BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
1625 N. Market Blvd., Suite N-327, Sacramento, CA 95834
P (916) 263-5355 | Toll-Free (866) 543-1311 | F (916) 327-0039 | www.chiro.ca.gov

NOTICE OF TELECONFERENCE BOARD MEETING

Board Members
Laurence Adams, D.C., Chair
Pamela Daniels, D.C., Vice Chair
Janette N.V. Cruz, Secretary
Sergio Azzolino, D.C.
David Paris, D.C.
Rafael Sweet

The Board of Chiropractic Examiners (Board) will meet by teleconference on:

Thursday, July 23, 2026
9:00 a.m. to 1:00 p.m.
(or until completion of business)

Teleconference Instructions: The Board will hold a public meeting, pursuant to Government Code section 11123, 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:

Webex Meeting Link: Click Here to Join Meeting

Experiencing issues joining the meeting? Copy and paste the full link text below into an internet browser:

https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mc6ea093ab563c2399818838b7fc896b4

If joining using the link above
Webinar number: 2482 155 3498
Webinar password: BCE723

If joining by phone
+1-415-655-0001 US Toll
Access code: 2482 155 3498
Passcode: 223723

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.

Note: Members of the public may also submit written comments to the Board on any agenda item by Monday, July 20, 2026. Written comments should be directed to chiro.info@dca.ca.gov for Board consideration.

Teleconference Meeting Locations

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

Additional locations where the public may attend, observe, and address the Board:

4100 W. Alameda Avenue
Third Floor
Burbank, CA 91505

3455 Knighton Road
Redding, CA 96002

1545 Broadway
San Francisco, CA 94109

1165 Park Avenue
San Jose, CA 95126

101 Andrieux Street
Sonoma, CA 95476

The Board may discuss and take action on any agenda item listed on this agenda, including information-only items.

AGENDA

1. **Open Session – 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 Board 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 and 11125.7, subd. (a).]

3. **Board Chair's Report**

4. **Department of Consumer Affairs (DCA) Report Which May Include Updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, and Legislative, Regulatory, or Policy Matters**

5. **Review and Possible Approval of Board Meeting Minutes**
   A. January 16, 2026, Board Meeting
   B. April 16–17, 2026, Board Meeting

6. **Review and Possible Ratification of Approved Doctor of Chiropractic License Applications**

7. **Review and Possible Approval of New Continuing Education (CE) Provider Applications**

8. **Executive Officer's Report and Updates on:**
   A. Administration, Continuing Education, Enforcement, and Licensing Programs
   B. Business Modernization Project and Implementation of Connect System
   C. Board's Budget and Fund Condition
   D. Status of Board's Pending Proposals
   E. Board's 2022–2026 Strategic Plan Objectives

9. **Licensing Committee Report**
   A. Committee Chair's Update on June 30, 2026, Meeting
   B. Review, Discussion, and Possible Action on Committee's Recommendation Regarding Regulatory Proposal to Establish Minimum Standards of Practice for Virtual Care (add California Code of Regulations [CCR], Title 16, section 318.2)

10. **Review, Discussion, and Possible Action on Regulatory Proposal Regarding Continuing Education Fees, Requirements, and Approval Process (amend CCR, Title 16, sections 360, 361, 362, 363, and 364 and adopt section 360.1)**

11. **Update, Discussion, and Possible Action on the Board's Sunset Bill, Assembly Bill (AB) 2775 (Committee on Business and Professions)**

12. **Update, Discussion, and Possible Action on Other Legislation Related to the Board, the Chiropractic Profession, DCA, and/or Other Healing Arts Boards**
    A. AB 1767 (Berman) Department of Consumer Affairs: public members of boards: conflicts of interest.
    B. AB 1775 (Ward) Veterans.
    C. AB 1811 (Rogers) Health professionals.
    D. AB 1979 (Bonta) Health care services: artificial intelligence.
    E. Senate Bill 1391 (Wahab) Department of Consumer Affairs: retired category licenses.

13. **Review, Discussion, and Possible Adoption of 2027–2030 Strategic Plan**

14. Future Agenda Items

Note: Members of the Board and the public may submit proposed agenda items for a future Board meeting. However, the Board 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.]

15. Closed Session – The Board Will Meet in Closed Session to:

- Deliberate and Vote on Disciplinary Matters Pursuant to Government Code Section 11126, subd. (c)(3)

RETURN TO OPEN SESSION

16. Adjournment

This agenda can be found on the Board's website at www.chiro.ca.gov. The time and order of agenda items are subject to change at the discretion of the Board 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 Board 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 Board, but the Board 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 Board to discuss items not on the agenda; however, the Board 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 has questions about the meeting or needs a disability-related accommodation or modification to participate in the meeting may contact the Board to ask questions or make a disability-related accommodation request at:

Board Contact Person: Angelina Taylor
Telephone: (916) 263-5355
Email: 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

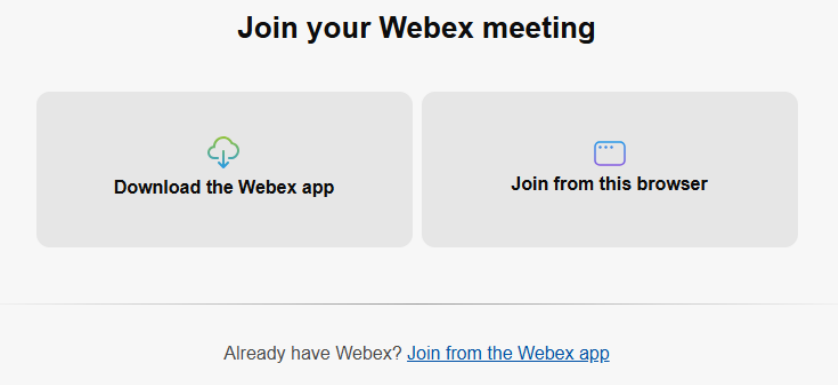
Providing your disability-related accommodation request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

Recommended: Join using the meeting link.

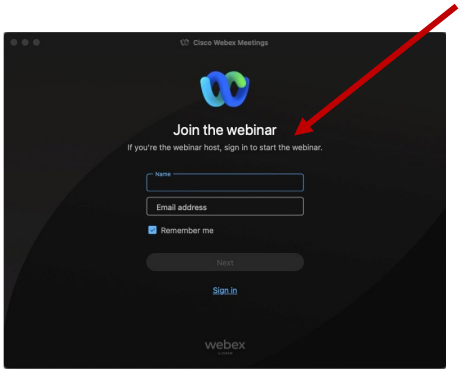
1. Click on the meeting link. This can be found in the meeting notice you received and is on the meeting agenda.

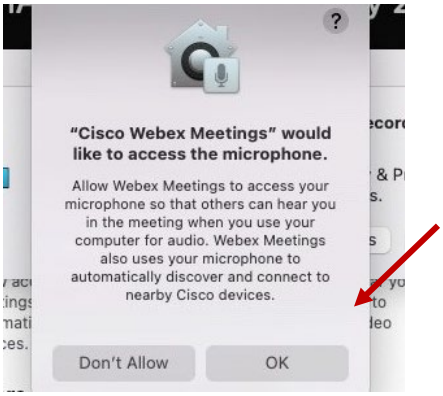
2. If you already have Webex on your device, click the bottom instruction, "Join from the Webex app."

   If you have **not** previously used Webex on your device, your web browser will offer "Download the Webex app." Follow the download link and follow the instructions to install Webex.



3. Enter your name and email address*. Click "Next."
   Accept any request for permission to use your microphone and/or camera.



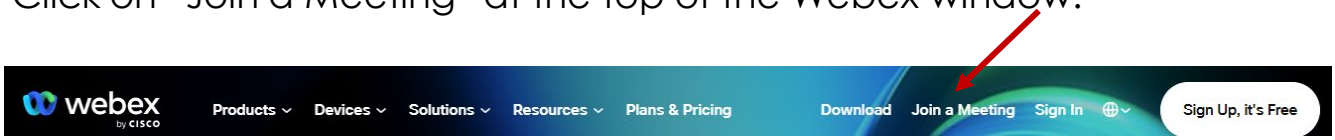


*Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative as well as a fictitious email address like in the following sample format: XXXXX@mailinator.com.

