

**BOARD OF CHIROPRACTIC EXAMINERS  
LICENSING COMMITTEE  
MEETING MINUTES  
June 13, 2025**

The Licensing Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events on June 13, 2025, in accordance with the provisions of Government Code section 11123.5. Board staff were present at the primary physical meeting location listed below and all Committee members participated virtually from remote locations.

Primary Physical Meeting Location

Department of Consumer Affairs

El Dorado Room

1625 N. Market Blvd., Suite N-220

Sacramento, CA 95834

**Committee Members Present**

Pamela Daniels, D.C., Chair

Janette N.V. Cruz

**Staff Present**

Kristin Walker, Executive Officer

Tammi Pitto, Assistant Executive Officer

Lynne Reinhardt, Enforcement Manager

Amanda Ah Po, Lead Licensing & Continuing Education Analyst

Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

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

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

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

**Public Comment:** Brian Ota, D.C. requested that the Committee resume its discussion on establishing a new type of licensure that would provide large organizations with the flexibility to have licensees work at different locations on short notice.

**3. Review and Possible Approval of Committee Meeting Minutes**

A. August 25, 2023 Committee Meeting

B. March 8, 2024 Committee Meeting

C. January 9, 2025 Committee Meeting

This agenda item was tabled for a future meeting.

#### **4. Update on Board's Licensing Program**

Ms. Walker provided an update on the Board's Licensing Program and announced that Amanda Ah Po is serving as the Lead Licensing & Continuing Education Analyst and Shelly Anderson and Jose Diaz were selected for the roles of Licensing Technician and Administration and Licensing Manager, respectively.

She informed the Committee that Campbellsville University in Kentucky received initial accreditation from the Council on Chiropractic Education (CCE) and staff will contact them to provide information about the Board's approval process. She acknowledged Keiser University's College of Chiropractic Medicine remains on probation due to noncompliance with CCE standards. She stated staff plans to engage with them further about obtaining final Board approval of their chiropractic program after their probation status is resolved.

Ms. Walker highlighted the ongoing work on examination development and validation by DCA's Office of Professional Examination Services (OPES). She stated OPES will present the findings of the occupational analysis (OA) and National Board of Chiropractic Examiners (NBCE) Parts I–IV and Physiotherapy examination validation reports at the Board's August 1, 2025 meeting, and will provide an overview of the process for developing the Board's California Chiropractic Law Examination (CCLE).

She stated there is minimal legislative activity affecting the Board's Licensing Program. She identified the most significant bill as Senate Bill (SB) 687 (Ochoa Bogh) relating to animal chiropractic, which will be revisited in 2026. She indicated the other bills have minor effects, such as expediting certain applicants. She also reported improvements in processing times for issuing new chiropractic licenses and satellite office certificates and noted the Board issued the first temporary chiropractic license to a military spouse.

Ms. Walker provided an update on the Board's business modernization efforts and emphasized that Connect now has a 90 percent adoption rate for new licensees and a 50 percent adoption rate for license renewals, which is up from 30 percent a year ago. She stated staff will soon have access to new AI technology, including Microsoft Copilot, to enhance business processes.

She updated the Committee on the pending licensing regulations and noted the proposed text for chiropractic program curriculum requirements, license renewal and restoration requirements, and basic life support certification will be presented to the Board on August 1, 2025.

Dr. Daniels asked if Assembly Bill (AB) 742 (Elhawary) would cause a financial impact if passed. Ms. Walker explained the bill would require minor costs to update the initial licensure process regulations and applications. Dr. Daniels suggested that the Board request an exemption from the bill because the Board does not have any backlogs in its Licensing Program.

Dr. Daniels asked if the proposed regulations are progressing as expected, noting that the goal for the regulation package concerning prohibited activities by inactive licensees was to move to the next stage, submission to the Office of Administrative Law, this summer. Ms. Walker explained there are many regulation packages that need to be completed this year so the Board can focus on future issues related to sunset review. Dr. Daniels asked if progress has been made on conducting a survey about retired licenses. Ms. Walker stated she would work with staff to begin the survey.

