



## **NOTICE OF TELECONFERENCE** **CONTINUING EDUCATION COMMITTEE MEETING**

### **Committee Members**

Laurence Adams, D.C., Chair  
Pamela Daniels, D.C.  
Rafael Sweet

**The Board of Chiropractic Examiners' (Board) Continuing Education Committee will meet by teleconference on:**

**Friday, December 13, 2024**  
**12:30 p.m. to 2:30 p.m.**  
(or until completion of business)

**This teleconference meeting will be held in accordance with the provisions of Government Code section 11123.5. Board staff will be present at the primary physical meeting location below and all Committee members will be participating virtually from remote locations.**

**Teleconference Instructions:** The Continuing Education 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=m466816e216a1bd76ea132d8a8c9a1935>

### **If joining using the link above**

Webinar number: 2495 892 6706  
Webinar password: BCE1213

### **If joining by phone**

+1-415-655-0001 US Toll  
Access code: 2495 892 6706  
Passcode: 2231213

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: [XXXXX@mailinator.com](mailto:XXXXX@mailinator.com).

**Note:** Members of the public may also submit written comments to the Committee on any agenda item by Tuesday, December 10, 2024. Written comments should be directed to [chiro.info@dca.ca.gov](mailto:chiro.info@dca.ca.gov) for Committee consideration.

**Primary Physical Meeting Location**

Department of Consumer Affairs  
El Dorado Room  
1625 N. Market Blvd., Suite N-220  
Sacramento, CA 95834

**AGENDA**

1. **Call to Order / Roll Call / Establishment of a Quorum**
2. **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).]
3. **Review and Possible Approval of December 1, 2023 Committee Meeting Minutes**
4. **Update on Board's Continuing Education Program**
5. **Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Mandate Basic Life Support Certification as a Condition for Licensure in Active Status (add California Code of Regulations [CCR], Title 16, section 371.1)**
6. **Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Create a Process for Granting Extensions to the Annual Continuing Education Requirement to Licensees Who Have Been Adversely Affected by a Natural Disaster, State of Emergency, Medical Condition, or Other Hardship During Their License Renewal Period (add CCR, Title 16, section 364.1)**
7. **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.]
8. **Adjournment**

This agenda can be found on the Board's website at [www.chiro.ca.gov](http://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:

**Contact Person:** Tammi Pitto

**Telephone:** (916) 263-5355

**Email:** [chiro.info@dca.ca.gov](mailto:chiro.info@dca.ca.gov)

**Telecommunications Relay Service:** Dial 711

**Mailing Address:**

Board of Chiropractic Examiners

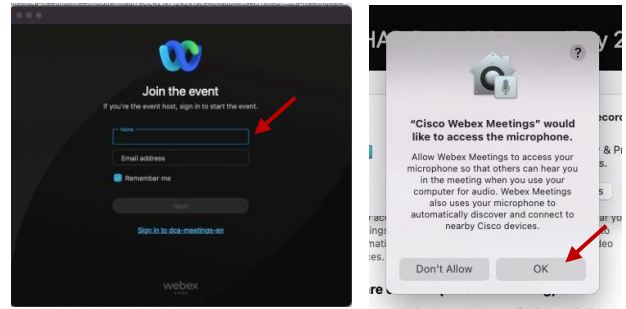
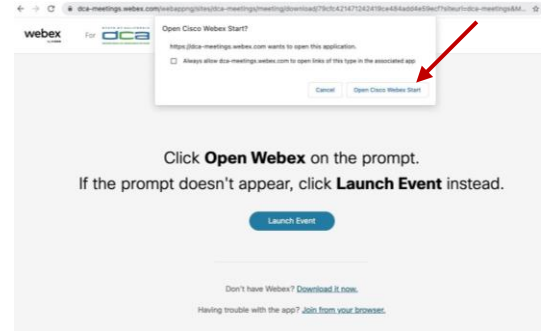
1625 N. Market Blvd., Suite N-327

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.

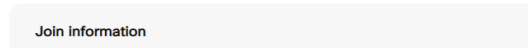
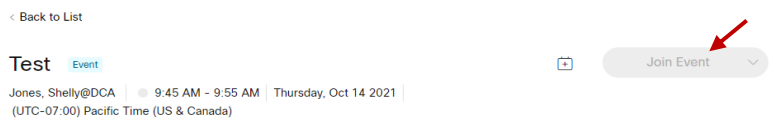
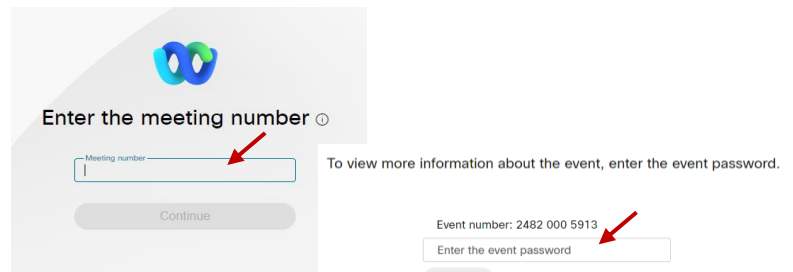
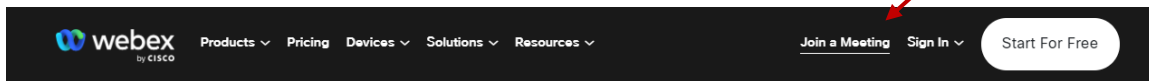


\* Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative, and a fictitious email address like in the following sample format: XXXXX@mailinator.com.

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".