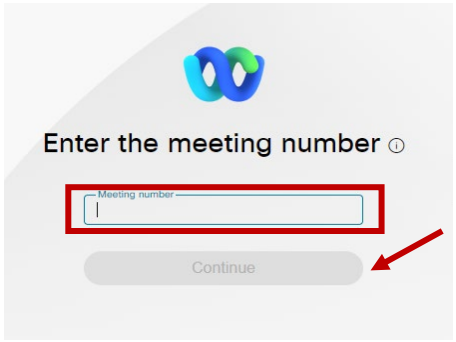
Revised 7.8.2025

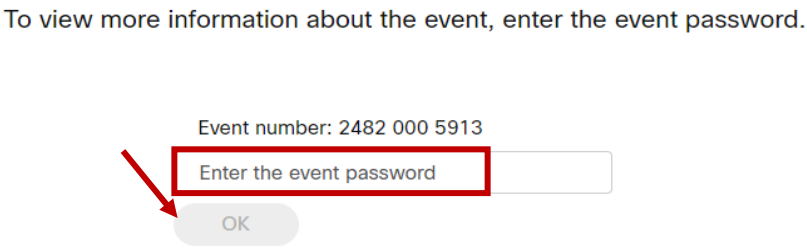
Alternative 1. Join from Webex.com

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

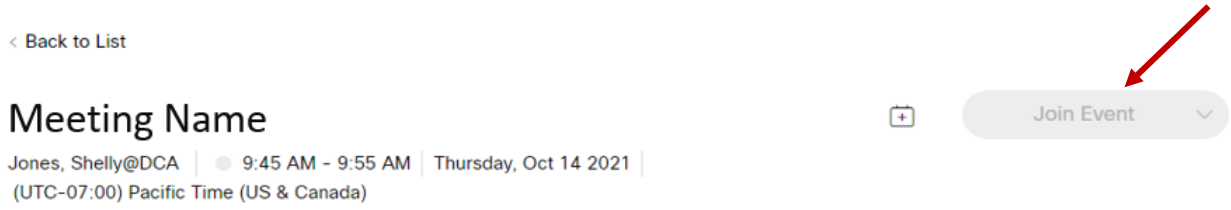


2 Enter the meeting/event number and click "Continue." Enter the event password and click "OK." This can be found in the meeting notice you received or on the meeting agenda.





3 The meeting information will be displayed. Click "Join Event."

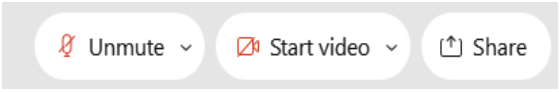


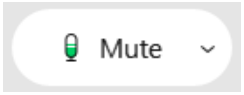
OR

Alternative 2. 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 or on the agenda.

Microphone control (mute/unmute button) is located at the bottom of your Webex window.





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 invites them to unmute their microphone. Only panelists will be offered starting their video camera.

Attendees/Members of the Public

Joined via Meeting Link

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.

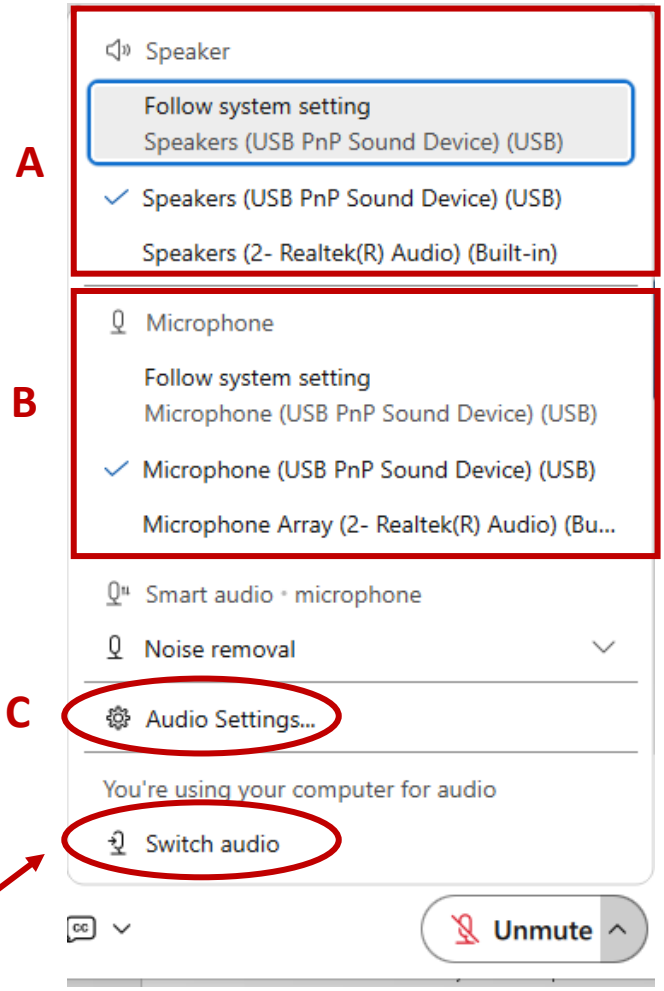
Joined via Telephone (Call-in User)

- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.

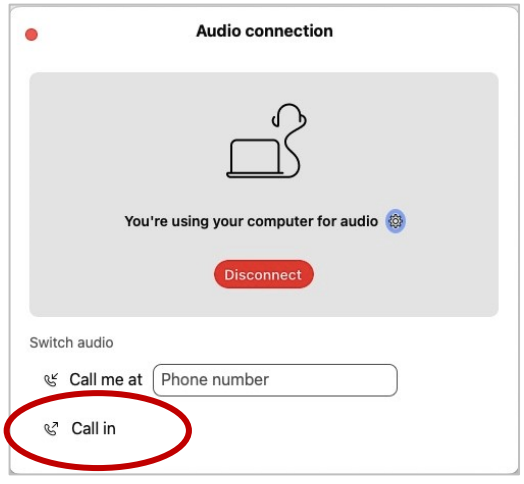
If you cannot hear or be heard

1. Click on the bottom facing arrow located on the Mute/Unmute button at the bottom of the Webex window.

2. From the drop-down menu, select different:
   A. Speaker options if **you can't hear** participants.
   B. Microphone options if **participants can't hear you**.
   C. Audio settings will offer testing of your devices, and let you choose a different device.



3. To link your phone to your Webex session, enabling your phone to become your microphone and speaker source:
   - Click on "Switch audio".
   - Select "Call in", which will show the phone number to call and the meeting login information.



Joined via Meeting Link

- Locate the hand icon at the bottom of the Webex window.
- Click the hand icon to raise your hand.
- Repeat this process to lower your hand.

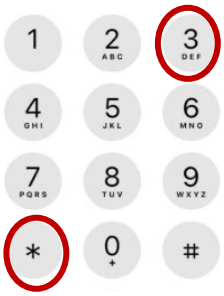
The moderator will call you by name and indicate a request has been sent to unmute your microphone.

Upon hearing this prompt:

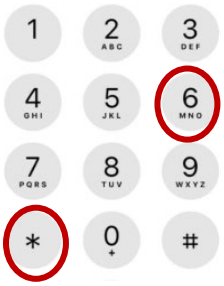
Click the Unmute me button on the pop-up box that appears.

Joined via Telephone (Call-in User)

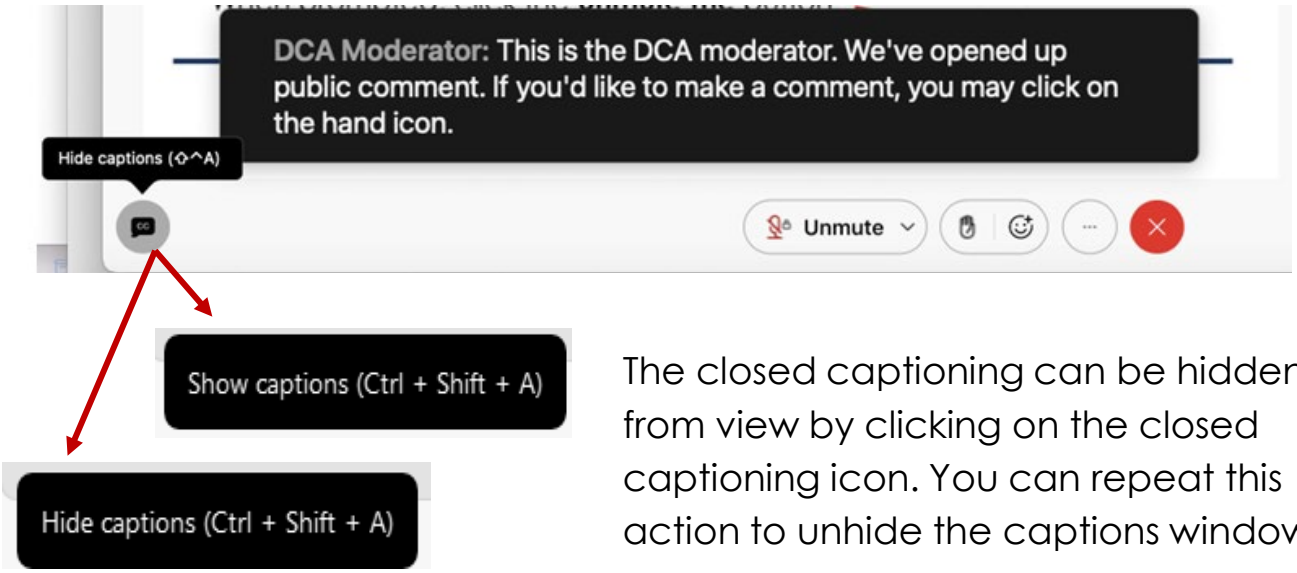
Press *3 to raise or lower your hand.



- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.

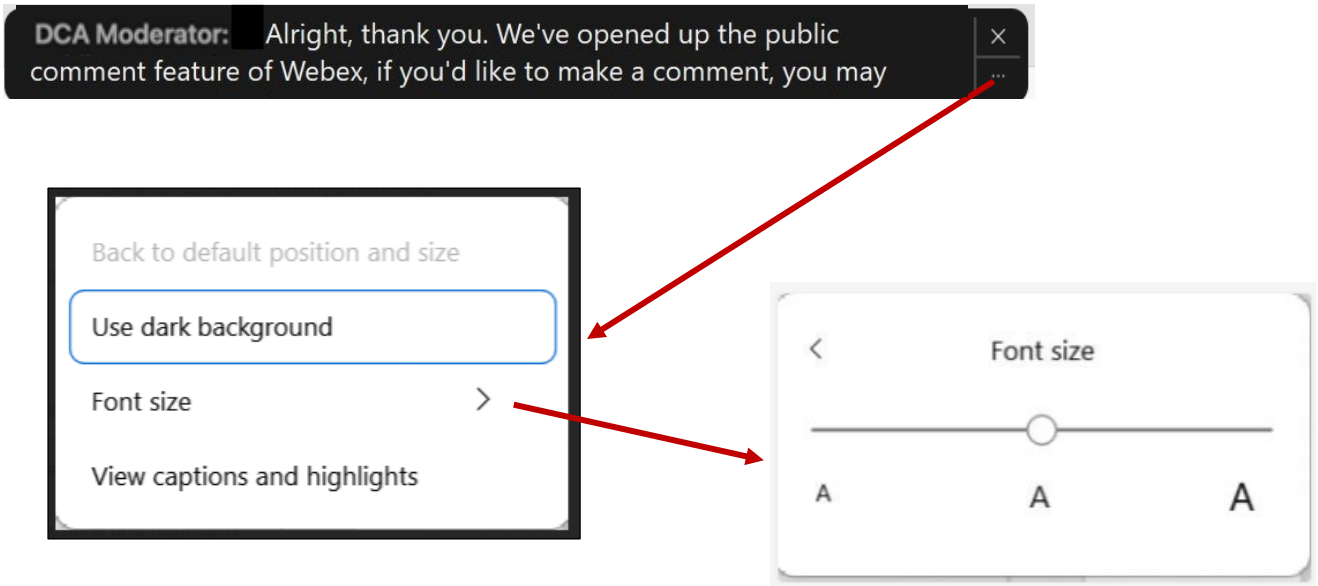


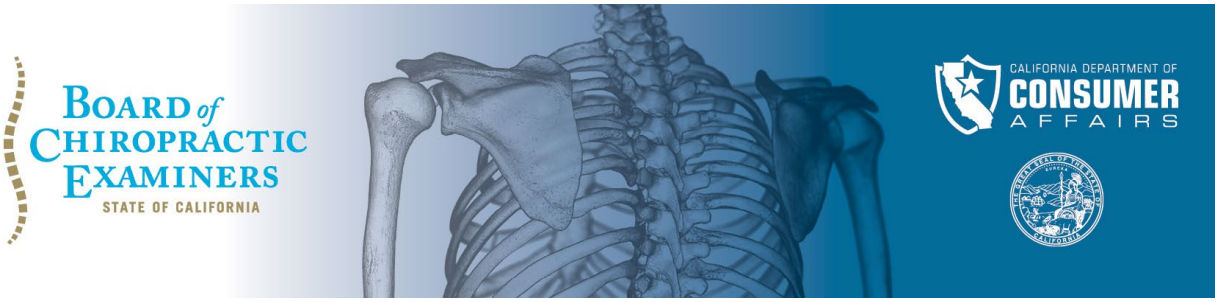
Webex provides real-time closed captioning displayed in a dialog box in your Webex window. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



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

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.





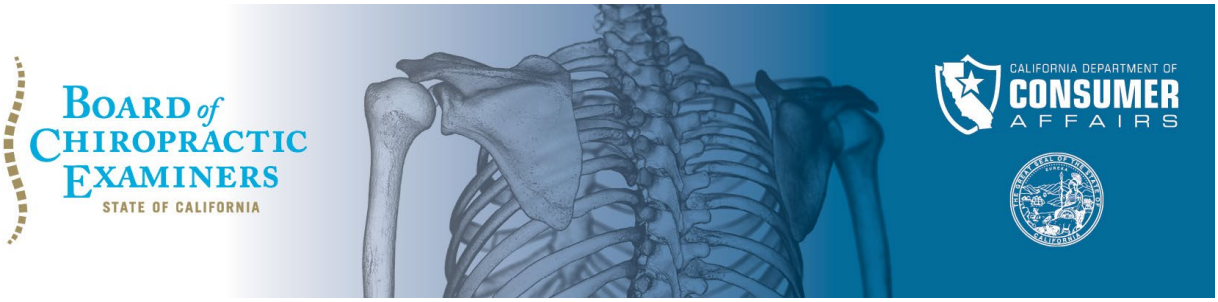
Agenda Item 1
July 23, 2026

Open Session – Call to Order / Roll Call / Establishment of a Quorum

Purpose of the Item

Laurence Adams, D.C., Chair of the Board of Chiropractic Examiners, will call the meeting to order. Roll will be called by Board Secretary Janette N.V. Cruz.

Board Members
Laurence Adams, D.C., Chair
Pamela Daniels, D.C., Vice Chair
Janette N.V. Cruz, Secretary
Sergio Azzolino, D.C.
David Paris, D.C.
Rafael Sweet



Agenda Item 2
July 23, 2026

Public Comment for Items Not on the Agenda

Purpose of the Item

At this time, members of the public may offer public comment for items not on the meeting agenda.

The Board 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 and 11125.7, subd. (a).]

Agenda Item 3
July 23, 2026

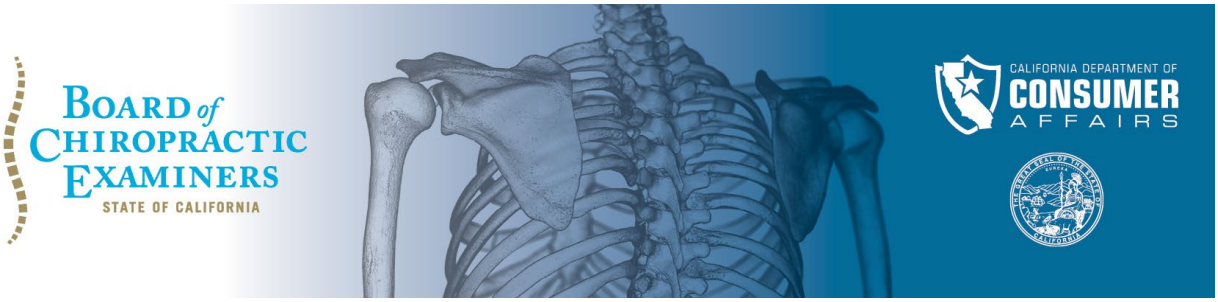
Board Chair's Report

Purpose of the Item

Board Chair Laurence Adams, D.C. will provide an update to the Board on recent activities and outreach opportunities.

Action Requested

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.



