



## **NOTICE OF TELECONFERENCE ENFORCEMENT COMMITTEE MEETING**

### **Committee Members**

Rafael Sweet, Chair  
Laurence Adams, D.C.  
David Paris, D.C.

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

**Thursday, December 19, 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 Enforcement 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=m112f68107d9ec91d45b1a38952a1d51f>

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

Webinar number: 2482 807 7695

Webinar password: BCE1219

### **If joining by phone**

+1-415-655-0001 US Toll

Access code: 2482 807 7695

Passcode:2231219

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 Monday, December 16, 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 8, 2023 Committee Meeting Minutes**
- 4. Update on Board's Enforcement Program**
- 5. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Update the Minimum Supervision and Training Requirements for Chiropractic Assistants Within a Chiropractic Practice (amend California Code of Regulations [CCR], Title 16, section 312)**
- 6. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Update the Record Keeping and Retention Requirements for Chiropractic Patient Records (amend CCR, Title 16, section 318)**
- 7. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Update the Board's *Disciplinary Guidelines and Model Disciplinary Orders* and Implement the Uniform Standards for Substance Abusing Licensees (amend CCR, Title 16, section 384)**
- 8. Future Agenda Items**

Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]
- 9. Adjournment**

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

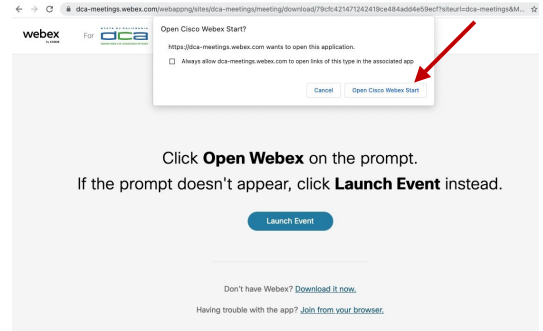
1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

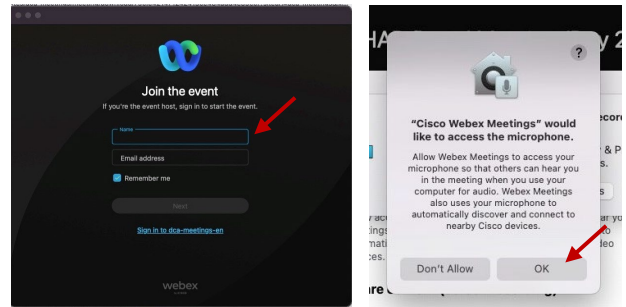
Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

## 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.

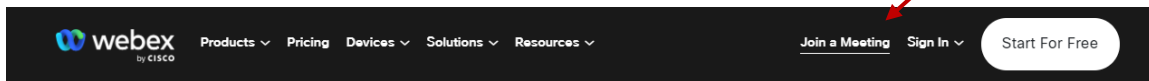


\* Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative, and a fictitious email address like in the following sample format: XXXXX@mailinator.com.

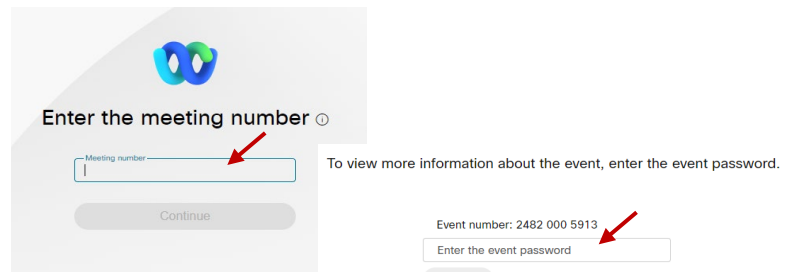
OR

## If joining from Webex.com

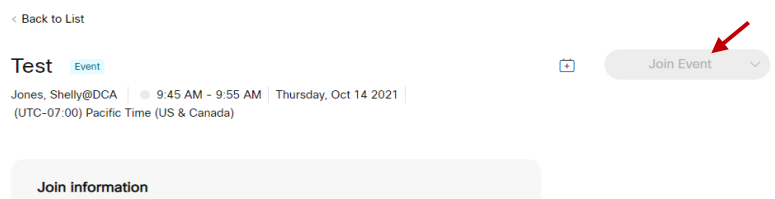
- 1 Click on "Join a Meeting" at the top of the Webex window.



- 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".



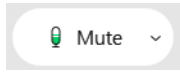
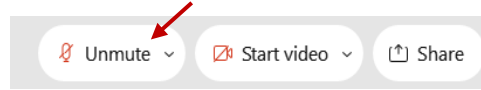
OR

## Connect via telephone\*:

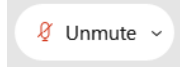
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

## Microphone

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

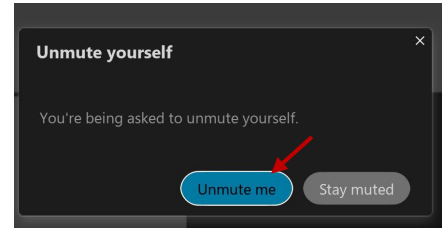


Green microphone = Unmuted: People in the meeting can hear you.



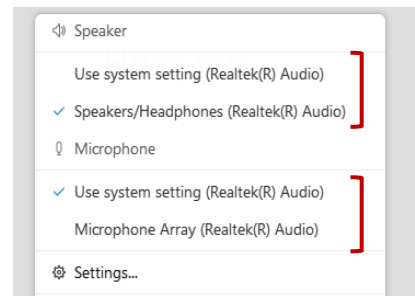
Red microphone = Muted: No one in the meeting can hear you.

