



**BOARD OF CHIROPRACTIC EXAMINERS  
ENFORCEMENT COMMITTEE  
MEETING MINUTES  
December 8, 2023**

In accordance with the statutory provisions of Government Code section 11133, the Enforcement Committee of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events with no physical public locations on December 8, 2023.

**Committee Members Present**

Laurence Adams, D.C., Chair

David Paris, D.C.

Rafael Sweet

**Staff Present**

Kristin Walker, Executive Officer

Tammi Pitto, Assistant Executive Officer

Dixie Van Allen, Licensing & Administration Manager

Amanda Ah Po, 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. Adams called the meeting to order at 12:31 p.m. Mr. Sweet called the roll. All members were present, and a quorum was established.

**2. Review and Possible Approval of June 8, 2023 Committee Meeting Minutes**

**Motion: Mr. Sweet moved to approve the minutes of the June 8, 2023 Enforcement Committee meeting.**

**Second: Dr. Paris seconded the motion.**

**Public Comment: None.**

**Vote: 3-0 (Dr. Adams-AYE, Dr. Paris-AYE, and Mr. Sweet-AYE).**

**Motion: Carried.**

**3. Update on Board's Enforcement Program**

Ms. Pitto shared that recruitment efforts are underway to refill vacant an Associate Governmental Program Analyst position, a Special Investigator position, and a Staff Services Manager I position in the Enforcement Unit. She indicated the meeting

materials include a list of pending regulatory proposals affecting the Enforcement Program in the concept development and production phases. She also highlighted the Enforcement Program statistics and noted there are approximately 500 pending complaints due to a high volume of new complaints received during the current fiscal year.

Dr. Adams commended the Committee and staff for their work in addressing the pending regulatory proposals over the past 18 months.

**Public Comment:** None.

**4. Review, Discussion, and Possible Recommendation Regarding Proposal to Update the Minimum Supervision and Training Requirements for Unlicensed Individuals Who Perform Specified Support Services Within a Chiropractic Practice (amend California Code of Regulations [CCR], Title 16, section 312)**

Ms. Walker provided the staff report on this agenda item and summarized the Committee's prior policy discussions on the role of the supervising doctor of chiropractic, the types of services that can be provided by unlicensed individuals, the documentation of the doctor's orders and treatment plan, the minimum amount of time the doctor must be on the premises, and exemptions for students participating in a preceptorship program and individuals who are licensed by another healing arts board and acting in that capacity. She asked the Committee to consider and discuss the minimum training requirements and a general term for the unlicensed individuals who provide support services within a chiropractic practice. She cited an example from the Medical Board of California—California Code of Regulations (CCR), title 16, section 1366—that outlines the technical supportive services that may be performed by medical assistants and suggested incorporating similar language into CCR, title 16, section 312.

Dr. Paris expressed his support for requiring basic life support (BLS) or cardiopulmonary resuscitation (CPR) training for chiropractic assistants who are operating under indirect supervision in the interest of public protection. Dr. Adams concurred and stated at a minimum, chiropractic assistants must be trained on how and when to activate the emergency medical services (EMS) system.

Dr. Adams also commented that it may be challenging for the Board to mandate a specific training program, such as the Federation of Chiropractic Licensing Boards' (FCLB) Certified Chiropractic Clinical Assistant (CCCA) program, because many chiropractic assistants receive on-the-job training through a supervising licensee. He added FCLB's minimum requirements of either 24 hours of continuing education (CE) or 2,000 hours of experience are not equivalent.

Mr. Vong noted the need to clearly define the term "chiropractic assistant" within the regulatory text to meet the Office of Administrative Law's rulemaking standards.

Mr. Sweet agreed with Dr. Adams and noted the discrepancy between 24 hours of CE and 2,000 hours of experience. He also asked about the difference in training on BLS or CPR compared to initiating EMS. Dr. Adams explained the Continuing Education Committee discussed the BLS advisor certification, which allows a person who is either unable or unwilling to perform CPR to obtain an advisor card that demonstrates their knowledge in activating EMS and instructing another person on how to perform CPR.