Agenda Item 4
July 23, 2026

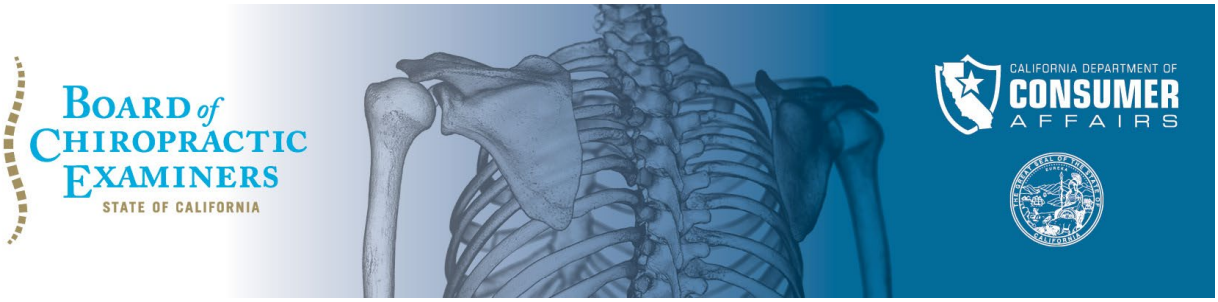
Department of Consumer Affairs (DCA) Report Which May Include Updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, and Legislative, Regulatory, or Policy Matters

Purpose of the Item

A representative from DCA's Office of Board and Bureau Relations will provide the Board with an update on DCA programs and activities.

Action Requested

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.



Agenda Item 5
July 23, 2026

Review and Possible Approval of Board Meeting Minutes

Purpose of the Item

The Board will review and possibly approve the draft minutes of the following meetings:

A. January 16, 2026, Board Meeting
B. April 16–17, 2026, Board Meeting

Action Requested

The Board will be asked to make a motion to approve the Board meeting minutes.

Attachments

1. January 16, 2026, Board Meeting Minutes (Draft)
2. April 16–17, 2026, Board Meeting Minutes (Draft)

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
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P (916) 263-5355 | Toll-Free (866) 543-1311 | F (916) 327-0039 | www.chiro.ca.gov

Agenda Item 5
Attachment 1

BOARD OF CHIROPRACTIC EXAMINERS
MEETING MINUTES

January 16, 2026

The Board of Chiropractic Examiners (Board) met via teleconference/Webex Events on January 16, 2026, from the following locations:

3455 Knighton Road
Redding, CA 96002

1165 Park Avenue
San Jose, CA 95126

38 Blue Water Circle
Sacramento, CA 95831

101 Andrieux Street
Sonoma, CA 95476

1545 Broadway, Suite 1A
San Francisco, CA 94109

Board Members Present
Laurence Adams, D.C., Chair
Pamela Daniels, D.C., Vice Chair
Janette N.V. Cruz, Secretary
Sergio Azzolino, D.C.
David Paris, D.C.

Board Members Absent
Rafael Sweet (Excused)

Staff Present
Kristin Walker, Executive Officer
Tammi Herrera, Assistant Executive Officer
Jose Salud Diaz, Administration & Licensing Manager
Lynne Reinhardt, Enforcement Manager
Amanda Ah Po, Lead Licensing & Continuing Education Analyst
Becky Lyke, Lead Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Steven Vong, Regulatory Counsel, Attorney III, DCA

1. Open Session – Call to Order / Roll Call / Establishment of a Quorum

Dr. Adams called the meeting to order at 9:03 a.m. Ms. Cruz called the roll. The Board members were present from the following teleconference locations: Dr. Adams in Sonoma; Dr. Daniels in San Jose; Ms. Cruz in Sacramento; Dr. Azzolino in

San Francisco; and Dr. Paris in Redding. Mr. Sweet was excused from the meeting. A quorum was established.

2. Public Comment for Items Not on the Agenda

Public Comment: None.

3. Board Chair's Report

Dr. Adams acknowledged the retirement of former DCA Director Kimberly Kirchmeyer on December 30, 2025, and expressed appreciation for her years of service and support on the Board's regulatory initiatives. He congratulated Christine Lally on her appointment as Acting Director of DCA and shared that the Board looks forward to continued collaboration with DCA leadership.

He reported that the Board's 2026 Sunset Review Report was completed and submitted to the Legislature on January 5, 2026, and noted that the Board will participate in its sunset hearing in March 2026. He emphasized the importance of the report and hearing in advancing the Board's recommendations related to enforcement, continuing education (CE), and fees. He also shared that the distance learning CE proposal was approved by the Office of Administrative Law (OAL) on January 7, 2026, allowing synchronous videoconferencing platforms to be used for live CE and improving access and flexibility for licensees.

Dr. Adams highlighted outreach efforts throughout 2025, including participation in Federation of Chiropractic Licensing Boards (FCLB) events, the California Chiropractic Association's annual legislative day and chiropractic roundtable meeting, and other stakeholder engagements. He noted that the Board's strategic planning process is underway, with the Board's stakeholder survey open through January 31, 2026, and encouraged public participation. He closed by stating that nearly 20 regulatory packages remain in progress and shared that many will be completed within the next 12 to 18 months, positioning the Board to shift focus to new policy priorities.

Public Comment: None.

4. Department of Consumer Affairs (DCA) Report Which May Include Updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, and Legislative, Regulatory, or Policy Matters

Shelly Jones, Assistant Deputy Director of Board and Bureau Relations, provided an update from DCA. She shared that Chief Deputy Director Christine Lally has been named Acting Director of DCA following the retirement of former Director Kimberly Kirchmeyer and noted Ms. Lally's extensive experience in multiple leadership roles

within DCA since 2013. She expressed appreciation for the Board's hard work and partnership and stated DCA looks forward to continued collaboration in 2026.

She reminded Board members that, pursuant to the Department of Finance's June 9, 2025, travel guidance, out-of-state travel will continue to be limited to essential, mission-critical activities to conduct state business such as enforcement actions, revenue collection, statutory requirements, auditing, and litigation. She noted all out-of-state travel requests must be submitted to DCA's Budget Office eight weeks in advance. She also encouraged ride-sharing, carpooling, and saving receipts for reimbursement of baggage charges.

She reported that the Form 700 filing period is underway and emphasized that annual filings must be submitted electronically through the Fair Political Practices Commission's portal by April 1, 2026, with a recommended completion date of March 20, 2026, to ensure compliance. She noted that DCA's unconscious bias training has been updated specifically for Board members and provided upcoming dates for Board President's Training on February 24, 2026, and Board Member Orientation Training (BMOT) on April 1, 2026, June 24, 2026, and October 21, 2026. She encouraged Board members to use DCA's Learning Management System (LMS) to register for required sessions and offered assistance for LMS access or password resets. She concluded by thanking the Board members for their dedicated service to protecting California consumers.

Public Comment: None.

5. DCA Budget Office Report and Discussion on Board's Budget and Fund Condition, Including Strategies to Address Structural Imbalance in Board's Fund

Andrew Trute, Budget Analyst, and Matt Nishimine, Research Data Specialist, from DCA's Budget Office presented an overview of the Board's fund condition. Mr. Trute summarized the Board's fiscal year 2024–25 actual revenue and expenditures, noting the Board began the fiscal year with a fund balance of approximately $3.55 million, collected $5.43 million in revenue, and expended $4.83 million, ending with a balance of $3.65 million, or 7.9 months in reserve. He reported for 2025–26, based on fiscal month five projections, expected revenue of approximately $5.33 million and projected expenditures of $5.56 million, leaving a fund balance of $3.43 million, or 7.2 months in reserve. He emphasized that the fund condition is a snapshot in time and will be updated monthly. He added that expenditures in the out-years reflect anticipated personnel cost adjustments and that revenue is projected as static for modeling purposes.

Mr. Nishimine expanded on projected fund trends, explaining that the Board's months in reserve are expected to decline as staffing vacancies have been filled and appropriations are more fully expended. He noted that under three months in reserve is

a critical threshold and that the fund cannot legally go negative. He reviewed a fund condition statement with a scenario to repay the outstanding loan from the Bureau of Automotive Repair (BAR) within four years showing that the Board's fund could be nearly depleted by 2028–29. He described the Board's fee authority, noting the current renewal fee of $336 may be increased up to the statutory cap of $500, which could generate approximately $1.9 million in additional revenue and resolve the structural imbalance. He stated the Budget Office is working with Ms. Walker to develop a detailed fee analysis, including evaluation of the CE course application fee, and that options will be presented to the Board for consideration before any regulatory package is advanced.