*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".*



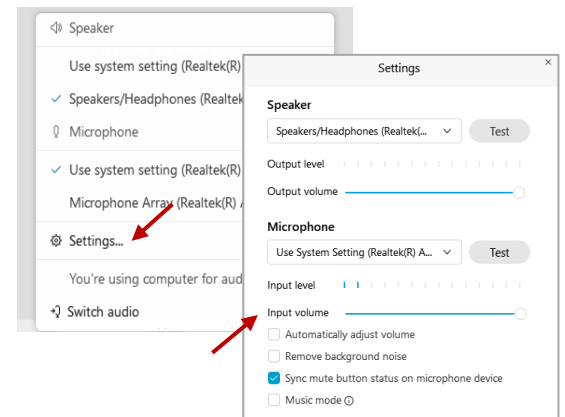
## If you cannot hear or be heard

- 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

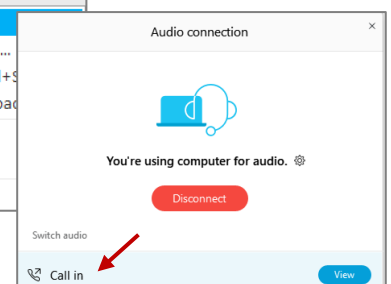
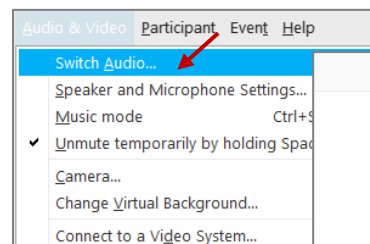
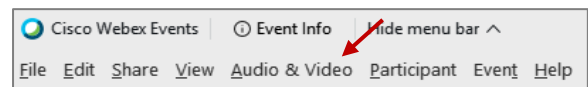
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
  - Click on "Settings...":
  - Drag the "Input Volume" located under microphone settings to adjust your volume.



## 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.



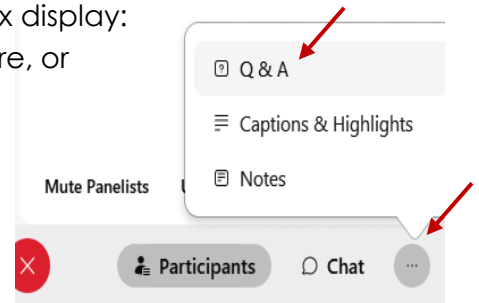
The question-and-answer (Q&A) and hand raise features are utilized for public comments.

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

### Q&A Feature

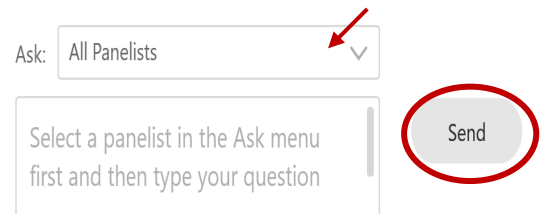
1 Access the Q&A panel at the bottom right of the Webex display:

- 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:

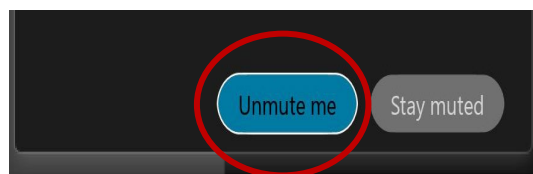
- Utilize the raise hand feature by pressing \*3 to raise your hand.
- Repeat this process to lower your hand.

### 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.

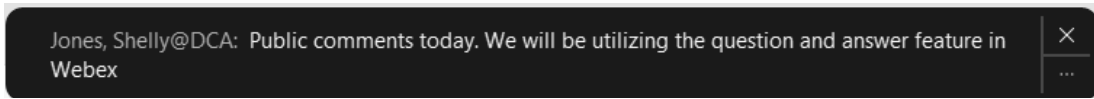


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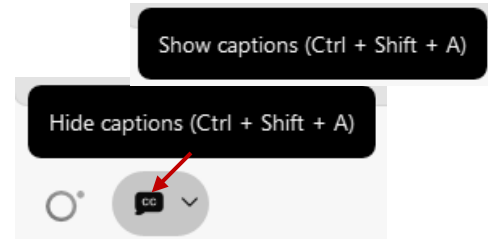
If connected via telephone:

- Press \*3 to unmute your microphone.

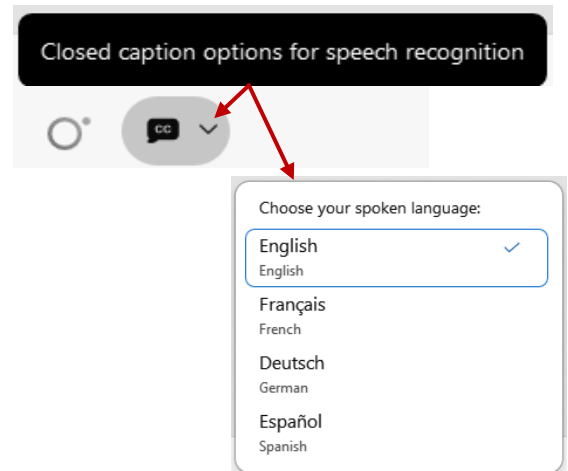
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



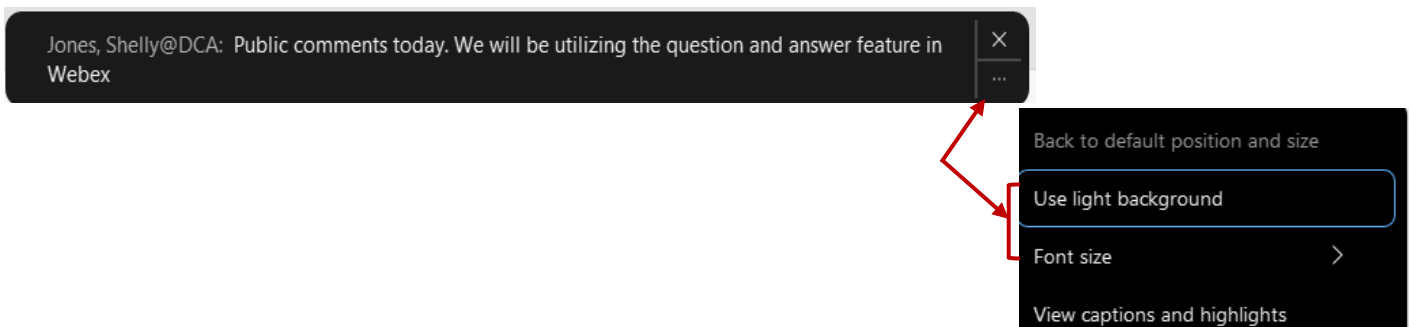
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



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.