Dr. Adams responded to Mr. Vong by stating chiropractic assistants help with examinations and physiotherapy services under the direction of a supervising doctor of chiropractic.

Dr. Paris suggested incorporating some of the standards from the CCCA candidate handbook in the Board's regulations. He added FCLB allows two pathways to qualify for certification—either 2,000 hours as an estimation of one year of work experience or 24 hours of CE as direct education—and there may be other organizations that offer similar certifications. He explained the standardized certification process provides more assurances of public safety through oversight and consistency compared to direct training by licensees. Mr. Vong cautioned that it is difficult to incorporate the intellectual property of another organization into regulations. Dr. Paris proposed reviewing existing certification programs for chiropractic assistants. Ms. Knight suggested also examining similar standards used by other DCA boards.

Ms. Walker stated staff will develop three pathways for chiropractic assistant training requirements—certification program, education, and documented clinical experience. Dr. Paris also noted the need to differentiate between the requirements for chiropractic assistants working under a licensee's direct or indirect supervision, such as mirroring the same BLS training requirement as licensees for chiropractic assistants working under indirect supervision. Dr. Adams and Mr. Sweet concurred.

**Public Comment:** A caller identified as "ML" asked the Committee to differentiate between former chiropractors who lose their license for various reasons, such as sexual misconduct, and unlicensed students or assistants. She stated she is one of four women who came forward because a former licensee committed sexual misconduct and the former licensee is still working with patients in some capacity within an integrative or multidisciplinary clinic. She commented she hopes language can also be added that involves integrative practices.

Sergio Azzolino, D.C. thanked the Committee for their work and acknowledged ML for stepping forward. He urged the Committee to address individuals who have lost their license and prohibit them from being able to call themselves chiropractic assistants or put their hands on any patient. He also commented that the Committee's proposal may be burdensome for licensees in a tough labor market, he does not see the benefit of 24 hours of CE on teaching people how to use machines that may not be used in certain offices, and the assistants under his supervision are well trained and qualified. He suggested the Committee adopt similar requirements as other health professions.

**5. Review, Discussion, and Possible Recommendation Regarding Proposal to Update the Record Keeping and Retention Requirements for Chiropractic Patient Records (amend CCR, Title 16, section 318)**

Ms. Pitto explained the Committee has been developing a proposal to clarify the chiropractic record keeping requirements and provide guidance for the handling of records upon the closure or sale of a practice or following the death or incapacity of a licensee. She asked for the Committee's input on an initial draft of the regulatory language. Ms. Walker added that staff recommends moving the language in CCR, title 16, section 318, subdivision (e) regarding retirement, sale, or closure of a practice to subdivision (d) because it is more likely to occur. She also noted the language around the death or incapacity of a licensee is intended to provide guidance to a licensee's estate.

The Committee concurred with the staff recommendation. Dr. Paris also suggested expanding the description of the patient history under subdivision (a)(3)(B) to clarify the elements of a standard patient history, including pertinent past medical, surgical, family, occupational, and social history.

**Motion: Dr. Adams moved to recommend that the proposed language to amend CCR, title 16, section 318, with the noted changes to subdivisions (a)(3)(B), (d), and (e), be presented to the Board for consideration.**

**Second: Mr. Sweet seconded the motion.**

**Public Comment:** ML commented her medical records from the integrative or multidisciplinary office she visited never included the chiropractor's name in the records; the records only contained the name of the medical doctor. She stated the patient records should reflect if the patient saw a chiropractor regardless of the ownership of the practice. She also asked how chiropractors find out about new regulations and if they are required to sign an acknowledgement that they have read the Board's new or updated regulations.