Dr. Daniels requested information on the tipping point at which renewal fee increases would fully repay the outstanding BAR loan. Dr. Paris discussed the Board's last fee study completed in 2021 and asked whether a new cost study should be performed. Mr. Nishimine explained that previous contracted fee studies have had mixed results and can cost $100,000 to $150,000, and noted that DCA now conducts cost analyses internally using the same methodology, with greater familiarity with licensing board operations and state processes. Dr. Paris expressed support for a DCA analysis and emphasized the importance of evaluating specific cost drivers rather than raising fees broadly.

Public Comment: Makani Lew, D.C., DACRB commended Dr. Paris' discussion regarding the need for further analysis prior to considering fee increases.

6. Review and Possible Approval of December 9, 2025 Board Meeting Minutes

Motion: Dr. Azzolino moved to approve the minutes of the December 9, 2025, Board meeting.

Second: Ms. Cruz seconded the motion.

Public Comment: None.

Vote: 5-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, and Dr. Paris-AYE).

Motion: Carried.

7. Review and Possible Ratification of Approved Doctor of Chiropractic License Applications

Motion: Dr. Azzolino moved to ratify the list of approved applications for doctor of chiropractic licenses issued from September 1, 2025, to December 31, 2025.

Second: Dr. Daniels seconded the motion.

Public Comment: None.

Vote: 5-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, and Dr. Paris-AYE).

Motion: Carried.

8. Review and Possible Approval of New Continuing Education (CE) Provider Applications

Motion: Dr. Daniels moved to approve the continuing education provider applications by ClientShield, Fetterman Events, and Curtis Jacquot/Aureate LLC dba Institute of Chinese Herbology.

Second: Ms. Cruz seconded the motion.

Public Comment: None.

Vote: 5-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, and Dr. Paris-AYE).

Motion: Carried.

9. Discussion and Selection of Members to Serve as the Delegate and Alternate Delegate to the Federation of Chiropractic Licensing Boards (FCLB) and the National Board of Chiropractic Examiners (NBCE)

Ms. Walker explained that the Board must annually designate a delegate and alternate to both FCLB and NBCE and noted that the delegates serve as the Board's voting representatives at the organizations' annual meeting scheduled for April 29, 2026, through May 2, 2026, in Atlanta, Georgia. Dr. Paris confirmed he will attend the Atlanta meeting in his role as FCLB District IV Director. The Board members discussed their availability and possible delegates.

Motion: Dr. Daniels moved to designate Dr. Daniels and Ms. Cruz as the Board's delegate and alternate delegate, respectively, to the National Board of Chiropractic Examiners and Federation of Chiropractic Licensing Boards in 2026.

Second: Ms. Cruz seconded the motion.

Public Comment: None.

Vote: 5-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, and Dr. Paris-AYE).

Motion: Carried.

10. Presentation and Discussion on Ethics Assessments by Ethics and Boundaries Assessment Services, LLC (EBAS)

Greg Hirschi, Vice President of Operations at EBAS, provided an overview of the psychometric foundation of the EBAS examination. He explained that EBAS employs a full-time psychometrician who conducts ongoing analyses, including confirmatory factor analysis, item-response theory, and reliability testing across domains, to ensure the examination accurately measures ethical and moral reasoning. He described how a recent analysis shows a strong correlation between the examination and an individual's ability to demonstrate ethical and moral judgment, with reliable performance across each domain. He stated that EBAS recommends assigning three or more assessments to respondents to strengthen reliability and defensibility by minimizing the impact of outlier responses. He added that multiple assessments may be assigned within a single domain and the benefits found in the analysis still apply as long as the total number of assessments is three or more.

Dr. Daniels asked Mr. Hirschi to explain the difference between assigning three versus five assessments. Mr. Hirschi responded that while three assessments provide an adequate review of a respondent's ethical and moral reasoning, assigning four or five further increases reliability and defensibility by strengthening correlations and reducing the influence of outlier responses. Dr. Paris inquired about assigning multiple assessments within a single domain rather than across several. Mr. Hirschi clarified that EBAS' recommendation of three or more assessments applies regardless of whether the assessments are drawn from one domain or multiple domains.

Public Comment: None.

11. Presentation and Discussion on CE Provider and Course Review and Audit Processes by FCLB Providers of Approved Continuing Education (PACE)

Kelly Webb, PACE Coordinator at FCLB, provided an overview of the PACE CE provider approval and oversight process. She explained that PACE uses a multi-step review structure beginning with an initial application that evaluates 25 criteria, including administrative standards, instructor qualifications, content relevance, and course quality, and after approval, PACE conducts ongoing oversight that includes course material reviews, audits, secret shopper participation, and evaluation analysis based on attendee feedback. She shared that PACE also monitors advertising compliance and operates a national neighborhood watch system in which board administrators and members across the country may flag certificates, promotions, and course materials for review.

She noted that PACE auditors routinely review posted materials, subscribe to CE provider mailing lists, and conduct direct course audits to verify compliance. She emphasized that PACE aims to reduce CE review workload for state boards and is offered at no cost to member boards.

Dr. Daniels asked how PACE determines whether course content is relevant to contemporary chiropractic practice and what documentation reviewers rely on. Ms. Webb stated that reviewers evaluate course outlines, objectives, and materials against PACE's governing documents and standards. She added that reviewers apply a yes/no rubric aligned to PACE's criteria and any reviewer concern triggers follow up by PACE. Dr. Daniels asked additional questions about PACE's needs assessment process. Ms. Webb clarified that providers must conduct needs assessments and demonstrate them during renewal cycles occurring every one to three years. She noted that PACE does not prescribe a standardized needs assessment instrument and providers develop their own. Dr. Daniels asked about reviewer qualifications, and Ms. Webb responded that PACE uses chiropractic program faculty, regulators, and retired regulators.

Dr. Adams inquired about how a potential merger of FCLB and NBCE may affect PACE oversight. Ms. Webb replied that details are still in development but PACE has been assured that its services will continue at current standards. Dr. Adams also asked whether PACE has an external accrediting body. Ms. Webb explained that PACE is accountable to FCLB member boards, who are encouraged to contribute reviewers to ensure consistency with board expectations.

Dr. Daniels asked whether synchronous or asynchronous courses require testing at the conclusion of instruction. Ms. Webb confirmed that PACE requires examinations for proof of participation and also enforces safeguards such as keyboard timeouts to prevent licensees from stepping away during online courses. Dr. Daniels also asked about internal definitions for reasonable and appropriate educational methods. Ms. Webb stated that the PACE Committee evaluates such issues contextually on a case-by-case basis rather than relying on a fixed definition.

Public Comment: Dr. Lew expressed support for California's competency-based CE model and encouraged California's potential participation in PACE with integration of the Board's competency standards. Dr. Lew added that PACE certification can be expensive for independent CE providers and suggested exploring pathways for former academic faculty to participate more easily.

12. Review, Discussion, and Possible Action on the Potential Recognition of PACE CE Providers and Courses for the Board's CE Requirements

Ms. Walker introduced this agenda item, explaining that the Board is advancing a comprehensive update to its CE program that involves moving to five competency areas, defining learning formats, and revamping the course review and approval process. She explained under the current draft language, licensees would complete 24 hours of CE, including at least 12 mandatory hours across four competencies plus electives or additional qualifying activities such as basic life support certification, supervisory sexual harassment prevention training, attending Board meetings, examination development, or CE through the Department of Industrial Relations,

Division of Workers' Compensation or other DCA healing arts boards. She noted that aside from the California Board of Naturopathic Medicine, the other DCA healing arts boards do not accept Board-approved CE reciprocally. She stated the current proposal would allow PACE-recognized providers to submit courses to the Board for approval. She explained that Dr. Paris previously requested an agenda item for the Board to reconsider granting CE credit for PACE courses, citing their audit system and the Board's current acceptance of CE approved by the other DCA healing arts boards.

Dr. Paris spoke in support of accepting PACE courses, citing national conferences where California licensees face challenges obtaining credit because organizers often rely on PACE for multi-state acceptance. He emphasized that recognition would expand access to scientific conferences, improve public protection, and reduce barriers for VA clinicians and other California licensees. Dr. Azzolino commented that the Board needs to expand CE options beyond the self-accredited PACE program and highlighted the Accreditation Council for Continuing Medical Education (ACCME) as meeting high standards. He also encouraged a wider acceptance framework that maintains appropriate criteria. Ms. Cruz supported expanding opportunities and suggested the Board monitor the organizational changes at FCLB and NBCE, with the ability to revisit recognition decisions if needed.