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**Agenda Item 1  
December 19, 2024**

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

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**Purpose of the Item**

Rafael Sweet, Chair of the Board's Enforcement Committee, will call the meeting to order. Roll will be called by Laurence Adams, D.C.

**Committee Members**

Rafael Sweet, Chair  
Laurence Adams, D.C.  
David Paris, D.C.





**Agenda Item 2  
December 19, 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 19, 2024**

**Review and Possible Approval of December 8, 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 8, 2023 Committee meeting minutes.

**Attachment**

- December 8, 2023 Enforcement Committee Meeting Minutes (Draft)



**Agenda Item 3  
Attachment**

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

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

**Committee Members Present**

Laurence Adams, D.C., Chair  
David Paris, D.C.  
Rafael Sweet

**Staff Present**

Kristin Walker, Executive Officer  
Tammi Pitto, Assistant Executive Officer  
Dixie Van Allen, Licensing & Administration Manager  
Amanda Ah Po, Enforcement Analyst  
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)  
Steven Vong, Regulatory Counsel, Attorney III, DCA

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

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

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

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

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

**Public Comment:** None.

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

**Motion: Carried.**

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

Ms. Pitto shared that recruitment efforts are underway to refill vacant an Associate Governmental Program Analyst position, a Special Investigator position, and a Staff Services Manager I position in the Enforcement Unit. She indicated the meeting materials include a list of pending regulatory proposals affecting the Enforcement Program in the concept development and production phases. She also highlighted the Enforcement Program statistics and noted there are approximately 500 pending complaints due to a high volume of new complaints received during the current fiscal year.

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

**Public Comment:** None.

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

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

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

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

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

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

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

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

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

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

Sergio Azzolino, D.C. thanked the Committee for their work and acknowledged ML for stepping forward. He urged the Committee to address individuals who have lost their license and prohibit them from being able to call themselves chiropractic assistants or put their hands on any patient. He also commented that the Committee’s proposal may be burdensome for licensees in a tough labor market, he does not see the benefit of 24

hours of CE on teaching people how to use machines that may not be used in certain offices, and the assistants under his supervision are well trained and qualified. He suggested the Committee adopt similar requirements as other health professions.

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

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

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

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

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

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

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

**Motion: Carried.**

**6. Review, Discussion, and Possible Recommendation Regarding Proposal to Update the Board's *Disciplinary Guidelines and Model Disciplinary Orders***

**and Implement the Uniform Standards for Substance Abusing Licensees  
(amend CCR, Title 16, section 384)**

Ms. Walker summarized the Committee's incremental approach to updating the Board's *Disciplinary Guidelines and Model Disciplinary Orders*, including revising the standard and optional conditions of probation, strengthening the Board's probation monitoring program, reviewing the categories and recommended penalties for different violations of the Board's regulations, and reaffirming the Board's prior decision about the trigger language for the Uniform Standards for Substance Abusing Licensees.

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

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

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

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

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

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

**Public Comment:** ML commented that she hopes the Committee takes seriously the fact that many people, including herself, have had doctors commit sexual harassment and sexual assault and urged the Committee to take patient safety and protection into account when making and modifying regulations.

## 8. Future Agenda Items

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

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

## 9. Adjournment

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





**Agenda Item 4  
December 19, 2024**

**Update on Board's Enforcement 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 Enforcement 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 16, 2024 Memo to Committee Members Regarding Enforcement Program Activities and Statistics



# MEMORANDUM

## Agenda Item 4 Attachment

<b>DATE</b>	December 16, 2024
<b>TO</b>	Members of the Board of Chiropractic Examiners' Enforcement Committee
<b>FROM</b>	Kristin Walker, Executive Officer
<b>SUBJECT</b>	<b>Update on Board's Enforcement Program</b>

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

### **BCE Board and Enforcement Committee Meetings**

The following meetings have been scheduled:

- December 19, 2024 – Enforcement 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)

### **Federation of Chiropractic Licensing Boards (FCLB) and National Board of Chiropractic Examiners (NBCE) – 2025 Key Dates**

FCLB and NBCE have scheduled the following key dates for 2025:

- FCLB 2025 Annual Conference and NBCE 2025 Annual Meeting: April 30, 2025 through May 4, 2025, St. Louis, Missouri
- NBCE Spring Part IV Examination: May 17–18, 2025
- NBCE Part IV Test Development Committee and Part IV Standard Setting Workshop: June 6–7, 2025, Greeley, Colorado
- FCLB Districts I & IV Regional Meeting: September 25–28, 2025, Omaha, Nebraska
- NBCE Fall Part IV Examination: November 8–9, 2025

BCE staff is requesting out-of-state travel approval for up to two Board members and the Executive Officer to attend and participate in the FCLB annual conference and regional meeting. Staff is also seeking approval for up to two licensee Board members to be able to participate in the NBCE Part IV Test Development Committee meeting and standard setting workshop.

### **Legislation: 2025–26 Session**

The Legislature convened for the 2025–26 session on December 2, 2024, and the Assembly and Senate adopted rules reducing the number of bills that each member can introduce during the two-year session to 35.