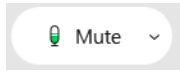
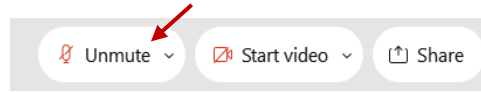
OR

## Connect via telephone\*:

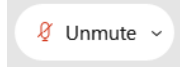
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

### Microphone

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



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



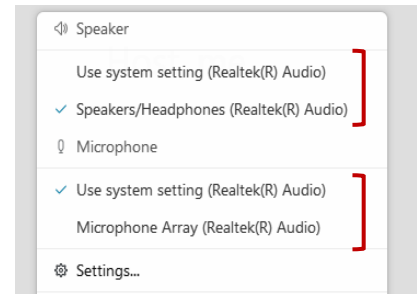
Red microphone = Muted: No one in the meeting can hear you.

*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".*



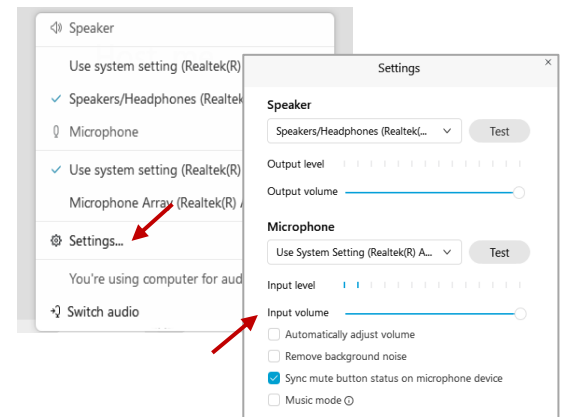
### If you cannot hear or be heard

- 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

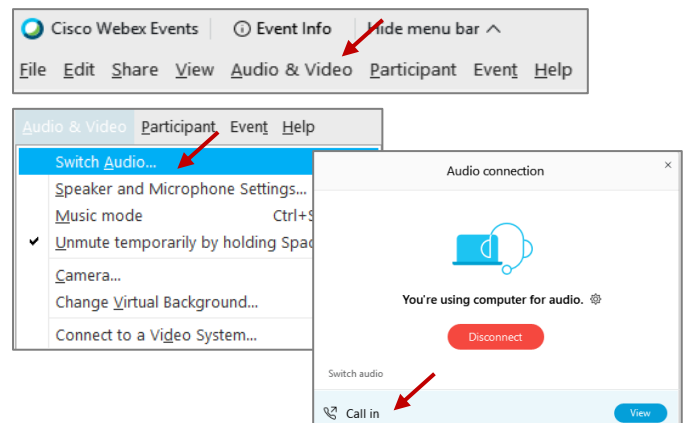
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
  - Click on "Settings...":
  - Drag the "Input Volume" located under microphone settings to adjust your volume.



### 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.



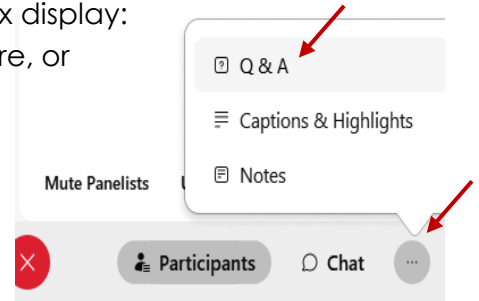
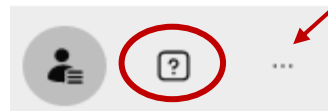
The question-and-answer (Q&A) and hand raise features are utilized for public comments.

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

### Q&A Feature

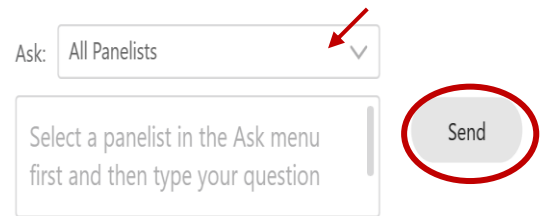
1 Access the Q&A panel at the bottom right of the Webex display:

- 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:

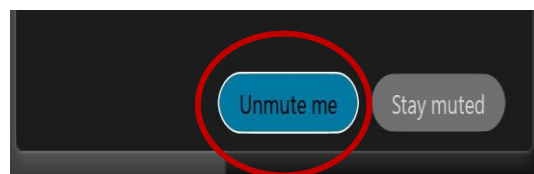
- Utilize the raise hand feature by pressing \*3 to raise your hand.
- Repeat this process to lower your hand.

### 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.

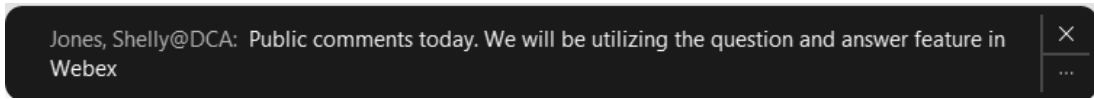


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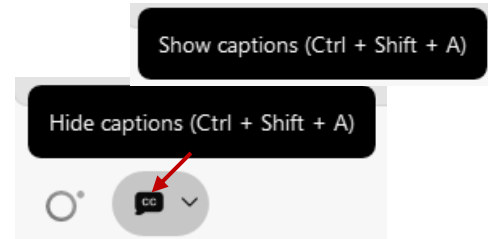
If connected via telephone:

- Press \*3 to unmute your microphone.

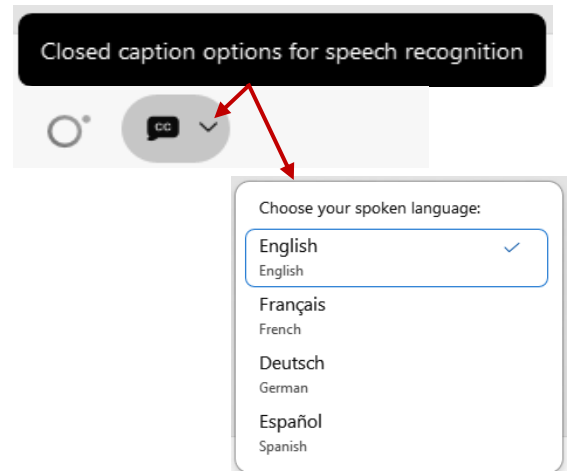
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