Dr. Adams noted prior concerns about course-level vetting by PACE and asked whether credit barriers at national events stem from fee decisions or the Board's process. He cautioned that recognizing external approvals might reduce the Board's fee revenue and stressed implementation of the Board's new competency model before acting. Dr. Paris responded that national organizers make fiscal decisions on which states to apply to and underscored PACE's upgraded course vetting processes. He added that accepting PACE would reduce staff burden and open access similar to CE already accepted from other DCA healing arts boards.

Ms. Walker clarified that PACE can map the Board's competencies as subject areas and confirmed that current CE fees cover program costs. She emphasized the heavy staff workload to review every course and noted the steep drop in course volume after the fee increases, adding that the right size for statewide CE availability remains unknown due to a lack of data on that issue. She stated staff can implement either approach and requested the Board's direction to support accurate fiscal planning.

Dr. Daniels recommended referring the topic of PACE recognition to the Continuing Education Committee for further evaluation, as it would require broad regulatory language that could encompass PACE and any future organizations meeting defined standards.

Public Comment: Dr. Lew supported integrating California's competency model into PACE, noting that barriers include cost, one-time event logistics, and timelines for Board approval.

13. Executive Officer's Report and Updates on:

A. Administration, Continuing Education, Enforcement, and Licensing Programs
B. Business Modernization Project and Implementation of Connect System
C. Regulatory Process and Status of Board's Pending Proposals
D. Board's 2022–2026 Strategic Plan Objectives

Ms. Walker provided an overview of upcoming Board meetings. She explained that the next Board meeting will be held on April 16–17, 2026, at DCA headquarters in Sacramento, and stated that both days will be required to accommodate petition hearings, closed session, a strategic planning session, and regular business. She described ongoing business modernization efforts, explaining that paper renewal packets will be phased out and replaced with postcard renewal reminders. She reported that staff is actively updating website content in preparation for a platform upgrade. She noted that the enforcement pages were recently updated, including new HTML-based discipline postings, a page listing pending accusations, and a probationer status page describing terms and estimated completion dates. She commented that the adoption of the Connect system remains high among applicants and is expected to increase among licensees once the postcard renewal reminders begin.

She commended the Licensing Unit for workflow improvements that are reflected in faster processing times. She reported that the Enforcement Unit is working to reduce pending complaints and noted that the caseload has increased from 216 at the end of the last fiscal year to 282. She explained that staff is working to expand the expert review pool to improve the Board's case flow and processing timeframes. She also reported on the status of the Board's regulatory proposals, stated that five proposals were completed in 2025, and noted that the Board's current workload now consists of 22 active packages, including the newly added proposal to establish chiropractic specialty program standards.

Dr. Adams asked when the CE regulatory package is expected to reach OAL.
Ms. Walker clarified that, based on the PACE discussion earlier in the meeting and ongoing work with DCA's Budget Office on CE fees, the anticipated timeframe is summer 2026. Dr. Adams asked whether fee modeling from the Budget Office could be available for the Continuing Education Committee's upcoming discussions. Ms. Walker responded affirmatively.

Dr. Paris requested clarification regarding CE revenue, fee structure, and cost recovery. Ms. Walker explained that the prior consultant overestimated annual CE revenue, projecting $1.1 million when actual revenue is closer to $400,000, due to a failure to account for the decrease in demand for CE course approval in response to the fee changes. She reported that CE revenue now covers personnel costs due to process improvements but emphasized the need to model fee adjustments carefully to account for fund condition impacts and potential changes in course volume. She stated staff will conduct additional analysis and present projections to the Board at the April 16, 2026, meeting.

Ms. Walker noted that staff must also evaluate how lowered CE fees, expanded elective CE recognition, and/or PACE acceptance may affect revenue and workload distribution. She commented that understanding how many CE providers may return after fee adjustments remains a key data gap and will be explored further.

Dr. Adams commented on balancing fee responsibility between licensees and CE providers, noting the broader discussion of how to maintain stability in the Board's fund. Dr. Azzolino emphasized that CE oversight should remain focused on public protection and quality improvement.

Ms. Walker provided an update on the Board's 2026 sunset review. She reported that the Board submitted its report on January 5, 2026, and the legislative hearing is anticipated in March 2026. She stated that a background paper will be issued by legislative staff ahead of the hearing, outlining key issues for the Board's response. She explained that she and Dr. Adams will prepare talking points for the hearing and noted that the Board will have 30 days following the hearing to submit formal written responses. She further reported that the Board is pursuing statutory updates related to enforcement, including removal of the seven-year washout for prior discipline against applicants involving sexual misconduct, authority for automatic license revocation or suspension, and authority to automatically impose chaperone requirements in criminal or administrative matters involving sexual misconduct. She stated that staff is also working on fee updates.

Public Comment: An unidentified caller requested that the Board continue to consider animal chiropractic regulation as part of the sunset review process.

14. Government and Public Affairs Committee Report

- Committee Chair's Update on October 17, 2025 Working Group Meeting

Ms. Cruz updated the Board on the Government and Public Affairs Committee's October 17, 2025, working group meeting, noting that sunset review and the Board's fund condition were already covered during prior agenda items. She highlighted the preparation for the strategic planning process and outlined outreach concepts such as roundtables, listening sessions, and district events, to expand opportunities for the Board to engage directly with stakeholders.

Ms. Walker explained that DCA's SOLID Planning Solutions is conducting an environmental scan based on stakeholder and staff surveys and interviews with Board members and leadership and will compile the results into a report to be provided in advance of the Board's April 16, 2026, strategic planning session. She stated SOLID will also hold a pre-planning meeting with one or two Board members and staff to surface initial themes and develop suggested objectives prior to the full planning discussion. She added that SOLID will then draft an updated strategic plan for the Board's review at its July 23, 2026, meeting.

Public Comment: None.

15. Enforcement Committee Report

- Committee Chair's Update on October 29, 2025 Working Group Meeting

Ms. Walker reported that members of the Enforcement Committee met as a working group on October 29, 2025, to continue developing the regulatory proposal regarding supervision requirements for chiropractic assistants. She explained that the Committee revisited the Board's feedback from the February 13, 2025, meeting and determined that the term "indirect supervision" did not accurately reflect the intended level of oversight. She stated the Committee is exploring replacing the term with "general supervision," consistent with terminology used by related DCA healing arts boards.

She further shared that the Committee discussed potential revisions to California Code of Regulations (CCR), title 16, section 316, which currently combines general licensee responsibility language in subsection (a) with sexual misconduct provisions in subsections (b) and (c). She explained that subsection (a) is conceptually mismatched with the sexual misconduct content and may be more appropriate for relocation to section 312, relating to licensee supervision responsibilities. She added that the Committee reviewed sexual misconduct regulations from other licensing boards and noted that clearer and more explicit definitions of sexual abuse and misconduct could strengthen enforcement cases, reduce reliance on expert testimony, and potentially avoid unnecessary hearings. She stated staff is refining both proposals based on the Committee's input.

Public Comment: None.

16. Licensing Committee Report

A. Committee Chair's Update on December 5, 2025 Meeting
B. Review, Discussion, and Possible Action on Committee's Recommendation Regarding Regulatory Proposal to Clarify the Requirements for the Issuance and Renewal of Satellite Certificates and for Providing Notice to Consumers of Licensure by the Board (add California Code of Regulations [CCR], Title 16, section 303.1 and amend section 308)
C. Review, Discussion, and Possible Action on Committee's Recommendation Regarding Regulatory Proposal to Clarify the Requirements for Licensure by Reciprocity and Establish a New Temporary Licensure Pathway (amend CCR, Title 16, section 323 and add section 321.1 or 323.1)

Dr. Daniels provided the Licensing Committee report on the December 5, 2025, meeting and began with an informational update on the Committee's work related to virtual care and artificial intelligence (AI). She explained that staff had developed draft regulatory language for the Committee's review; however, as the Committee worked through the draft, several operational and implementation challenges emerged. She stated that the Committee is redefining "telehealth" as "virtual care" and treating AI as its own subset

with additional specifications. She encouraged Board members to consider the practical implications of regulatory language in these areas and to provide comments to the Committee or to Ms. Walker. She noted that the Committee engages legal and regulatory counsel early to ensure that any draft language brought before the full Board is as complete and workable as possible.