Below are important dates and deadlines on the 2025 legislative calendar:

- January 10, 2025: Budget bill must be submitted by Governor
- February 21, 2025: Last day for bills to be introduced
- April 11–20, 2025: Spring recess
- May 2, 2025: Last day for policy committees to hear and report to fiscal committees fiscal bills introduced in their house
- May 9, 2025: Last day for policy committees to hear and report to the Floor nonfiscal bills introduced in their house
- May 23, 2025: Last day for fiscal committees to hear and report to the Floor bills introduced in their house
- June 6, 2025: Last day for each house to pass bills introduced in that house
- June 15, 2025: Budget bill must be passed by midnight
- July 18, 2025: Last day for policy committees to hear and report bills
- July 19, 2025 through August 17, 2025: Summer recess
- August 29, 2025: Last day for fiscal committees to hear and report bills to the Floor
- September 5, 2025: Last day to amend on the Floor
- September 12, 2025: Last day for each house to pass bills
- October 12, 2025: Last day for Governor to sign or veto bills
- January 1, 2026: Statutes take effect

## 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.

Throughout fiscal year 2024–25, OPES will be conducting workshops with subject matter experts to review, reclassify, and write items and set the passing score for the September 2025 CCLE based on the new OA examination outline. Additionally, OPES will conduct a review of NBCE Parts I–IV and Physiotherapy and a linkage study on behalf of BCE after NBCE releases their 2025 Practice Analysis of Chiropractic report.

## Proposed Regulations Affecting Enforcement Program

### Production Phase

- 1. Discipline by Another Jurisdiction and Licensee Reporting Requirements (Amend CCR, Title 16, Sections 304 and 314):** This Consumer Protection Enforcement Initiative (CPEI) proposal will update the reporting of licensee arrests, convictions, and discipline by other public agencies and clarify a licensee's duty to report any violation of the statutes and regulations governing the practice of chiropractic to the Board. The Board approved the proposed regulatory text at its July 20, 2023 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.
- 2. Delegation of Certain Functions to the Executive Officer (Amend CCR, Title 16, Section 306):** This CPEI proposal will delegate additional functions to the Executive Officer to expedite the Board's handling of disciplinary cases. The Board approved the proposed regulatory text at its October 19, 2023 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.
- 3. Repeal Successful Examination (Obsolete Provision) [Repeal CCR, Title 16, Section 354]:** This proposal will repeal an obsolete provision in the Board's regulations that conflicts with other existing laws and regulations that prohibit the unlicensed practice of chiropractic. 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.

- 4. Sexual Contact with a Patient and Required Actions Against Registered Sex Offenders (Add CCR, Title 16, Sections 384.1 and 384.2):** This CPEI proposal will require any proposed decision containing a finding of fact that a licensee engaged in any act of sexual contact, as defined, or is subject to registration as a sex offender in any tier, to contain an order of revocation and prohibit the decision from containing a stay of the revocation. In addition, this proposal will require any Board decision containing a finding of fact that a licensee engaged in any act of sexual contact to contain an order of revocation, and require the Board to deny or revoke a license for any applicant, licensee, or petitioner who is subject to registration as a sex offender in any tier and prohibit the Board from issuing a stay of the revocation for any individual who is subject to registration as a tier two or three offender. The Board approved the proposed regulatory text at its April 20, 2023 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.
- 5. Appeal Process for Contested Citations and Licensee Compliance with Assessed Fines (Amend CCR, Title 16, Sections 390.4 and 390.5):** This regulatory proposal makes conforming changes to the Board's system for issuing citations for consistency with the required provisions of [BPC section 125.9](#). The Board approved the proposed regulatory text at its October 19, 2023 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

- 6. Minimum Supervision and Training Requirements for Chiropractic Assistants Within a Chiropractic Practice (Amend CCR, Title 16, Section 312):** This CPEI proposal will clarify the role of and delineate the activities that can be performed by chiropractic assistants within a chiropractic practice, define and establish the supervision requirements by a licensed doctor of chiropractic, and require that chiropractic assistants follow and provide only the treatment defined in the supervising doctor's treatment plan. This proposal will be discussed by the Enforcement Committee at its December 19, 2024 meeting.
- 7. Record Keeping and Retention Requirements for Chiropractic Patient Records (Amend CCR, Title 16, Section 318):** This proposal will update the record keeping requirements to specify the necessary documentation for the patient history, complaint, diagnosis/analysis, and treatment and to differentiate between an initial patient encounter and an established patient visit. In addition, this proposal will specify the retention period and requirements for the disposition of patient records. This proposal will be discussed by the Enforcement Committee at its December 19, 2024 meeting.

8. **Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees (Amend CCR, Title 16, Section 384):** This proposal will update the *Disciplinary Guidelines and Model Disciplinary Orders* and implement the Uniform Standards for Substance Abusing Licensees. This proposal will be discussed by the Enforcement Committee at its December 19, 2024 meeting.
9. **Filing and Evaluation Process for Petitions for Reinstatement, Reduction of Penalty, or Early Termination of Probation (Amend CCR, Title 16, Sections 384.1 and 385):** This CPEI proposal will update and enhance the process for petitions for reinstatement, reduction of penalty, and early termination of probation before the Board. Staff is developing proposed regulatory text based on the Enforcement Committee's discussion and input at its June 8, 2023 meeting. This proposal is planned to be presented to the Board for review at its February 2025 meeting.



**Agenda Item 5  
December 19, 2024**

**Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Update the Minimum Supervision and Training Requirements for Chiropractic Assistants Within a Chiropractic Practice (amend California Code of Regulations [CCR], Title 16, section 312)**

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**Purpose of the Item**

The Committee will discuss minimum supervision and training requirements for unlicensed individuals who provide specified support services within a chiropractic practice.

**Action Requested**

The Committee will be asked to continue their discussion regarding this proposal and provide policy direction to staff.

**Background**

At the August 29, 2016 Board meeting, as part of a planned comprehensive Consumer Protection Enforcement Initiative (CPEI) regulatory package, the Board approved proposed language to amend California Code of Regulations (CCR), title 16, section 312 (Supervision of Unlicensed Individuals).