Dr. Daniels asked whether the increase in Connect adoption among licensees was prompted by a notification or advertisement. Ms. Walker responded that the license renewal packets now encourage licensees to renew online, and staff is currently developing a broader outreach campaign to further promote the use of Connect.

Ms. Cruz noted the upgrade to the new version of Connect was placed on hold due to vendor resources. She asked if there were any concerns or risks with the current version of Connect no longer being supported. Ms. Walker confirmed the Board is still supported on the current version of the Connect system. She stated the next version offers better functionality for scenarios like corporation licenses and facility-level operations, where one certificate type links to multiple users, and also provides more control over updating form fields, allowing the DCA's IT resources to make changes without vendor assistance.

Ms. Cruz inquired about user adoption of the Connect system. Ms. Walker explained that new applicants have been early adopters of the system with over 90 percent using it, thanks in part to chiropractic programs promoting it to their students.

Ms. Cruz expressed concern that centralizing the NBCE Part IV practical exam to one location in Greeley, Colorado, might limit accessibility for candidates, noting that Californians previously had access to testing sites in Hayward and Whittier. Ms. Walker responded that she had discussed the issue with Board Chair Laurence Adams, D.C., and they are exploring how other states are responding, as some are considering alternative approaches to improve accessibility. Dr. Daniels added that some states are even considering discontinuing the use of NBCE due to this change, which could have implications for the discussion on reciprocity later in the meeting.

**Public Comment:** None.

## **5. Discussion and Possible Recommendation Regarding Potential Pathway to Doctor of Chiropractic Licensure by Reciprocity or Endorsement**

Ms. Ah Po introduced the topic of clarifying the pathway to licensure by reciprocity to attract more licensees and remove licensure barriers by defining reciprocity. She stated currently reciprocity requires the same documentation as the initial license application, with few exemptions. She asked the Committee to consider accepting another state's endorsement instead of primary source verification and whether years of practice can offset deficiencies in requirements like subject areas and clinic hours.

Dr. Daniels emphasized the importance of streamlining reciprocity to attract new licensees while maintaining California's standards for public safety. She highlighted key differences among states in areas such as clinic hours, NBCE examinations, curriculum requirements, and scope of practice. Dr. Daniels suggested modifying the CCLE to ensure applicants fully understand California's scope of practice. She expressed concern about the potential impact if other states drop the NBCE examination requirements. She also referenced the Veterans Administration system's licensure reciprocity model and the expansion of virtual care as examples worth considering.

Ms. Walker suggested the Committee decide whether to address redundancies in the current licensure process, such as exploring a streamlined process that would allow applicants to provide a license certification from another state chiropractic licensing board in lieu of documentation from their chiropractic program, or to simply clarify the existing regulation to reduce confusion, noting that the current process does not constitute true reciprocity.

Dr. Daniels acknowledged that although all chiropractic programs are CCE-accredited, curricular standards vary by state, so the Board must clearly define the minimum requirements to protect California residents. Ms. Cruz agreed. Dr. Daniels also raised concerns about potential legal liability if there are errors in the information provided through state endorsements.

Ms. Walker explained under an endorsement model, the Board would accept another state's certification that an applicant has passed the NBCE examinations and graduated from an approved chiropractic program, and staff would verify the applicant's license status and criminal history. Ms. Knight noted that verifying pending investigations or unprofessional conduct in other states can be challenging due to differences in definitions and processes. Dr. Daniels added that California requires coursework not mandated by CCE, including physiotherapy and dermatology, and stressed the importance of maintaining the Board's standards while improving the efficiency of the licensure process.

Dr. Daniels proposed issuing a temporary license to applicants while they work toward meeting California's licensure requirements within a defined timeframe. Ms. Walker expressed concern about the challenge of justifying temporary practice for individuals who may ultimately not meet the full requirements for licensure. Ms. Knight noted the Board of Behavioral Sciences recently implemented a one-year temporary practice allowance, modeled after the Board of Psychology, though it is more applicable to telehealth.