Dr. Daniels next addressed satellite office certificates and notice-to-consumer requirements. She reported that the Committee revised the term "conspicuous" because it lacked adequate definition and added stronger definitions of "place of practice," acknowledging that chiropractic care may occur in fixed locations, temporary settings, or mobile environments. She stated that patients should not be required to ask to view a license, and the proposed language would require all licensees—regardless of practice setting—to post a license or other approved credential so that it is easily visible to patients. Dr. Daniels explained that the Committee is also exploring the development of a facility permit, including the possible use of QR codes, to better track licensees working at specific facilities and improve public transparency and protection. She invited Ms. Walker to provide additional context.

Ms. Walker clarified that the proposal reflected in Attachment 2 is designed as a two-phased approach. She explained that current regulations do not establish how satellite office certificates are issued or renewed, nor do they adequately specify notice-to-consumer requirements. She stated that Attachment 2 contains fully developed regulatory text that would define the satellite certificate issuance and renewal process and require posting of either a license or satellite certificate at every place of practice, including mobile settings. She emphasized that this updated approach provides significantly more clarity than current regulations and requested the Board's authorization to proceed with the rulemaking process. Ms. Walker explained that the second phase, involving a chiropractic facility permit, requires statutory authority that staff is pursuing through the sunset review process. She noted that such a permit would streamline tracking of licensees at multi-location practices and reduce the administrative burdens on licensees and facilities.

Dr. Daniels asked whether Board members had comments on Attachment 2. Dr. Sergio Azzolino commented on draft virtual care language indicating that a licensee must hold a California license to provide virtual care to a patient physically located in California. He suggested that an exception may be warranted for patients visiting California temporarily who wish to consult their out-of-state doctor of chiropractic. Dr. Paris added that clarifying resident versus nonresident distinctions may be helpful. Dr. Daniels stated that the feedback would be incorporated. Dr. Azzolino also questioned whether requiring verbal or written consent for virtual care encounters may be unnecessarily burdensome, noting that patient participation in a virtual visit could itself represent consent. Ms. Walker clarified that telehealth consent is explicitly required by statute and that staff will work to ensure compliance in a way that does not impose unnecessary administrative steps. Dr. Paris asked whether dual consent requirements might conflict with the Board's existing informed consent regulations. Ms. Walker explained that staff

is working through the intersection of standard informed consent requirements and telehealth-specific statutory provisions to avoid unintended duplication.

Dr. Daniels stated that continued comments on virtual care and AI would be helpful as staff refines the draft and then transitioned to the Committee's work on reciprocity and temporary licensure, reflected in Attachment 3. She explained that California does not have true reciprocity because applicants must meet California's curricular requirements even when licensed elsewhere. She reported that the Committee is exploring a temporary license model, similar to the temporary license available to military spouses and domestic partners, for applicants who completed an accredited chiropractic program and passed the NBCE examinations but are missing specific California curriculum components such as dermatology, pharmacology, or physiotherapy. She explained under the concept, applicants could practice under a temporary license while disclosing their deficiencies to patients, complying with practice restrictions, and completing missing coursework within 12 months. Dr. Daniels requested the Board's input on whether applicants should be required to have five years of prior practice experience before qualifying.

Ms. Walker added that the Committee discussed placing the proposal in CCR, title 16, section 321.1 or 323.3 depending on whether a practice-experience requirement is included. She stated that the Committee is leaning toward allowing applicants with an accredited chiropractic degree and the NBCE examinations—except possibly physiotherapy—to qualify for temporary licensure with appropriate disclosures and restrictions. She requested Board feedback before refining the language further.

Board members provided input on the reciprocity concept. Dr. Daniels mentioned the potential for developing a list of pre-vetted accredited programs through which applicants could complete missing coursework. Dr. Adams asked whether temporary licensees would be prohibited from performing tasks tied to their deficiencies if practicing alone, and Dr. Daniels confirmed that they would, noting that temporary licensees could practice those tasks only under supervision in a facility where a California-licensed doctor of chiropractic is present. Dr. Daniels also asked staff to consider flexibility for applicants who might complete required coursework slightly beyond the 12-month deadline. Ms. Walker confirmed that staff can revisit the timeline.

Dr. Paris asked whether fee language in the draft could allow flexibility to avoid locking the Board into specific fee amounts and suggested that the National Practitioner Data Bank (NPDB) or the FCLB Chiropractic Information Network – Board Action Databank (CIN-BAD) could be used to verify national disciplinary actions. Ms. Walker responded that CIN-BAD access is complimentary and NPDB checks may require a small fee, and stated that staff would examine these options further. Dr. Paris also asked whether "conditional license" terminology may more accurately describe the model. Dr. Daniels responded that the Committee selected "temporary license" because it aligns with an existing regulatory structure. Ms. Walker stated she would evaluate both terms, noting that "conditional license" may require a different legal pathway.

Dr. Adams expressed support for the Committee's approach and stated that the proposed temporary license structure appears workable without requiring five years of prior practice. Ms. Cruz stated that the Committee's approach is consistent with leveraging existing structures and reducing unnecessary barriers. Dr. Azzolino agreed that a five-year requirement would be burdensome and stated that applicants should be permitted to practice once they meet all requirements. Dr. Daniels thanked members for their feedback and stated that the Committee will incorporate the comments into further development of the reciprocity proposal.

Motion: Dr. Daniels moved to approve the proposed regulatory text for California Code of Regulations, title 16, sections 303.1 and 308 in Attachment 2 to Agenda Item 16 in the meeting materials, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at CCR, title 16, sections 303.1 and 308 as noticed.

Second: Dr. Adams seconded the motion.

Public Comment: None.

Vote: 5-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, and Dr. Paris-AYE).

Motion: Carried.

17. Future Agenda Items

Dr. Paris requested that a future agenda include a discussion to clarify whether hands-on adjusting may be performed during CE courses. He stated that CE providers and licensees have raised questions about the permissibility of hands-on instruction and whether waivers or other safeguards are needed to ensure compliance with patient establishment and related legal requirements. He noted that providers would benefit from clear guidance from the Board.

Public Comment: Dr. Lew supporting adding the item to a future agenda and noted that CE instructors often face similar questions. She shared that insurers such as NCMIC have provided feedback to CE instructors on acceptable practices and that chiropractic programs, such as Palmer College of Chiropractic, utilize participation forms that may serve as useful models when the Board considers this topic.

18. Closed Session

- Deliberate and Vote on Disciplinary Matters Pursuant to Government Code Section 11126, subd. (c)(3)

The Board had no disciplinary matters for discussion and remained in open session.

19. Adjournment

Dr. Adams expressed appreciation to the Board members and staff for their dedication over the past year, especially recognizing the Licensing Committee's accomplishments. He highlighted the progress made on regulatory packages and the continued momentum toward advancing the Board's goals. He also conveyed optimism for the coming year and for the ongoing collaborative efforts that support the public and the chiropractic profession.

Dr. Daniels thanked Dr. Adams and reflected on the achievements outlined in the sunset review report, noting the significant progress made over the past four years by Board members and staff. She acknowledged that while more work remains, it was encouraging to see the advancements since the last sunset review.

Dr. Adams adjourned the meeting at 12:50 p.m.

Attachment A

List of Approved Applications for Initial Doctor of Chiropractic Licenses Issued from September 1, 2025, to December 31, 2025

First Name	Middle Name	Last Name	Date Issued	License No.
Kristi	Lynae	Black	09/12/2025	**DC 35285**
Justin	Daniel	Rammell	09/30/2025	**DC 35286**
Gregory	David	Varnau	09/30/2025	**DC 35287**
Hamid		Bakhtiari Jami Mahmoudabadi	10/15/2025	**DC 35288**
Jason	Conrad	Morgan	10/21/2025	**DC 35289**
Sydney	Martina	Spencer	10/21/2025	**DC 35290**
Jonathon	Andrew	De La Torre	11/04/2025	**DC 35291**
Sarena	D.	Creggett	12/26/2025	**DC 35292**
Christopher	Loong	Ma	09/02/2025	**DC 37429**
John	Crawford	Anderson	09/05/2025	**DC 37430**
Michael	John	Oakson	09/08/2025	**DC 37431**
Jason	L.	Toy	09/08/2025	**DC 37432**
Michael	Anthony	Robles	09/09/2025	**DC 37433**
Timothy	James	Weiss	09/11/2025	**DC 37434**
Angel	Alberto	Cortes	09/11/2025	**DC 37435**
Alixandra	Marie	Beaty	09/12/2025	**DC 37436**
Manuel	Jonathon	Acosta	09/15/2025	**DC 37437**
Dennis	Borisovich	Stolyarov	09/17/2025	**DC 37438**
Angel	Ivan	Orozco Gonzalez	09/17/2025	**DC 37439**
Nolan	Mitsuo	Hirayama	09/17/2025	**DC 37440**
Charity	Rushton	Steadward	09/19/2025	**DC 37441**
Christopher	Michael	Hills	09/19/2025	**DC 37442**
Zachary	Jason	Arnold	09/19/2025	**DC 37443**
Michael	Gerard	Boyrer	09/23/2025	**DC 37444**
Trent	David	Catlett	09/23/2025	**DC 37445**