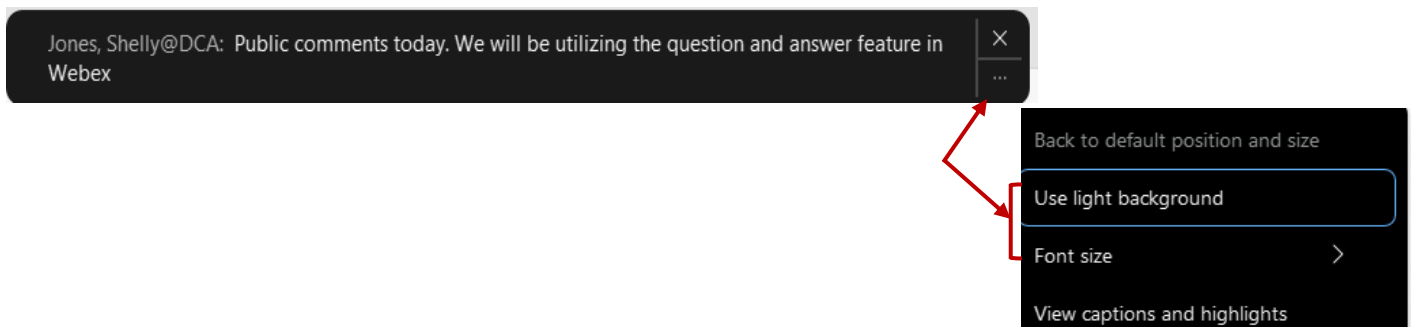
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



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.





**Agenda Item 1  
December 13, 2024**

**Call to Order / Roll Call / Establishment of a Quorum**

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**Purpose of the Item**

Laurence Adams, D.C., Chair of the Board's Continuing Education Committee, will call the meeting to order. Roll will be called by Pamela Daniels, D.C.

**Committee Members**

Laurence Adams, D.C., Chair  
Pamela Daniels, D.C.  
Rafael Sweet





**Agenda Item 2  
December 13, 2024**

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**Public Comment for Items Not on the Agenda**

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**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 3  
December 13, 2024**

**Review and Possible Approval of December 1, 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 December 1, 2023 Committee meeting minutes.

**Attachment**

- December 1, 2023 Continuing Education Committee Meeting Minutes (Draft)



**Agenda Item 3  
Attachment**

**BOARD OF CHIROPRACTIC EXAMINERS  
CONTINUING EDUCATION COMMITTEE  
MEETING MINUTES  
December 1, 2023**

In accordance with the statutory provisions of Government Code section 11133, the Continuing Education Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events with no physical public locations on December 1, 2023.

**Committee Members Present**

David Paris, D.C., Chair  
Laurence Adams, D.C.  
Pamela Daniels, D.C.

**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. Paris called the meeting to order at 12:05 p.m. Dr. Adams called the roll. All members were present, and a quorum was established.

**2. Review and Possible Approval of January 4, 2023 Committee Meeting Minutes**

**Motion: Dr. Adams moved to approve the minutes of the January 4, 2023 Continuing Education Committee meeting.**

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

**Public Comment: None.**

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

**Motion: Carried.**

### 3. Update on Board's Continuing Education Program

Ms. Walker highlighted the Continuing Education (CE) Program workload statistics and stated approximately 350 course applications and 1,500 hours of education had been approved during the first four months of fiscal year 2023–24 compared to a total of over 8,000 hours during the previous fiscal year. She noted staff anticipates a reduction in the number of CE course applications received due to the implementation of the new hour-based application fee.

She shared staff is seeking to improve communication with CE providers and is considering developing quarterly email newsletters to provide updates and highlight common issues that contribute to course application and approval delays.

Ms. Walker also provided an overview of the four regulatory proposals affecting the CE Program: 1) the comprehensive changes to the annual CE requirements with five new competency areas and updates to the CE provider and course approval processes; 2) the pending proposal to mandate basic life support (BLS) certification as a condition of licensure in active status; 3) a new proposal to create a process for granting extensions to the annual CE requirement under qualifying circumstances; and 4) the pending proposal to establish a formal appeal process before the Committee or the Board for denied CE provider and course applications.

She added that staff is working with a new project team from DCA's Office of Information Services (OIS) to document the business requirements for implementation of CE functionality in the Connect system.

Dr. Adams asked if a Board member was consulted prior to the denial of the two CE courses referenced in the meeting materials. Ms. Van Allen did not recall and offered to report back to the Committee. She also shared that staff typically involves a Board member or the Executive Officer prior to denying a course.

Dr. Paris noted 798.75 hours of education were approved in August 2023, which is over half of the total hours approved during the four-month timespan, and asked if that anomaly was the result of a trend in the profession as providers prepare for fall conferences. Ms. Van Allen responded affirmatively. Dr. Paris also asked if there is a consistent deficiency in the course applications that needs to be addressed with CE providers. Ms. Van Allen shared the subject area remains the most common issue with course applications—providers either fail to identify a subject area on the application or the content in the course outline is inconsistent with the requested subject area.

**Public Comment:** Marcus Strutz, D.C. stated it is very important for the Board to communicate with CE providers about the updates to the regulations because many providers think Zoom seminars will qualify for live hours beginning January 1, 2024.

**4. Review, Discussion, and Possible Recommendation Regarding Proposal to Mandate Basic Life Support or Cardiopulmonary Resuscitation Certification as a Condition for Licensure in Active Status (amend California Code of Regulations [CCR], Title 16, section 371 and add CCR, Title 16, section 371.1)**

Ms. Pitto presented this agenda item and shared that effective November 21, 2003, the Board had adopted CCR, title 16, section 356.1, which required all licensees to maintain current certification in cardiopulmonary resuscitation (CPR) or BLS from the American Red Cross (ARC), American Heart Association (AHA), or other associations approved by the Board as a condition of licensure. She stated the Board subsequently repealed the regulation effective May 9, 2007, because the regulation had not been shown to have a positive impact on the level of care provided by doctors of chiropractic, other boards had repealed their CPR requirements, and the Board does not have expertise in approving associations to provide CPR or BLS training.

