



**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 Luouxmout 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.