During the December 16, 2021 Board meeting, the Board voted to divide the CPEI regulation package into six proposals grouped by topic. Section 312 was separated and placed in a single topic proposal.

The purpose of the proposal to amend CCR, title 16, section 312 is to clarify the role of and delineate the activities that can be performed by unlicensed individuals within a chiropractic practice, define and establish the supervision requirements by a licensed doctor of chiropractic, and require that unlicensed individuals follow and provide only the treatment defined in the supervising doctor of chiropractic's treatment plan.

At the December 9, 2022 meeting, the Committee discussed the proposed language that had been approved by the Board in 2016, the role of the supervising doctor of chiropractic in the preparation of the orders and treatment plan, and requirements for that licensee's physical presence at the facility. The Committee also discussed prohibiting former licensees whose licenses were revoked or surrendered from performing any unsupervised patient treatments and noted how the terms "work week" and "readily available" are too vague.

During the March 2, 2023 meeting, the Committee reviewed research on the regulation of chiropractic assistants in other states and provided feedback to staff on the proposed language to amend CCR, title 16, section 312.

On December 8, 2023, the Committee discussed establishing minimum training, examination, or experience requirements for unlicensed staff who perform the duties of a chiropractic assistant within a chiropractic practice and defining the term “chiropractic assistant” in the regulation.

At this meeting, the Committee will be asked to review and discuss the conceptual draft of the regulatory language and provide policy direction to staff on the proposal.

Suggested changes to the draft regulatory language since the Committee’s last review are highlighted in the Attachment.

**Attachment**

- Proposed Language to Amend California Code of Regulations, Title 16, Section 312 (Chiropractic Assistants) [Conceptual Draft for Committee Discussion]



Proposed Language to Amend California Code of Regulations, Title 16,  
Section 312

**§ 312. Illegal Practice Supervision of Unlicensed Individuals Chiropractic Assistants.**

Unlicensed individuals are not permitted to diagnose, analyze, or perform a chiropractic adjustment. An “unlicensed individual” is defined as any person, including a student or graduate of a chiropractic institution, who does not hold a valid California chiropractic license. An exemption is hereby created for student doctors participating in board approved preceptorship programs.

(a) As used in this section, a “chiropractic assistant” means an unlicensed person who assists a supervising California licensed doctor of chiropractic (“supervising licensee”) with providing clinical procedures and adjunctive physiotherapy services to patients in a chiropractic setting.

(b) The supervising licensee shall:

(1) Ensure each chiropractic assistant has the necessary knowledge, skills, and training to safely and effectively perform a delegated patient care service or task before assigning the service or task to the chiropractic assistant.

(2) Document that each chiropractic assistant working under indirect supervision has completed a Basic Life Support provider or advisor certification course and met one of the following competency requirements:

(A) Obtained a chiropractic assistant certification through the Federation of Chiropractic Licensing Boards (FCLB);

(B) Graduated from an accredited doctor of chiropractic, physical therapy, or physical therapist assistant program; or

(C) Completed a minimum of 2,000 hours of supervised clinical experience as a chiropractic assistant, medical assistant, or physical therapy aide.

(3) Initially examine and prepare a written treatment plan and orders for a patient prior to the provision of physiotherapy treatment by a chiropractic assistant under indirect supervision. The chiropractic assistant shall follow and provide only the treatment defined and documented in the written plan.

(c) The permitted activities of unlicensed individuals chiropractic assistants are as follows:

(a1) Unlicensed individuals Chiropractic assistants may take the history and vital signs of a patient. However, this activity is separate from the consultation which at all times must be conducted by the licensed doctor supervising licensee. The supervising licensee must confirm the history with the patient and determine all appropriate evaluations, imaging, examinations, and referrals.

(b2) Unlicensed individuals Chiropractic assistants may conduct standard neurological, orthopedic, physical and chiropractic examinations, ~~except they may not perform such examinations which require diagnostic or analytic interpretations nor may they~~ at the direction of the supervising licensee. However, chiropractic assistants shall not render a conclusion either verbally or in writing to a patient regarding the patient's physical condition. As an example, unlicensed individuals may not perform evaluations of heart or lung soundings. Such individuals The chiropractic assistants shall be at all times under the immediate and direct supervision of a ~~licensed Doctor of Chiropractic~~ the licensee.

~~“Immediate and d~~Direct supervision” means the ~~licensed Doctor of Chiropractic supervising licensee~~ shall be at all times ~~on the premises~~ present in the same chiropractic facility where the examinations are being conducted. ~~The licensed Doctor of Chiropractic supervising licensee~~ shall be responsible for the verification of the recorded findings and will be solely responsible for rendering a conclusion based on the findings.

(c3) Unlicensed individuals Chiropractic assistants may administer ~~physical~~ physical physiotherapy treatments as an adjunct to chiropractic adjustment, provided the ~~physical~~ physiotherapy treatment is conducted as directed by the supervising licensee's written treatment plan and, at a minimum, under the adequate indirect supervision of a licensee~~licensed Doctor of Chiropractic.~~

Adequate “Indirect supervision” means shall include all of the following:

(1) ~~T~~the supervising licensee doctor shall be physically present in the same chiropractic facility with the ~~unlicensed individual~~ chiropractic assistant during at least ~~fifty~~ twenty-five percent (25%) of the facility's patient care hours each month~~any work week or portion thereof~~ the said individual is on duty ~~unless this requirement has been waived by the board.~~ The supervising licensee doctor shall be on-call and readily available to the said individual within fifteen (15) minutes by direct verbal communication at all other times for advice, assistance and instruction, unless another licensee is physically present at the facility or on-call. The chiropractic assistant shall also be trained to immediately activate emergency medical services during an emergency.

