



**BOARD OF CHIROPRACTIC EXAMINERS
LICENSING COMMITTEE
MEETING MINUTES
February 24, 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 February 24, 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)
Heather Hoganson, Regulatory Counsel, Attorney III, DCA

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

Dr. Daniels called the meeting to order at 10:30 a.m. Ms. Cruz called the roll. All members were present, and a quorum was established.

2. Review and Possible Approval of December 9, 2022 Committee Meeting Minutes

Motion: Dr. Daniels moved to approve the minutes of the December 9, 2022 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 the next software release on February 28, 2023, will include refinements to

the user dashboard and the ability for licensees to store their continuing education (CE) records in the system. She explained this functionality is the first step toward the Board's long-term goal of being able to achieve 100% compliance with CE requirements at the time of renewal through the collection of primary source verification directly from CE providers and automatically syncing that data with licensees' accounts in the system. She added that the full implementation of cashiering functionality has been delayed until spring 2023 due to the need for additional development by the vendor.

Dr. Daniels asked if there were any other obstacles besides the cashiering functionality. Ms. Walker replied that staff is conducting regression testing and the deployment is on track as scheduled. She also added that the delay of the cashiering functionality does not have a major impact on the Board because staff will continue with the existing, paper-based process until that functionality is ready.

Dr. Daniels asked how licensees will be notified of the new software release. Ms. Walker replied that staff will develop a series of short instructional videos to assist users in navigating the system. Ms. Cruz asked how users can access that information. Ms. Walker stated that staff is creating a Connect help page for the Board's website. Ms. Cruz asked if staff has identified the baseline system utilization rate and will be measuring improvements. Ms. Walker responded affirmatively and shared that the system utilization rate is currently about 30–35%, and staff's goal is to increase it to 80%. Dr. Daniels asked if users could access the Connect system via the Board's website. Ms. Walker explained that the Connect system can be accessed through a "Renew Online" button and staff is working on various improvements to the Board's website including a direct link to the Connect system from the Board's homepage.

Ms. Walker shared that staff has been reviewing the bills that have been introduced during the 2023-24 legislative session and has identified a few spot bills that may affect the Board's Licensing Program after they are amended. She indicated that staff is closely monitoring those bills and will keep the Committee updated at future meetings. She informed the Committee that there are eight pending regulatory proposals related to the Licensing Program, including the chiropractic college curriculum proposal that was returned to the Committee for further study and discussion. She noted staff is compiling additional background information on the curriculum and clinical program requirements at chiropractic colleges for discussion at the Committee's May 12, 2023 meeting.

Ms. Walker highlighted the Licensing Program statistics and noted the Board has continued to issue a significantly higher number of new satellite certificates compared to previous fiscal years. Ms. Cruz asked about trends in the number of applications received throughout the year. Ms. Walker explained that staff typically observes a high volume of new doctor of chiropractic license applications immediately preceding the spring and winter chiropractic college graduation dates.

Ms. Cruz emphasized the importance of understanding the Board's current risks and trends in the licensee population. Ms. Walker noted the Board's primary source of revenue comes from the annual doctor of chiropractic license renewals and suggested that the Committee may wish to discuss whether the declining licensee population is impacting patients' access to care.

Dr. Daniels asked if the increase in new satellite certificates is a result of the pandemic. Ms. Walker stated it could be. Dr. Daniels referenced the licensee population data and noted a large portion of the population has been practicing for a very long time. Ms. Cruz shared that based on the data, the 10-year licensure mark appears to be an important decision point of continuing to practice.

Ms. Walker provided an update on the strategic plan objectives assigned to the Licensing Committee. She thanked Dr. Daniels for her leadership of the newly established committee and noted that Tammi Pitto has been temporarily assigned the role of committee liaison until the Board fills the vacant Lead Licensing Analyst position.

Public Comment: Falkyn Luouxmout thanked the Committee for keeping his requested edit to the chiropractic college curriculum regulations under consideration and suggested that the edit may increase the licensee population in California.

4. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Collect Licensee Telephone Numbers and Email Addresses for Board Directory (Implement Senate Bill 1434 [Roth, Chapter 623, Statutes of 2022] by Amending California Code of Regulations [CCR], Title 16, section 303)

Ms. Walker summarized a regulatory proposal to amend CCR, title 16, section 303 that would: 1) implement the requirement from Senate Bill 1434 (Roth, Chapter 623, Statutes of 2022) for the Board to collect licensee telephone numbers and email addresses for the Board's directory; and 2) provide consistency regarding the filing of a licensee's public address of record with the Board and an alternate physical address solely for the Board's internal administrative use when the address of record is a post office box or other private mailbox service.