Dr. Daniels suggested including a public notification requirement for temporary license holders. Ms. Walker stated that staff would develop a conceptual proposal modeled after the temporary license framework for military spouses. Dr. Daniels requested that staff also consider alternatives in the event that other states replace the NBCE Part IV examination with their own equivalent. Ms. Walker informed the Committee that if states

begin developing examinations, the Board would need to determine whether to accept them in lieu of the NBCE Part IV, which could result in significant costs for DCA's OPES to validate them.

**Public Comment:** None.

## **6. Discussion and Possible Recommendation Regarding the Use of Artificial Intelligence (AI) and Other Emerging Technologies Within Chiropractic Education and Practice**

Ms. Walker introduced the topic of AI use in chiropractic practice and education. She noted AI is rapidly expanding in all sectors, including chiropractic, government, education, practice, and regulation. Ms. Walker acknowledged the opportunities AI can provide, such as enhancing diagnosis, streamlining administrative tasks, and improving practice efficiency, but cautioned that it also poses risks related to unethical use. She recommended the Committee discuss how to ensure accountability for AI tools and practices, including supervision and responsibility requirements.

Dr. Daniels raised questions about the ethical and regulatory frameworks surrounding AI, particularly regarding responsibility for AI-generated outputs. She emphasized the importance of ensuring that practitioners are competent in using AI and aware of its potential biases. Dr. Daniels noted that AI algorithms must be culturally competent to avoid biased outcomes and health disparities. She also pointed out that AI integration may redefine the standard of care, potentially disadvantaging practitioners who do not use such tools. She stressed the need for clarity on whether AI is simply a tool or if it establishes a new standard of care. She also highlighted the importance of policy development focused on the doctor–patient relationship, informed consent, confidentiality, and privacy.

Ms. Cruz agreed and emphasized the need for AI systems to be auditable, with clear accountability for maintaining those standards. She noted the importance of understanding whether AI tools are based on static knowledge or continuously learning and agreed that the knowledge base must be culturally informed to prevent harm. Ms. Cruz cautioned that while AI can offer significant benefits when used responsibly, it also has the potential to cause harm if not properly managed. She underscored the importance of maintaining high standards for data privacy and raised concerns about AI tools potentially leading to different treatment based on factors such as financial status. She conveyed that ongoing oversight by the healthcare community is essential to ensure AI tools are used safely and appropriately.

Dr. Daniels reiterated that the focus should be on regulations that address accountability, informed consent, and ethical considerations, without specifying which AI tools may or may not be used. She stated that practitioners should be held responsible for the use of AI in their practice, and that the discussion should center on the doctor–patient interaction. Ms. Walker agreed, adding that, similar to telehealth regulations, the emphasis should be on ensuring informed consent and appropriate use of technology.

She suggested that integrating AI considerations into existing regulations—such as unprofessional conduct, informed consent, and record keeping—may be more effective than creating a new regulation. Dr. Daniels asked staff to explore both the possibility of creating a standalone regulation for AI and integrating AI-related provisions into existing regulations.

Ms. Walker informed the Committee that a federal bill is under consideration that would impose a 10-year moratorium on state-level AI regulation and if passed, the Board may be limited to issuing guidance rather than regulations. Dr. Daniels asked how such a moratorium would affect the Board's ability to monitor licensee conduct. Ms. Walker responded that staff is monitoring the bill and will conduct a full legal analysis if it is enacted. She added that the Board should not encounter issues if it focuses on licensee conduct, but complications could arise if the regulations attempt to impose requirements on AI software developers.

**Public Comment:** None.

## **7. Future Agenda Items**

Dr. Daniels asked to continue the discussions on virtual care and filing places of practice.

**Public Comment:** None.

## **8. Adjournment**

Dr. Daniels adjourned the meeting at 2:04 p.m.