(2) ~~The doctor shall initially examine and prepare a written treatment program for a patient prior to the providing of physical therapy treatment by the unlicensed individual.~~

~~(34) The doctor supervising licensee shall provide perform periodic reevaluation of the patient and reassessment of the treatment plan and the patient's progress toward meeting treatment goals program and of the individual's performance in relation to the patient. "Periodic reevaluation" shall mean at least once every thirty (30) days the patient is under active care.~~

~~(4) The doctor shall perform and record an evaluation of the patient and his or her response to treatment at the termination thereof.~~

~~(d5) The supervising licensee is responsible for evaluating a radiographic image before any markings are added that obstruct portions of a body part. The supervising licensee may refer the evaluation of radiographic images to a radiologist. Following the supervising licensee's review of the radiograph, the Unlicensed individuals chiropractic assistant may mark X-ray films administered generated by a supervising licensee Doctor of Chiropractic. "Marking X-rays" is defined as drawing and measuring between reference points and making angular and linear measurements. Unlicensed individuals Chiropractic assistants are not permitted to make any diagnostic conclusions or chiropractic analytical listings, and tThe licensed doctor supervising licensee is responsible for any pathological entities covered or obstructed by the markings.~~

~~(ed) Unlicensed individuals Chiropractic assistants may shall not: administer~~

~~(1) Generate X-rays unless they hold a valid X-ray technician certificate from issued by the Department of Public Health Services, Radiologic Health Branch, or participate under the direct supervision of a licensed Doctor of Chiropractic in licensee as part of a training program approved by that department and set forth in Section 25668.1 of the California Health and Safety Code. This prohibition, set forth in Section 30403 of Title 17 of the California Administrative Code includes the following activities:~~

~~(1A) Positioning of patient;~~

~~(2B) Setting up of X-ray machines;~~

~~(3C) Pushing a button to generate a radiographic beam;~~

~~(4D) Developing of films. However, the Department of Public Health Services has determined that unlicensed individuals may develop X-ray film if that is their sole radiologic responsibility.~~

~~(2) Chiropractic assistants are not permitted to diagnose, analyze, perform a chiropractic adjustment, or modify or deviate from the supervising licensee's written treatment plan and orders. If a patient presents for physiotherapy treatment with a new symptom or complaint, the chiropractic assistant shall consult with the supervising licensee before providing the planned physiotherapy treatment to the patient. All student interns must be under the direct supervision of a licensee.~~

(e) ~~Unlicensed individuals~~ Chiropractic assistants who exceed the permitted scope of practice set forth in this regulation shall be in violation of Section 15 of the Chiropractic Act and shall be **subject to citation by the Board and** prohibited from applying for a California chiropractic license for such time as may be determined by the ~~h~~Board. ~~Student doctors participating in board approved preceptorship programs are not to be considered “unlicensed individuals” when working in said program.~~

(f) A former licensee of the Board, or of any healing arts board under Division 2 of the Business and Professions Code, whose license was revoked or surrendered through disciplinary action shall be prohibited from independently participating in any form of patient treatment or billing and must perform all activities within the facility under the direct supervision of a licensed doctor of chiropractic.

(g) This section shall not apply to the following:

(1) An individual licensed by another healing arts board under Division 2 of the Business and Professions Code and acting within the capacity and scope of their license;

(2) A chiropractic student while participating in a preceptorship or postceptorship program **under the direct supervision of a licensee** through a chiropractic college approved by the Board pursuant to Article 4, Section 330 et seq; or

(3) **An unlicensed individual who solely performs non-clinical, administrative services such as scheduling, billing, and general clerical duties.**

(h) A violation of this section shall constitute unprofessional conduct and shall subject the supervising licensee to disciplinary action.

NOTE: Authority cited: Section 4(b) of the Chiropractic Initiative Act of California (Stats. 1923, p. lxxxviii). Reference: Section 15 of the Chiropractic Initiative Act of California (Stats. 1923, p. lxxxviii) and Section 25668.1, California Health and Safety Code; Section 30403 of Title 17, California Administrative Code.



**Agenda Item 6  
December 19, 2024**

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

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**Purpose of the Item**

The Committee will discuss potential changes to the Board's current record keeping and retention requirements for chiropractic patient records.

**Action Requested**

The Committee will be asked to provide policy direction to staff on this regulatory proposal.

**Background**

At the April 16, 2015 Board meeting, the Board approved proposed text to amend California Code of Regulations (CCR), title 16, sections 318 and 312.2 to implement consumer notice requirements after the death or incapacity of a licensee or the termination or relocation of practice, including guidelines for when a chiropractic practice closes and a Notice of Termination of Practice and Transfer of Records form. However, at that time, the Board did not commence the regulatory process and the pending regulatory proposal was placed on hold.

In 2022, the Committee discussed how the Board's current record keeping regulation – CCR, title 16, section 318 – does not: 1) delineate the necessary documentation for the patient history, complaint, diagnosis/analysis; and treatment; 2) differentiate between an initial patient encounter and established patient visit; or 3) address the handling of records upon the closure or sale of a practice or following the death or incapacitation of a licensee.

During the March 2, 2023 meeting, the Committee reviewed an initial draft of proposed language to amend CCR, title 16, section 318 to address the three issues identified by the Committee and staff, along with the original text and notice requirements that were contemplated by the Board in 2015. Staff subsequently revised the proposed text based on the Committee's input at that meeting.

The Committee continued its policy discussion on this proposal to update the record keeping requirements for chiropractic patient records and impose notification requirements to patients in the event of the death, incapacity, or retirement of a licensee or upon the closure or sale of a chiropractic practice during the December 8, 2023

meeting. Following discussion, the Committee voted to move this regulatory proposal to the Board for consideration.

During the January 12, 2024 Board meeting, the Board reviewed and discussed the conceptual draft of the regulatory text. The Board noted potential concerns with the requirement to document the patient's gender, height, and weight during the initial visit and suggested specifying orthopedic and neurological testing as part of the initial examination to further clarify the expected standard for licensees.