**Vote: 3-0 (Dr. Adams-AYE, Dr. Paris-AYE, and Mr. Sweet-AYE).**

**Motion: Carried.**

**6. Review, Discussion, and Possible Recommendation Regarding Proposal to Update the Board's *Disciplinary Guidelines and Model Disciplinary Orders* and Implement the Uniform Standards for Substance Abusing Licensees (amend CCR, Title 16, section 384)**

Ms. Walker summarized the Committee's incremental approach to updating the Board's *Disciplinary Guidelines and Model Disciplinary Orders*, including revising the standard and optional conditions of probation, strengthening the Board's probation monitoring

program, reviewing the categories and recommended penalties for different violations of the Board's regulations, and reaffirming the Board's prior decision about the trigger language for the Uniform Standards for Substance Abusing Licensees.

She asked the Committee to consider a staff recommendation to mandate the California Chiropractic Law Examination (CCLE) as a standard condition of probation because all probationers have been found to have violated one or more of the Board's regulations. She noted the examination fee is approximately \$27 so it is not a significant financial burden for probationers. She also requested that the Committee discuss potential conditions for the reinstatement of a revoked or surrendered license following a petition hearing.

The Committee concurred with the staff recommendation to mandate the CCLE as a standard condition of probation.

Mr. Sweet commented that the Board spends a significant amount of time establishing the specific terms of probation following a petition hearing, so including default conditions in the *Disciplinary Guidelines* as a starting point would benefit the Board. Dr. Paris agreed and noted the Board evaluates whether there is a clinical concern or issue of boundaries when determining whether to mandate the National Board of Chiropractic Examiners (NBCE) Part IV or Special Purposes Examination for Chiropractic (SPEC) or the Ethics and Boundaries Assessment Services, LLC (EBAS) examinations.

Dr. Adams added that petitioners have completed a significant amount of CE prior to being heard and are placed on probation if their petition is granted. He suggested standard language that allows petitioners to start practicing and requires them to complete the applicable examinations within a reasonable timeframe. He noted the Board can add more stringent requirements, such as conditions precedent, for egregious cases involving sexual misconduct. Mr. Sweet shared that he would prefer standard language to require the examinations as conditions precedent and the Board could exercise discretion to reduce those requirements based on mitigating circumstances. Dr. Paris concurred. Mr. Sweet noted the petitioners sometimes fail to successfully complete those examinations.

**Public Comment:** Dr. Azzolino commented that individuals who have lost their license had ample due process so they should be required to fulfill all requirements before they have the privilege of serving the public with a reinstated license. He also encouraged the Board to focus on enhancing patient safety and protecting Californians by dealing with former practitioners who are still putting their hands on patients.

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

**Public Comment:** ML commented that she hopes the Committee takes seriously the fact that many people, including herself, have had doctors commit sexual harassment

and sexual assault and urged the Committee to take patient safety and protection into account when making and modifying regulations.

## **8. Future Agenda Items**

Dr. Adams clarified that the Committee is addressing the issue with individuals who have lost their license in the regulatory proposal discussed under Agenda Item 4. He also noted the Board has limited authority and jurisdiction over those individuals because they are no longer licensed. Ms. Walker added the Committee also developed a proposal to mandate a minimum penalty of revocation for licensees who commit sexual misconduct and is updating the Board's *Disciplinary Guidelines* to enhance probation monitoring. She explained that the Board's regulations hold the supervising licensee responsible for the individuals they hire within their practice. Dr. Paris asked the Committee to continue discussing those issues.

**Public Comment:** ML stated the issue she is having involves a former licensee who is being supervised by a medical doctor and physical therapist and suggested a conversation involving other DCA boards. She also proposed mandatory training for licensees on boundaries and prevention of workplace and sexual harassment every few years, and reiterated her prior comment about ensuring patient records reflect exactly who was treating the patient.

## **9. Adjournment**

Dr. Adams adjourned the meeting at 2:17 p.m.