She explained in March 2015, the Board's Licensing, Continuing Education, and Public Relations Committee began discussing the possibility of reinstating the CPR requirements for public safety and patient protection because unlike other healing arts professions with CPR mandates through their employers, the majority of doctors of chiropractic work as sole proprietors and should be trained on the proper procedures for handling an emergency situation that may arise in their practices. She added the Board approved proposed text for the CPR requirement at its July 2015 meeting, but the proposal was then placed on hold as the Board developed new CE regulations.

Ms. Pitto stated during the January 4, 2023 Continuing Education Committee meeting, the Committee reviewed the 2015 proposal and discussed mandating BLS training and certification for active licensees because those courses are designed for healthcare and public safety professionals whereas general CPR courses are intended for those without formal medical training. The Committee also discussed the need to develop language for active licensees with temporary or permanent disabilities or medical conditions that may prevent them from being physically able to perform CPR and obtain the full BLS certification. She explained AHA offers a BLS advisor certification that is intended for individuals with disabilities who lack the psychomotor skills to complete the physical testing portion of the BLS course but can successfully communicate how to perform CPR to another person. She added staff contacted the Dental Board of California and learned that there are no exceptions to their BLS requirement for active licensees. She asked the Committee to engage in a policy discussion on the proposal and provide direction to staff.

Dr. Adams noted many doctors of chiropractic are not practicing but keep their licenses active because they teach seminars or work in academic settings, and asked if they would also be required to maintain BLS certification. Dr. Paris explained all licensees in active status would need to comply with the BLS requirement because the Board has no way of controlling or monitoring licensees' work settings. Ms. Knight agreed and added

that the Board is unable to track how licensees are using their license. Dr. Adams suggested potentially including an exemption for licensees who are not actively practicing and work solely in an academic setting. Dr. Paris explained the rationale for granting an exemption is based on the licensee's disability or medical condition, not their work environment. Dr. Adams cited an example of older licensees who maintain their license in active status and do not have any disabilities or medical conditions, but physically lack the ability to get on the floor and perform CPR. He shared his concern that the addition of a BLS requirement may force them to give up their license.

Dr. Daniels asked about the measurement used by the Board in 2007 to justify that there was no positive impact on the level of care by doctors of chiropractic as a result of the CPR requirement. Ms. Walker explained staff reviewed the regulation package and found no underlying documentation or data in the file to support the rationale of that statement.

Dr. Daniels referred to subdivision (f)(2) of the proposed text within Attachment 2 of the meeting materials where it requires a licensee who is unable to obtain BLS certification due to a temporary or permanent disability or medical condition to ensure another licensee or support staff with a current certification is on the premises while the licensee is examining or treating patients, and stated it is unclear how the Board would verify and enforce that provision. She stated she called ARC and talked to them extensively about the BLS advisor card and how they handle disabilities, and she learned their advisor card is an online class and they are not testing the individual on their ability to communicate how to give CPR to someone. She also noted a study found lower weight individuals have a difficult time physically performing CPR. Dr. Daniels proposed having those licensees obtain an advisor card and post a sign on their door stating they do not perform CPR. She added there may also be licensees who are fully certified but are not comfortable performing CPR.

Dr. Paris concurred with Dr. Daniels and stated the requirement to have another person on the premises may be an undue burden on the licensee. He added the licensee could notify the patients that they will not perform CPR but will activate emergency medical services (EMS). Dr. Adams noted how the list of possible exemptions increased through the discussion of this issue. Dr. Daniels explained the need for further clarification on possible exemptions and exceptions to prevent potential violations of the Americans with Disabilities Act (ADA).

Dr. Daniels and Dr. Adams discussed how smaller individuals can struggle to adequately perform CPR compressions due to their physical size and strength and how they may not be comfortable performing CPR in an emergency situation. Dr. Adams added the regulatory language needs to clear and allow for licensees with a BLS advisor card to satisfy the requirement by posting a notice at their office. Dr. Paris noted there is no requirement for licensees to perform CPR even if they are trained, and stated the option to obtain an advisor card and provide an acknowledgement to patients

could address those scenarios. Dr. Adams added the standard is to activate EMS before proceeding with CPR.

Ms. Walker requested clarification on the concept the Committee would like staff to further develop and asked if the BLS provider or advisor certification by all active licensees would sufficiently meet the need of protecting the public. Dr. Daniels expressed her viewpoint that the public needs to be notified if the licensee only has a BLS advisor card. She suggested the notice should be posted in the place of entry because the public perceives a health facility or doctor's office to be a place where they are taken care of and safe, so they must be made aware of any limitations. She added this policy discussion came up after an enforcement issue where a licensee did not call for EMS when they should have.

The Committee discussed referring the proposal back to staff for further research and development of the proposed language for subdivision (f)(2) to account for the BLS advisor card and notification language posted on the door or in their intake forms that the licensee does not perform CPR, but will activate EMS in an emergency situation.

Ms. Walker asked the Committee to clarify if the intent is for the Board to track whether licensees have BLS provider or advisor certifications and if the public notice requirement is only required for active licensees with BLS advisor cards or for any active licensee who is unable or unwilling to perform CPR. Dr. Paris indicated the public notice requirement is only for active licensees with BLS advisor cards. Dr. Adams added licensees with BLS advisor cards need to notify the Board and post the written notification to patients in their office.

Dr. Paris clarified that this proposal applies to Board members despite the fact that they are exempt from the annual CE requirements.

**Public Comment:** H. A. Bud Walker, D.C. stated he has been a sports-certified doctor of chiropractic for almost 40 years and knows licensees are held to a higher standard. He asked if the BLS proposal will also require licensees to have an automated external defibrillator (AED) on site. He also asked if there will be legal issues if a licensee initially decides in advance to not perform BLS and posts a notice, but then performs BLS when the circumstances arise. He added that he performed CPR outside of his office and saved a man's life, and the adrenaline that races through the body during that type of event provides smaller individuals with additional strength to perform CPR if they have learned it.