At this meeting, the Committee will be asked to review and discuss the Board's feedback on the conceptual draft of the regulatory language and provide policy direction to staff on the proposal.

Suggested changes to the draft regulatory language since the Committee's last review are highlighted in the Attachment.

### **Attachment**

- Proposed Language to Amend California Code of Regulations, Title 16, Section 318 (Chiropractic Patient Records and Accountable Billings) [Conceptual Draft for Committee Discussion]

**Proposed Language to Amend California Code of Regulations, Title 16,  
Section 318**

**§ 318. Chiropractic Patient Records/ and Accountable Billings.**

(a) Creation of Chiropractic Patient Records and Required Content. Chiropractic patient records shall be contemporaneously and legibly documented during each patient encounter in the patient file. Each licensed doctor of chiropractic shall ensure the content of their records is accurate and supports all diagnoses, recommendations, treatments/services rendered, and billings.

At a minimum, the chiropractic patient file shall contain the following records:

- (1) The patient's full name and date of birth;
- (2) Signed written informed consent as specified in Section 319.1;
- (3) Documentation of the initial patient visit, including the:
  - (A) Date and purpose of the visit;
  - (B) Pertinent patient history, including medical, surgical, family medical, social, and occupational;
  - (C) Description of the patient's symptom(s) or complaint(s) in terms of onset, provocation/palliation, quality, region/radiation, severity, and time.
  - (D) Patient's gender, approximate height, and weight;
  - (E) Patient's vital signs as clinically indicated;
  - (F) Diagnostic imaging or laboratory tests as clinically indicated;
  - (G) Examination, including orthopedic and neurological testing, and findings;
  - (H) Assessment and diagnosis with the applicable diagnosis code(s);
  - (I) Prognosis;
  - (J) Treatment plan and goals of care, including any recommendations or orders;
  - (K) Any treatment(s) or service(s) provided with the applicable procedure code(s) and the patient's response; and

(L) The full name and signature of the doctor of chiropractic who examined the patient and developed the treatment plan.

(4) Documentation of any subsequent patient visit(s), including the:

(A) Date and purpose of the visit;

(B) Any changes in history or complaint(s) since the last visit;

(C) Assessment of any change(s) in the patient's condition since the last visit;

(D) Periodic reexamination as clinically indicated;

(E) Any modification to the treatment plan or goals of care;

(F) Any treatment(s) or service(s) provided and the patient's response;

(FG) The full name and either the signature or initials of the treating doctor of chiropractic.

(5) Any chiropractic x-rays, or evidence of the transfer of said x-rays.

(56) Any records or reports obtained from other health care providers, imaging facilities, or laboratories.

(67) Documentation of any correspondence or communications with the patient or with any other party regarding the patient, such as a legal representative, an insurance company, or another health care provider.

(ab) Retention of Chiropractic Patient Records. Each licensed ~~chiropractor~~ doctor of chiropractic is required to maintain all active and inactive chiropractic patient records for five (5) years from the date of the ~~doctor's patient's last treatment of the patient visit,~~ or at least three (3) years after the patient reaches the age of twenty-one (21), whichever occurs later, unless state or federal laws require a longer period of retention. Active chiropractic records are all chiropractic records of patients treated within the last twelve (12) months. Chiropractic patient records shall be classified as inactive when there has elapsed a period of more than twelve (12) months since the date of the last patient treatment.

All chiropractic patient records shall be available to any representative of the Board upon presentation of patient's written consent or a valid legal order. Active chiropractic patient records shall be immediately available to any representative of the Board at the chiropractic office where the patient has been or is being treated. Inactive chiropractic patient records shall be available upon ten (10) days' notice to any representative of the Board. The location of said inactive records shall be reported immediately upon request.

~~Active and inactive chiropractic patient records must include all of the following:~~



- ~~(1) Patient's full name, date of birth, and social security number (if available);~~
- ~~(2) Patient gender, height and weight. An estimated height and weight is acceptable where the physical condition of the patient prevents actual measurement;~~
- ~~(3) Patient history, complaint, diagnosis/analysis, and treatment must be signed by the primary treating doctor. Thereafter, any treatment rendered by any other doctor must be signed or initialed by said doctor;~~
- ~~(4) Signature of patient;~~
- ~~(5) Date of each and every patient visit;~~
- ~~(6) All chiropractic X-rays, or evidence of the transfer of said X-rays;~~
- ~~(7) Signed written informed consent as specified in Section 319.1.~~

(c) Disposal of Chiropractic Patient Records. A licensed doctor of chiropractic may dispose of chiropractic patient records through confidential destruction or permanent deletion after the minimum retention period specified in subdivision (b) has passed.

(d)(1) Retirement, Sale, or Closure of a Practice. In the event that a doctor of chiropractic plans to retire, sell, or close their practice, the doctor of chiropractic shall establish a plan for the maintenance of their chiropractic patient records for the minimum retention period specified in subdivision (b) and provide written notice to the Board and to each patient by first class mail to the patient's last known address or by secure electronic message to the patient's last known email address at least thirty (30) days prior to the date of retirement, sale, or closure of the practice. The notice shall contain the following information:

(A) A statement that the doctor of chiropractic is or will no longer be practicing chiropractic and the date that the doctor ceased or will cease practicing;

(B) The name, mailing address, and contact information of the custodian of the patients' chiropractic patient records;

(C) Instructions for how the patient may access, inspect, or obtain a copy of their chiropractic patient records, including any fee for providing the records in accordance with Health and Safety Code section 123110, subdivision (j); and

(D) Instructions for how the patient may submit a claim for a refund for any prepaid treatment(s) or service(s) not rendered by the doctor of chiropractic prior to the termination of practice.

(e)(1) Transfer of Chiropractic Patient Records Due to Incapacity or Death of a Licensee. Each licensed doctor of chiropractic shall establish a plan for the transfer and maintenance of their chiropractic patient records for the minimum retention period

specified in subdivision (b) to another licensed doctor of chiropractic in the event they become incapacitated, deceased, or otherwise unable to practice chiropractic.