Dr. Daniels noted the timeframe for licensees to notify the Board of changes to their contact information is being reduced from 30 days to 15 days, and any reference to that regulation on the Board's law examination would need to be updated. Ms. Walker explained that any changes to the Board's regulations are addressed during examination development activities and the timeframe was reduced to 15 days to ensure the Board has licensees' current contact information when sending time-sensitive correspondence such as accusations and default decisions. Dr. Daniels emphasized the need to provide outreach to licensees after the change is made. Ms. Cruz asked if the Board shares this type of information with chiropractic associations and colleges on a routine basis. Ms. Walker replied that the Board currently does not share regular updates with those organizations and needs to begin

providing them as part of the Board's broader outreach activities. She added that the information will be included on the annual renewal forms and shared on the Board's website and social media accounts.

Dr. Daniels referenced the Internet posting requirements found in Business and Professions Code (BPC) section 27 and asked if the public can find information regarding licensees who are being investigated. Ms. Knight replied that BPC section 27 requires DCA boards and bureaus to post accusations and final decisions on the licensees' public profile pages.

Motion: Dr. Daniels moved to recommend that the proposed language to amend CCR, title 16, section 303 (Filing of Addresses and Contact Information) be moved to the Board for consideration and direct staff to work with regulatory legal counsel to finalize the proposed regulatory text.

Second: Ms. Cruz seconded the motion.

Public Comment: Dawn Benton from the California Chiropractic Association offered to share information and updates from the Board in their weekly newsletter.

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

Motion: Carried.

5. Review, Discussion, and Possible Recommendation Regarding the Process for Licensure Through Reciprocity (Section 9 of the Chiropractic Initiative Act and CCR, Title 16, section 323)

Ms. Pitto outlined Section 9 of the Chiropractic Initiative Act (Act), which requires the Board to issue a license to any person licensed to practice in another state, provided that the other state had the same general requirements as the Board at the time the license was issued and the other state in like manner grants reciprocal licensure to California licensees, and CCR, title 16, section 323, which contains the Board's interpretation of Section 9 of the Act and was last amended effective August 24, 1996, to require five years of chiropractic practice to be eligible for licensure through reciprocity. She noted the current pathway to licensure through reciprocity is very similar to the initial licensure process but the reciprocal license application fee is lower and reciprocity allows for licensure under prior formats of the national examination.

Ms. Pitto explained that New Issue #6 from the Board's 2022 Sunset Review asks the Board to consider whether the requirements for granting a reciprocal license to applicants holding active licenses in other states or countries should be revised in order to attract qualified doctors of chiropractic to California and Objective 1.3 from the Board's 2022–2026 Strategic Plan is to review reciprocity requirements to minimize barriers to licensure in California. She also stated that staff is conducting an

environmental scan to compare the Board's reciprocity requirements to other state chiropractic boards and other DCA healing arts boards.

Dr. Daniels shared that she reviewed the licensure requirements in New York and Florida, and emphasized the need for the Board to maintain quality health care standards for California patients while decreasing unnecessary barriers to licensure. She asked for the background information and reasoning on the 1996 amendment to CCR, title 16, section 323 that added five years of practice to the minimum requirements. Ms. Walker replied that staff has not yet been able to locate that specific regulatory package but speculated that the five-year practice requirement provides some assurance of competency for those who were originally licensed under a prior version of the national examination. Dr. Daniels noted that the Board does not require new licensees to practice under a provisional license or monitor them during their first five years so imposing that requirement on licensees from another state is unnecessary. She suggested that staff further investigate that requirement.

Dr. Daniels asked for additional information regarding licensure through endorsement. Ms. Walker replied that one challenge staff has encountered is the inconsistent, and in many cases, interchangeable, use of the terms "endorsement" and "reciprocity" by other state chiropractic boards and other DCA boards. She stated this area requires further study by staff. She inquired about the Committee's interest in potentially developing multiple pathways to licensure. Dr. Daniels commented that the process for licensure through reciprocity needs to be streamlined and clarified. She suggested evaluating and comparing the CE requirements in other states and noted the importance of testing applicants on the scope of practice in California on the law examination due to differences in other states. Ms. Walker agreed and proposed creating a new licensee guide summarizing California laws and regulations.

Ms. Cruz noted the Board considers an application to be abandoned if the applicant fails to successfully complete the law examination within one year and asked if that timeframe presents a barrier to some applicants. Ms. Pitto replied that some applications are abandoned each year, but it is not common. Ms. Cruz asked if the standard application processing time of three to five months includes gathering necessary documentation from the applicant and chiropractic college. Ms. Pitto responded affirmatively and explained the estimate is based on the amount of time from initially filing the application to when the Board expects the applicant will be licensed.

Ms. Cruz asked if the Board has ever polled licensees on the barriers they faced during the reciprocal licensure process. Ms. Pitto explained the Board currently receives one to three reciprocal license applications per year and from her experience, the primary issue applicants faced was that their state was not willing to reciprocate with California, so they were ineligible to apply. Dr. Daniels noted the requirement for the other state to reciprocate with California is potentially a barrier to licensure. Ms. Walker agreed and offered that the Committee may want to consider simply defining the minimum requirements for applicants from other states to prove that they are competent to

practice in California and take the law examination. She also stated the current reciprocal license application process is a barrier because the applicant needs to complete all of the same steps as a new graduate.