##### **5. Review, Discussion, and Possible Recommendation Regarding Proposal to Create a Process for Granting Exemptions or Extensions to the Annual Continuing Education Requirement to Licensees Who Have Been Adversely Affected by a Natural Disaster, State of Emergency, Medical Condition, or**

**Other Hardship During Their License Renewal Period (add CCR, Title 16, section 364.1)**

Ms. Walker introduced this agenda item and explained in late 2021 through early 2022, the Board's Licensing and Continuing Education Committee engaged in a series of discussions that were originally intended to explore whether the Board had authority to broadly issue waivers to the CE requirements for licensees who were affected by a natural disaster or state of emergency. She stated after researching further with legal counsel, staff determined the Board lacked that type of authority to waive requirements for a large group of licensees, and, in consultation with the Committee, began drafting regulatory language where the Board could grant an exemption to the CE requirements on a case-by-case basis with appropriate substantiation of a hardship from the licensee. She noted the proposed language in the meeting materials was last considered by the Board in April 2022, and was focused on how a licensee can provide satisfactory proof to the Board that they have been adversely affected by a natural disaster or state of emergency within the past year and be granted an exemption from the CE requirements.

She explained staff is requesting that the Committee discuss that pending regulatory proposal and consider potentially shifting to a model where the Board could grant an extension, rather than an exemption, to the CE requirements to licensees who have experienced a hardship within their license renewal period. She added the Connect system could be configured to allow the Board to retroactively apply CE credits to a prior renewal cycle for tracking purposes. She stated in addition to a natural disaster or state of emergency, other hardships could include a temporary medical condition or disability or having to care for an immediate family member. She also noted the comprehensive CE proposal already narrowed the list of licensees who are exempt from the CE requirements to inactive licensees, new licensees within their first renewal cycle, chiropractic college instructors, Board members, and licensees who have been called to active-duty military service.

Dr. Adams and Dr. Paris expressed their support for staff's suggested changes to the regulatory proposal. Dr. Daniels noted the regulatory language needs to contain a rubric or measurement to define the circumstances for approval or denial of extension requirements for consistency. She also suggested allowing licensees to have a one-time postponement of their CE requirements without prior Board approval for a last-minute emergency.

Ms. Walker added the request for an extension must be filed prior to the license renewal application because the intent is to ensure compliance with the CE requirements, not to provide a loophole for licensees who have been selected for a CE audit. She indicated staff wanted the Committee's input on broadening the proposal before exploring it further.



Dr. Adams commented that he would prefer to see a process for granting an extension of time, such as up to 180 days, to comply with the CE requirements and retroactively apply the credits to the renewal cycle rather than a waiver or exemption from the requirements. Dr. Paris concurred.

**Public Comment:** None.

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

**Public Comment:** Shasta Carey from the California Chiropractic Association asked when the Board will implement the regulations to allow live hours for courses via Zoom. Ms. Walker indicated the planned implementation date is January 1, 2025.

Falkyn Luouxmont stated there is a fundamental difference between the intern clinics at Life Chiropractic College West (Life West) and Northwestern Health Sciences University (NWHSU)—Life West requires interns to recruit their own patients whereas NWHSU already has an established patient base for interns to use to build their clinical experience. He questioned if the model of requiring interns to recruit their own patients for the clinic should be adjusted or improved.

## **7. Future Agenda Items**

Dr. Daniels requested a future agenda item to discuss the amount of CE that a licensee must complete to change their license from inactive to active status.

**Public Comment:** Audrey Egan, D.C. stated she lives in Mexico and is interested in keeping her California license, but it is difficult to get out of the country to take CE courses. She stated she enjoyed the Zoom courses and encouraged the Board implement the updated CE requirements.

## **8. Adjournment**

Dr. Paris adjourned the meeting at 1:47 p.m.



**Agenda Item 4  
December 13, 2024**

**Update on Board's Continuing Education Program**

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**Purpose of the Item**

The Executive Officer and Board staff will provide the Committee with an update on the Board's Continuing Education 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 December 5, 2024 Memo to Committee Members Regarding Continuing Education Program Activities and Statistics



# MEMORANDUM

## Agenda Item 4 Attachment

<b>DATE</b>	December 5, 2024
<b>TO</b>	Members of the Board of Chiropractic Examiners' Continuing Education Committee
<b>FROM</b>	Kristin Walker, Executive Officer
<b>SUBJECT</b>	<b>Update on Board's Continuing Education Program</b>

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

### **BCE Board and Continuing Education Committee Meetings**

The following meetings have been scheduled:

- December 13, 2024 – Continuing Education Committee (Teleconference)
- February 2025 (Date TBD) – Board (Teleconference)
- April 17–18, 2025 – Board (Northern California)
- July 25, 2025 – Board (Teleconference)
- October 9–10, 2025 – 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) on a business modernization project to implement the Connect system for BCE's application, licensing, and enforcement workflows. BCE's planned upgrade to the latest version of the Connect software has been temporarily placed on hold due to limited vendor resources.

BCE is currently developing continuing education (CE) functionality in the system, beginning with a public CE course search web page similar to the existing [course search](#) maintained by the Acupuncture Board, followed by the CE course application workflow and the CE provider dashboard. This additional functionality is planned to be implemented through phased software releases in 2025.