(2) In the event a doctor of chiropractic becomes incapacitated, dies, or is or will be otherwise unable to practice, within sixty (60) days, the doctor of chiropractic or their personal representative, succeeding doctor of chiropractic, heir, trustee, executor, administrator, or conservator shall provide written notice to the Board and to each patient by first class mail to the patient's last known address or by secure electronic message to the patient's last known email address. The notice shall contain the information specified in subdivision (d)(2)(A)-(D).

(b) Accountable Billings. Each licensed ~~chiropractor~~ doctor of chiropractic is required to maintain billing records for services performed and ensure accurate billing of ~~his or her~~ their chiropractic services whether or not such chiropractor is an employee of any business entity, whether corporate or individual, and whether or not billing for such services is accomplished by an individual or business entity other than the licensee. In the event an error occurs which results in an overbilling, the licensee must promptly make reimbursement of the overbilling whether or not the licensee is in any way compensated for such reimbursement by ~~his~~ their employer, agent or any other individual or business entity responsible for such error. Failure by the licensee, within 30 days after discovery or notification of an error which resulted in an overbilling, to make full reimbursement constitutes unprofessional conduct.

Note: Authority cited: Section 4000-4(b), ~~Business and Professions Code~~ (of the Chiropractic Initiative Act of California, (Stats. 1923, p. 4xxxviii)). Reference: Section 4000-4(b), ~~Business and Professions Code~~ (of the Chiropractic Initiative Act of California, (Stats. 1923, p. 4xxxviii)) and Section 123110 of the Health and Safety Code.



**Agenda Item 7  
December 19, 2024**

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

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**Purpose of the Item**

The Committee will receive an update from staff on the development of revisions to the Board's *Disciplinary Guidelines and Model Disciplinary Orders*.

**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.

**Background**

For the past several years, the Board has been working on updates to its *Disciplinary Guidelines and Model Disciplinary Orders* and the implementation of the Uniform Standards for Substance Abusing Licensees.

At the July 17, 2014 meeting, the Board reviewed and discussed the three options to “trigger” the application of the Uniform Standards: 1) a presumption unless rebutted by the licensee; 2) conducting a clinical diagnostic evaluation of the licensee; or 3) finding evidence establishing the licensee is a substance-abusing licensee after providing notice and conducting a hearing. The Board voted to approve the third option for applying the Uniform Standards.

During the October 6, 2022 meeting, the Committee discussed proposed updates to the standard and optional terms and conditions of probation to protect the public and strengthen the effectiveness of the Board's probation monitoring program. In addition to clarifying the language within the existing terms and conditions of probation and removing redundant requirements, the proposed changes include:

- Adding new standard conditions of probation requiring probationers to maintain a current and active license, reimburse the Board for its probation monitoring costs, practice a minimum of 24 hours per week while on probation, not serve as a continuing education instructor while on probation, file their current contact information and employment status, and notify their patients of their probation status, as required by Business and Professions Code section 1007.

- Adding new optional conditions of probation for the Part IV national examination, an ethics and boundaries assessment/examination, and limitations on practice locations.
- Bolstering the optional conditions of probation for practice monitoring and third-party chaperone requirements.

During the March 2, 2023 meeting, the Committee discussed the recommended penalties for violations of the statutes and regulations within the Board's jurisdiction. The Board's current Disciplinary Guidelines contain four categories of violations as follows:

- Category I: Violations which are relatively minor, but are potentially harmful, or for repeated violations of a relatively minor nature
  - Minimum penalty: Revocation stayed, one to two years' probation
- Category II: Violations with a more serious potential for harm, for violations which involve greater disregard for chiropractic law and public safety, or for violations which reflect on ethics, care exercised, or competence
  - Minimum penalty: Revocation stayed, three years' probation
- Category III: Less egregious criminal convictions involving moral turpitude, sexual misconduct, or fraudulent acts committed in connection with the licensee's practice, or cases involving gross negligence/incompetence, capping, steering, accepting fees for patient referrals, excessive treatment, or failure to refer a patient to another licensed care provider
  - Minimum penalty: Revocation stayed, 30 days' suspension, five years' probation
- Category IV: More egregious cases including, but not limited to, fraudulent activity, physical violence, sexual misconduct, excessive treatment, or improper use of license in connection with sexual acts
  - Penalty: revocation

Following discussion, the Committee determined that California Code of Regulations (CCR), title 16, sections 310.2 (Use of the Title by Unlicensed Persons), 312 (Unlicensed Practice), and 317, subdivision (x) (Unprofessional Conduct: Substitution of a Spinal Manipulation for Vaccination) should be elevated from Category I to Category II violations due to the potential for patient harm.

During the Committee's meeting on June 8, 2023, the Committee discussed potential guidelines for imposing the National Board of Chiropractic Examiners (NBCE) Part IV examination as a term and condition of probation when granting a petition for

reinstatement of licensure to an individual who has been out of practice for five or more years.

At the December 8, 2023 meeting, the Committee engaged in a policy discussion regarding the establishment of guidelines for imposing the following terms and conditions of probation when granting a petition for reinstatement of licensure:

1. NBCE Part IV Examination
2. NBCE Special Purposes Examination for Chiropractic (SPEC) Post-Licensure Examination
3. California Chiropractic Law Examination (CCLE)
4. Ethics and Boundaries Assessment (EBAS)
5. Practice Monitoring/Supervised Practice

At this meeting, staff will provide the Committee with an update on the proposed regulatory text to amend CCR, title 16, section 384, incorporate the updated *Disciplinary Guidelines* by reference, and implement the Uniform Standards for Substance Abusing Licensees.



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**Agenda Item 8  
December 19, 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 9**  
**December 19, 2024**

## **Adjournment**

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