board of Occupational Therapy's Telehealth Regulation: [California Code of Regulations, Title 16, Section 4172 \(Standards of Practice for Telehealth\)](#)
3. California Board of Behavioral Sciences' Telehealth Regulation: [California Code of Regulations, Title 16, Section 1815.5 \(Standards of Practice for Telehealth\)](#)
4. Texas Board of Chiropractic Examiners' Telehealth Requirements: [Texas Administrative Code, Title 22, Part 3, Chapter 75, Rule 75.10 \(Chiropractic Telehealth Requirements\)](#)
5. Florida Telehealth Requirements: [2023 Florida Statutes, Title XXXII, Chapter 456, Section 456.47 \(Use of Telehealth to Provide Services\)](#)
6. Florida Department of Health Telehealth Information: <https://flhealthsource.gov/telehealth/>

Business and Professions Code Sections 686 and 2290.5

**Division 2. Healing Arts
Chapter 1. General Provisions**

§ 686. A health care practitioner licensed under Division 2 (commencing with Section 500) providing services via telehealth shall be subject to the requirements and definitions set forth in Section 2290.5, to the practice act relating to his or her licensed profession, and to the regulations adopted by a board pursuant to that practice act.

(Added by Stats. 2012, Ch. 782, Sec. 1. (AB 1733) Effective January 1, 2013.)

**Division 2. Healing Arts
Chapter 5. Medicine**

§ 2290.5. (a) For purposes of this division, the following definitions apply:

- (1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site.
- (2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.
- (3) "Health care provider" means any of the following:
 - (A) A person who is licensed under this division.
 - (B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3.
 - (C) A qualified autism service provider or qualified autism service professional certified by a national entity pursuant to Section 1374.73 of the Health and Safety Code and Section 10144.51 of the Insurance Code.
 - (D) An associate clinical social worker functioning pursuant to Section 4996.23.2.
 - (E) An associate professional clinical counselor or clinical counselor trainee functioning pursuant to Section 4999.46.3.
- (4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.

(6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Before the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) This section does not preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section does not alter the scope of practice of a health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient’s rights to the patient’s medical information shall apply to telehealth interactions.

(g) All laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider’s license shall apply to that health care provider while providing telehealth services.

(h) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(i) (1) Notwithstanding any other law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(Amended by Stats. 2022, Ch. 520, Sec. 1. (AB 1759) Effective January 1, 2023.)



**Agenda Item 7
August 25, 2023**

Public Comment for Items Not on the Agenda

Purpose of the Item

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

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



**Agenda Item 8
August 25, 2023**

Future Agenda Items

Purpose of the Item

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

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



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Agenda Item 9
August 25, 2023

Adjournment

Time: _____