## CE Program Statistics

### CE Provider Applications

	FY 2022–23	FY 2023–24	FY 2024–25*
<b>Applications Received</b>	24	13	4
<b>Applications Approved</b>	26	17	3
<b>Applications Denied</b>	0	0	0

\*As of December 5, 2024

### CE Course Applications

	FY 2022–23	FY 2023–24	FY 2024–25*
<b>Applications Received</b>	1,908	1,116	441
<b>Course Hours Received</b>	8,972 hours	3,993 hours	1,585 hours
<b>Applications Approved</b>	1,683	1,151	605
<b>Course Hours Approved</b>	8,083 hours	4,942 hours	2,038 hours
<b>Applications Denied</b>	11	10	8
<b>Course Hours Denied</b>	53.5 hours	15.5 hours	38 hours

\*As of December 5, 2024

## Occupational Analysis of the Chiropractic Profession

The Department of Consumer Affairs' (DCA) Office of Professional Examination Services (OPES) completed the [2024 Occupational Analysis of the Chiropractic Profession](#) (OA) in August 2024. The results of this OA provide a description of practice for the chiropractic profession that can be used to review the national chiropractic examination developed by NBCE and to provide a basis for constructing a valid and legally defensible California Chiropractic Law Examination (CCLE). The description of practice is structured into four content areas: patient intake history; examination and assessment; treatment and case management; and laws and ethics.

## Proposed Regulations Affecting CE Program

### Production Phase

- Licensing and Regulatory Fees (Section 100 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 Business and Professions Code (BPC) section 1006.5. This package is anticipated to be submitted to the Office of Administrative Law (OAL) in December 2024.

- 2. Continuing Education Requirements (Amend CCR, Title 16, Sections 360, 361, 362, 363, 363.1, 364, and 365, and Add CCR, Title 16, Section 360.1):** This proposal will amend the annual CE requirements for licensees, establish five course competency areas that will be approved by the Board, define the three recognized learning formats for CE courses, update the CE course review and approval process, create a re-approval process for CE courses that have been previously approved by the Board, and update the CE requirements for petitions for reinstatement of revoked or surrendered licenses. The Board approved the proposed regulatory text at its May 23, 2024 meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and a 45-day public comment period in early 2025.

#### Concept Phase

- 3. Basic Life Support Certification for All Licensees (Add CCR, Title 16, Section 371.1):** This proposal will mandate the maintenance of basic life support provider or advisor certification, including cardiopulmonary resuscitation (CPR), for all licensees as a condition of licensure in active status. This proposal will be discussed by the Continuing Education Committee at its December 13, 2024 meeting.
- 4. Hardship Extensions to Annual CE Requirements (Add CCR, Title 16, Section 364.1):** This proposal will create a process for granting an extension to the annual CE requirement for a licensee who provides satisfactory proof to the Board that they have been adversely affected by a natural disaster, a state or federal declared state of emergency, or other hardship. This proposal will be discussed by the Continuing Education Committee at its December 13, 2024 meeting.
- 5. Appeal Process for Denial of CE Courses and Providers:** This proposal will establish update the process for appealing the denial of a CE course or provider application. This proposal is currently being developed by staff and the Continuing Education Committee.



**Agenda Item 5  
December 13, 2024**

**Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Mandate Basic Life Support Certification as a Condition for Licensure in Active Status (add California Code of Regulations [CCR], Title 16, section 371.1)**

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**Purpose of the Item**

The Committee will review and discuss the pending regulatory proposal to mandate basic life support (BLS) certification as a condition of licensure in active status.

**Action Requested**

The Committee will be asked to continue the policy discussion regarding the development of this regulatory proposal and provide direction to staff.

**Background**

**Prior Regulation – California Code of Regulations (CCR), Title 16, Section 356.1 (Cardiopulmonary Resuscitation/Basic Life Support Training)**

Effective November 21, 2003, the Board added CCR, title 16, section 356.1 (Cardiopulmonary Resuscitation/Basic Life Support Training), which required all licensees to maintain current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS) from the American Red Cross, American Heart Association, or other associations approved by the Board as a condition of licensure and license renewal.

The Board subsequently repealed this regulation effective May 9, 2007, based on the following reasoning: 1) this regulatory intervention had not been shown to have a positive impact on the level of care by licensed doctors of chiropractic since it took effect in November 2003; 2) the Medical Board, Board of Podiatric Medicine, and Board of Optometry had repealed their CPR requirements; and 3) the Board is not authorized to and lacks the expertise in approving “associations” to provide CPR or BLS training.

**2015 Proposal to Require CPR or BLS Certification for Licensees**

In March 2015, the Board’s Licensing, Continuing Education and Public Relations Committee began discussing the possibility of requiring licensees to complete a mandatory CPR course as part of their license renewal requirements. The Committee noted that while most healing arts boards do not require licensees to be CPR-certified because it is already a requirement mandated by their employer, the majority of doctors of chiropractic work as sole proprietors and should be trained on the proper procedures

for handling an emergency situation that may arise in their practices. The Committee agreed that the CPR requirement should be reinstated for public safety and patient protection. The Committee worked with staff to develop proposed language to mandate CPR or BLS certification by all licensees as a condition of licensure and license renewal.

The Committee's recommendation to reimplement the CPR/BLS certification requirement was presented to the Board for review, discussion, and approval during the July 30, 2015 meeting. Following the Board's approval of the proposed language, this regulatory proposal was placed on hold pending the completion of the comprehensive updates to the Board's continuing education regulations.

### **Current Proposal to Require BLS Certification for Holders of an Active License**

According to the Board's *Occupational Analysis of the Chiropractor Profession, March 2017*, p. 10, 59.9 percent of respondents within the representative sample of California licensees reported working as a sole practitioner in their primary practice setting. In addition, 13.2 percent of respondents reported working as an independent contractor/associate, 11.2 percent reported working as part of a multidisciplinary group, 9.5 reported working within a chiropractic group, 2.3 percent primarily performed house calls or home visits, and 0.7 percent reported working in a hospital setting.

Similarly, according to the National Board of Chiropractic Examiners' *Practice Analysis of Chiropractic 2020*, p. 4-5:

"A typical chiropractor works at least 30 hours per week (58.3%) at a chiropractic office (82.4%), which is often located in a city (35%) or a suburb (29%). Some chiropractors were employed by a multi-disciplinary health care facility. The majority (64%) of chiropractors in the United States are sole proprietors, while 13% worked in partnerships and 17% were employed by other healthcare professionals or organizations."