Dr. Daniels suggested accepting graduation from a Council on Chiropractic Education (CCE) accredited college in lieu of reviewing the overly specific and prescriptive information requested on the Chiropractic College Certificate form. Ms. Cruz requested that staff delineate the minimum requirements of the Act and separate them from the Board's internal processes when presenting the research and recommendations to the Committee to help shape the discussion. Dr. Daniels also reiterated the need to consider the minimum requirements for ensuring qualified licensees regardless of whether other states will reciprocate with California. Ms. Knight emphasized the focus on protecting consumers and reducing barriers for those who want to practice in California.

Public Comment: Falkyn Luouxmont stated chiropractic should align with state and federal law and industry standards and the detection of a subluxation separates chiropractors from the manipulations that are performed by physical therapists. He requested that the Committee keep the clinical requirements that differentiate chiropractic from the physical therapy profession.

6. Review, Discussion, and Possible Recommendations Regarding the Renewal Requirements and Fees for Inactive Licenses (CCR, Title 16, sections 370 and 371)

Ms. Pitto provided an overview of BPC sections 700 and 702 which establish an inactive category of licensure for healing arts licensees who are not actively engaged in the practice of their profession. She noted holders of an inactive doctor of chiropractic license are exempt from CE but must renew their license annually and pay the same renewal fee as those who hold an active license. Ms. Pitto explained that the Board's regulations do not allow licensees to restore an inactive license from forfeiture or canceled status; instead, they must complete the application for restoration of license, pay the restoration fee, and provide documentation to satisfy the CE requirements. She also outlined a table with sample fee amounts if the inactive license renewal fee was to be reduced and a draft survey to collect feedback from licensees and stakeholders on a potential proposal to reduce the inactive fee amount.

Dr. Daniels thanked staff for compiling the survey and suggested that staff include additional background information to inform licensees why the Board is conducting the survey. She also requested that staff add a question asking if the individual plans to hold an inactive license.

Dr. Daniels noted the definition of "not actively engaged in the practice" for inactive licensees is vague. She stated the practice of the chiropractic profession involves case management and developing a clinical impression and differential diagnosis and questioned whether inactive licensees are performing these services. She suggested

gathering additional information on the functions being performed by inactive licensees and also considering a retired license category.

Ms. Walker acknowledged the language within BPC sections 700 through 704 is very broad and noted the Board has not adopted any regulations to further clarify or interpret those statutes. She suggested the Committee may consider clarifying the activities that can be performed by active and inactive licensees and discussing a retired license status. She also proposed broadening the survey to gather information on these topics. Dr. Daniels requested additional investigation into the use of an inactive license and shared that she was envisioning a reduced fee for an inactive licensee who is retired or not earning an income, not a licensee who is performing paid examinations.

Ms. Cruz asked if other professions have additional license categories beyond active and inactive. Ms. Walker replied that generally the DCA healing arts boards have active and inactive license categories and the intent of the inactive license category is to allow an individual to maintain their license in a non-practicing status with the opportunity to easily reactivate the license and return to practice. She noted the potential for the Board to define limits on inactive licenses through regulation.

Ms. Cruz referenced the estimated fee amounts in the meeting materials and stated the Board will also need to consider the impact of any other potential license categories. Ms. Walker indicated the third potential category of licensure would be the retired license status and offered to incorporate additional information regarding retired licenses in the proposed survey.

Dr. Daniels reiterated the need to further clarify BPC section 702 through regulation in the interest of public safety and stated only active licensees should be performing clinical impressions. Ms. Walker agreed.

Dr. Daniels asked for additional information on the issue of restoring an inactive license. Ms. Walker explained that if an inactive licensee allows their license to lapse into forfeiture status, they must go through the restoration process and complete CE, which causes frustration for those who have been inactive for years and missed their renewal by 60 to 90 days. Dr. Daniels asked if it is possible to send email reminders to licensees prior to their expiration date to prevent this from occurring. Ms. Walker replied that staff can send automated notifications to licensees who have registered for the Connect system.

Public Comment: None.

7. Public Comment for Items Not on the Agenda

Public Comment: Falkyn Luouxmout offered to assist Board staff with gathering any information or data that may need to be collected for the Committee's consideration of the chiropractic college curriculum regulations.

8. Future Agenda Items

Dr. Daniels requested additional background information and discussion on the development of the approval of chiropractic colleges and educational requirements and the chiropractic college curriculum regulations. She also requested future discussion regarding the ordering of physical and/or mental examinations of applicants and defining a place of practice, including satellite and mobile settings, and reiterated Ms. Cruz' request for gathering input and data from chiropractic colleges and associations regarding their observations on licensing trends.

Dr. Daniels further noted the need to continue the Committee's discussion regarding the requirements for license restoration, the definition of inactive licenses, and modifications to the inactive license survey.

Public Comment: None.

9. Adjournment

Dr. Daniels adjourned the meeting at 12:27 p.m.