Since the majority of licensees practice as sole practitioners or in a chiropractic office, they are not subject to the same employer-mandated BLS or CPR certification requirements as many health professionals who work in other healthcare settings.

Additionally, according to the American Heart Association, more than 350,000 cardiac arrests occur outside of a hospital each year, and CPR, if administered immediately after cardiac arrest, can double or triple a person's chance of survival. By requiring licensees to maintain certification in BLS or CPR, the Board can ensure licensees are trained to respond appropriately if a life-threatening emergency occurs at their practice.

During the January 4, 2023 Continuing Education Committee meeting, the Committee reviewed and discussed the following recommended changes to the 2015 proposal:

## BLS Certification for Licensure in Active Status

December 13, 2024

Page 3

- Mandate BLS-level training and certification for active licensees, as BLS courses are designed for healthcare providers and public safety professionals whereas general CPR courses are intended for those without formal medical training.
- Replace “other associations approved by the Board” with providers approved by the American Safety and Health Institute (ASHI), as ASHI programs are comparable to those offered by the American Heart Association (AHA) and American Red Cross (ARC).
- Require licensees to retain records of their BLS certification for four years from the date of completion and provide those records to the Board for auditing upon request.

The Committee also discussed the need to develop language for active licensees with temporary or permanent disabilities or medical conditions that may prevent them from being able to physically perform CPR and obtain the full BLS certification.

Staff researched available options and found that AHA offers an Advisor: Basic Life Support course that is intended for individuals with disabilities who have passed the AHA BLS online course and have knowledge of the BLS skills, but due to a disability, cannot complete the psychomotor skills testing portion of BLS that is required for the BLS completion card. By successfully communicating to someone else how to perform CPR, these individuals with disabilities can receive an Advisor: BLS card instead of the BLS Provider card.

During the December 1, 2023 meeting, the Committee discussed the various situations where a licensee may obtain a BLS advisor card rather than the full BLS certification and the need for a licensee with an advisor card to provide written notification to patients that the licensee understands BLS/CPR, but does not physically perform it, and will activate the emergency medical services (EMS) system in an emergency situation.

At this meeting, the Committee will be asked to continue the policy discussion regarding this proposal and consider the necessity of, potential issues with, the proposed patient notification requirement for active licensees with BLS advisor cards.

### **Attachment**

- Proposed Language to Add California Code of Regulations, Title 16, Section 371.1 (Basic Life Support Certification Requirement) [Conceptual Draft for Committee Discussion]



DEPARTMENT OF CONSUMER AFFAIRS  
**TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS**

**PROPOSED REGULATORY LANGUAGE**

**Basic Life Support Certification Requirement**

<b>Legend:</b> Added text is indicated with an <u>underline</u> .
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**Add Section 371.1 to Article 7.5 in Division 4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 371.1. Basic Life Support Certification Requirement.**

(a) All licensees holding an active license to practice chiropractic shall maintain a current and continuous provider or advisor level certification in Basic Life Support through the completion of an American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support, or a Basic Life Support course taught by a provider approved by the American Safety and Health Institute (ASHI).

(b) For purposes of this section, a Basic Life Support provider or advisor course shall include all of the following:

(1) Instruction in rescue breathing and cardiopulmonary resuscitation (CPR) for adults, children, and infants, including multi-rescuer scenarios;

(2) Instruction in the use of an automated external defibrillator (AED) with CPR;

(3) Instruction in relief of foreign-body airway obstruction and choking for adults, children, and infants; and

(4) Successful completion of a written examination and a live skills assessment.

(c) Pursuant to Section 361, subdivision (d)(2), licensees may earn up to a maximum of two (2) hours of continuing education credit per license renewal period for completion of the Basic Life Support provider or advisor course required by this section. Continuing education credit shall only be granted for the renewal period in which the course was completed.

(d) Licensees shall secure and retain records of Basic Life Support provider or advisor certification for four (4) years from the date of completion and submit those records to the Board for auditing upon request.

(e) This section shall not apply to licensees while on active duty as a member of the United States Armed Forces or the California National Guard who meet the exemption

requirements specified in Business and Professions Code section 114.3, subdivision (a)(1) through (3).

NOTE: Authority cited: Sections 4(b) and 10(a) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii. Reference: Sections 4(b), 4(e), and 10(a) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii, and Section 114.3 of the Business and Professions Code.

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## Agenda Item 6 December 13, 2024

### **Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Create a Process for Granting Extensions to the Annual Continuing Education Requirement to Licensees Who Have Been Adversely Affected by a Natural Disaster, State of Emergency, Medical Condition, or Other Hardship During Their License Renewal Period (add CCR, Title 16, section 364.1)**

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#### **Purpose of the Item**

The Committee will review and discuss the pending regulatory proposal to create a process for granting hardship extensions to the annual continuing education (CE) requirement for licensees.

#### **Action Requested**

The Committee will be asked to continue the policy discussion regarding the development of this regulatory proposal and provide direction to staff.

#### **Background**

In early 2022, as part of the planned updates to the Board's CE regulations, the Licensing and Continuing Education Committee discussed pursuing a regulatory proposal to provide the Board with the authority to waive the CE requirements when licensees have been affected by a natural disaster or state of emergency.

Staff explored the feasibility of the proposal with regulatory counsel and found that the Board lacks the authority to grant broad exemptions to the CE requirements to groups of licensees who have been affected by a natural disaster or state of emergency, such as all residents of a specified county. However, the Board could establish a regulation to grant hardship exemptions to licensees on a case-by-case basis after receiving appropriate substantiation of the hardship from the licensee.

During the April 22, 2022 Board meeting, the Board considered the following draft language to grant such an exemption:

“A licensee provides satisfactory proof to the Board that they have been adversely affected within the last year by a natural disaster as defined in Government Code section 8680.3 or a state or federal declared state of emergency as defined in Government Code section 8558.

“(1) “Satisfactory proof” shall mean a written statement and supporting documentation that includes the following:

“(A) The licensee’s name, address, phone number, and email (if applicable),

“(B) A request for a full or partial exemption from the Board’s continuing education requirements and a statement that the licensee’s address is associated with the area where and when a state of emergency or natural disaster has been determined or declared. If the request is for a partial exemption, the licensee shall identify in their request the specific requirements in Section 361 from which the applicant is requesting exemption;

“(C) An explanation of how the state of emergency or natural disaster has caused an economic or medical hardship that prevents the licensee from completing the continuing education requirements and details as to why the request for exemption should be approved.

“(D) Documentation supporting and confirming the licensee’s statement of hardship required in section (j)(1)(C), above. Such supporting documentation may include proof of residency in the affected area, financial records, or written certification from a primary health care provider.

“(2) The Board or its designee may approve or deny a licensee’s written request for a full or partial exemption. Within fourteen (14) days of receipt of a written request for an exemption pursuant to this subsection, the Board or its designee shall provide written notification to the licensee of approval or denial and stating the reasons for the decision.

“(3) The licensee may submit a written request for reconsideration of the denial of any request for exemption pursuant to this subsection to the Board or its designee within fifteen (15) days of the date of the Board’s or its designee’s denial. The written request shall provide the reasons the licensee warrants a reconsideration of the denial. The Board or its designee shall issue its decision in writing within thirty (30) days of receipt of the licensee’s request for reconsideration.”

Following a discussion, the Board voted to refer this issue back to the Licensing and Continuing Education Committee (now the Continuing Education Committee) for further development. This proposal was subsequently placed on hold while the Continuing Education Committee developed the comprehensive updates to the annual CE requirements, competency areas, and course approval process.

During the December 1, 2023 Committee meeting, staff shared the following recommendations for this regulatory proposal:

1. Add additional hardships, such as a temporary or permanent medical condition or involving the licensee or their immediate family, to the list of qualifying events for

an exemption or extension from the annual CE and Basic Life Support certification requirements.

2. Create a process for granting a reasonable extension of time to complete the CE requirements, such as up to 180 days, rather than a full exemption, to address the majority of hardships experienced by licensees, and retroactively apply the applicable courses to the appropriate renewal period using the Connect system to prevent the potential for “double-dipping” of CE credit over multiple renewal cycles.
3. Create a process for granting an exemption or reasonable modification for licensees with a permanent medical condition or disability, rather than requiring them to annually file for the exemption or modification.

The Committee reviewed the recommendations and concurred with developing a process to grant a reasonable extension of time to comply with the CE requirements, rather than an exemption, for qualifying circumstances.

At this meeting, the Committee will be asked to continue the policy discussion regarding this regulatory proposal.

### **Attachment**

- Proposed Language to Add California Code of Regulations, Title 16, Section 364.1 (Hardship Extensions to Annual Continuing Education Requirements) [Conceptual Draft for Committee Discussion]

DEPARTMENT OF CONSUMER AFFAIRS  
**TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS**

**PROPOSED REGULATORY LANGUAGE**

**Hardship Extensions to Continuing Education Requirements**

<b>Legend:</b> Added text is indicated with an <u>underline</u> .
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**Add Section 364.1 to Article 6 in Division 4 of Title 16 of the California Code of Regulations to read as follows:**

**§ 364.1. Hardship Extensions to Annual Continuing Education Requirements.**

(a) Prior to applying for the renewal of a license pursuant to Section 371, the holder of a license in active status (“licensee”) may request a temporary extension of time not to exceed one hundred eighty (180) days to comply with the annual continuing education requirements of Section 361 if the licensee has been adversely affected by a hardship within their license renewal period.

(b) For purposes of this section, a “hardship” is defined as any one of the following:

(1) A natural disaster as defined in Government Code section 8680.3;

(2) A state or federal declared state of emergency as defined in Government Code section 8558;

(3) A temporary or permanent medical condition or disability; or

(4) A temporary or permanent medical condition or disability of the licensee’s immediate family member or other dependent.

(c) To request and be granted a temporary extension by the Board under this section, a licensee shall provide a written statement and supporting documentation to the Board that includes all of the following:

(1) The licensee’s full name, doctor of chiropractic license number, license expiration date, address of record, phone number, if any, and email address, if any;

(2) A request for a temporary extension of time, not to exceed one hundred eighty (180) days, to comply with the annual continuing education requirements for the current license renewal period;

(3) An identification of the qualifying hardship and a detailed explanation of how that economic or medical hardship prevents the licensee from completing the continuing

education requirements prior to their license expiration date and why the request for an extension should be approved;

(4) Documentation supporting the licensee's statement of hardship such as proof of residency or employment in a natural disaster area, financial records, or a written certification from a primary health care provider; and

(5) A statement signed and dated by the licensee under penalty of perjury under the laws of the State of California that all statements made in the extension request and any accompanying attachments provided with the request are true and correct.

(d) A licensee who receives a temporary extension of time to comply with the continuing education requirements shall provide the Board with evidence of completion of the annual continuing education requirements of Section 361 prior to the expiration date of the extension period. The continuing education credits shall be retroactively applied to the licensee's prior renewal period and shall not be counted toward the new renewal period.

(e) A licensee who fails to provide evidence of completion of the annual continuing education requirements of Section 361 prior to the expiration date of the extension period shall have their license placed in inactive status by the Board and shall be subject to disciplinary action by the Board for unprofessional conduct.

(f) An extension under this section shall not be granted to a licensee for two consecutive renewal periods.

NOTE: Authority cited: Sections 4(b) and 10(a) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii. Reference: Sections 4(b), 4(e), and 10(a) of the Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii.



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**Agenda Item 7  
December 13, 2024**

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**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 8**  
**December 13, 2024**

## **Adjournment**

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**Time:** \_\_\_\_\_