First Name	Middle Name	Last Name	Date Issued	License No.
Garrett	Robert	Grassmyer	09/23/2025	**DC 37446**
Latifa	Ali	Juma-Fatah	09/23/2025	**DC 37447**
Jacob		Moenning	09/23/2025	**DC 37448**
Daniela		Reyes	09/23/2025	**DC 37449**
Collette	Lorraine	Duran	09/24/2025	**DC 37450**
Shayan		Richard	09/25/2025	**DC 37451**
Sophia	Rose	Chichyan	09/25/2025	**DC 37452**
Robert	Joseph	Stefani	09/30/2025	**DC 37453**
Tori	Lynette	Humphrey	09/30/2025	**DC 37454**
Louis		Vuong	09/30/2025	**DC 37455**
David	DeWayne	Kirk	10/01/2025	**DC 37456**
Ethan	Timothy	Lopez	10/01/2025	**DC 37457**
Kimberly	Angelica	Cervantes	10/03/2025	**DC 37458**
Steven	R.	Wong	10/03/2025	**DC 37459**
Derek	Adam	Schroering	10/07/2025	**DC 37460**
Cindy	Sogol	Askari	10/07/2025	**DC 37461**
Stevie	Shae	Black	10/07/2025	**DC 37462**
Marco		Jacobe	10/07/2025	**DC 37463**
Matthew	Robert	Dominguez	10/13/2025	**DC 37464**
Kloe	Sigafoose	Jackson	10/13/2025	**DC 37465**
Nathan	Kiyoshi	Sakai	10/15/2025	**DC 37466**
Jonathan	William	Black	10/15/2025	**DC 37467**
Kristina		Dang	10/15/2025	**DC 37468**
Matthew	Raphael	Serrano	10/17/2025	**DC 37469**
Andres	Eleazar	Ludena	10/22/2025	**DC 37470**
Jorge	Luis	Zendejas	10/23/2025	**DC 37471**
Chloe	Leyla	Jones	10/27/2025	**DC 37472**
James	Robert	Drulis	10/27/2025	**DC 37473**

First Name	Middle Name	Last Name	Date Issued	License No.
Michael	D.	Cradic	10/29/2025	**DC 37474**
Joe	Roy	Rivera	10/30/2025	**DC 37475**
Allison	Nicole	Castro	10/31/2025	**DC 37476**
Ritah	Marie	Maalouf	11/03/2025	**DC 37477**
Reilly	Lane	Dolcini	11/03/2025	**DC 37478**
Bahman		Sahranavard	11/05/2025	**DC 37479**
Dante	Bruno	Bandoni	11/05/2025	**DC 37480**
Marisa	Ayako	Chu	11/06/2025	**DC 37481**
Brandon		Nguyen	11/07/2025	**DC 37482**
Mikayla	Justine	Arcebido	11/10/2025	**DC 37483**
Makai	Roy	Manuwai	11/10/2025	**DC 37484**
Brianna	Marie	Connor	11/10/2025	**DC 37485**
Jaron	Andrew	Hua	11/10/2025	**DC 37486**
Sarah		Beglarian	11/10/2025	**DC 37487**
Emily	Lorene	Kaleal	11/10/2025	**DC 37488**
Aaron	Kyle	Polley	11/12/2025	**DC 37489**
Thibault	Franck	Gourlin	11/12/2025	**DC 37490**
Jared	Gabriel	Simbulan	11/13/2025	**DC 37491**
Talia	Rose	Le	11/14/2025	**DC 37492**
Max	Soko	Schultz	11/17/2025	**DC 37493**
Mervin	Dacasin	Sorillo	11/18/2025	**DC 37494**
Tyler	Elias	Jochen	11/18/2025	**DC 37495**
Michael	Cabillo	Lee	11/19/2025	**DC 37496**
Sarah	Elizabeth	Opper-Gawaran	11/19/2025	**DC 37497**
Rachel	Lynne	DiGangi	11/20/2025	**DC 37498**
Madisen	Rae	Diaz	11/21/2025	**DC 37499**
Peter	Halimfarag	Shahat	11/24/2025	**DC 37500**
Danny	Dean	Galyean	11/24/2025	**DC 37501**

First Name	Middle Name	Last Name	Date Issued	License No.
Mario	Alfonso	Garcia	11/24/2025	**DC 37502**
Lourdes	Marie	Flores	12/02/2025	**DC 37503**
Sandee	Linn	Shanti	12/04/2025	**DC 37504**
Angeline		Brutus	12/10/2025	**DC 37505**
Christine	Rose	Lee	12/10/2025	**DC 37506**
Danielle		Burgos	12/10/2025	**DC 37507**
Nikolai	Allan	Young	12/11/2025	**DC 37508**
Nolan	Gordon	Halverson	12/15/2025	**DC 37509**
Catherine	Elizabeth	Clement	12/16/2025	**DC 37510**
Darby	Rene	Sutherland	12/16/2025	**DC 37511**
Luis	Angel	Zendejas	12/17/2025	**DC 37512**
Michele	Ann	Zebrowitz	12/18/2025	**DC 37513**
Nicholas	Robert	Lombardo	12/22/2025	**DC 37514**
Matthew	Alexander	Soewito	12/22/2025	**DC 37515**
Aaron		Cherkas	12/23/2025	**DC 37516**
Anjeza	Lucie	Durollari	12/26/2025	**DC 37517**
Michael		Montygierd-Loyba	12/26/2025	**DC 37518**
Ghassan		Kantarji	12/26/2025	**DC 37519**

Attachment B

List of Approved New Continuing Education Providers

Provider Name	CE Oversight Contact Person	Provider Status
ClientShield	Genelle Heim	Partnership
Fetterman Events	Kris Fetterman	Corporation
Curtis Jacquot/Aureate LLC dba Institute of Chinese Herbology	Curtis Jacquot	Corporation

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
1625 N. Market Blvd., Suite N-327, Sacramento, CA 95834
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Agenda Item 5
Attachment 2

BOARD OF CHIROPRACTIC EXAMINERS
MEETING MINUTES

April 16–17, 2026

The Board of Chiropractic Examiners (Board) met in person on April 16–17, 2026, at the following locations:

Thursday, April 16, 2026	Friday, April 17, 2026
Department of Consumer Affairs Emerald Room 1747 N. Market Blvd., Suite 184 Sacramento, CA 95834	Department of Consumer Affairs Hearing Room 1747 N. Market Blvd., Suite 186 Sacramento, CA 95834

Board Members Present
Laurence Adams, D.C., Chair
Pamela Daniels, D.C., Vice Chair
Janette N.V. Cruz, Secretary
Sergio Azzolino, D.C.
David Paris, D.C.

Board Members Absent
Rafael Sweet (Excused)

Staff Present
Kristin Walker, Executive Officer
Tammi Herrera, Assistant Executive Officer
Jose Salud Diaz, Administration & Licensing Manager
Lynne Reinhardt, Enforcement Manager
Amanda Ah Po, Lead Licensing & Continuing Education Analyst
Becky Lyke, Lead Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Steven Vong, Regulatory Counsel, Attorney III, DCA

Thursday, April 16, 2026

1. Open Session – Call to Order / Roll Call / Establishment of a Quorum

Dr. Adams called the meeting to order at 9:04 a.m. Ms. Cruz called the roll. Mr. Sweet was excused from the meeting. All other members were present, and a quorum was established.

2. Public Comment for Items Not on the Agenda

Public Comment: None.

3. Board Chair's Report

Dr. Adams reported that the Board had a productive year and expressed optimism for the year ahead. He explained the Board's sunset review hearing went well and was brief due to the extensive preparatory work completed by staff and the Board's substantial progress over the last four years. He commented that the Legislature expressed only a few concerns related to the declining number of doctors of chiropractic (DC) practicing in California, which impacts the public's access to care. He stated the Board hopes to continue addressing this issue and highlighted efforts through the Licensing Committee aimed at reducing barriers and improving pathways for licensure in California.

He shared that he and Ms. Walker attended the California Chiropractic Association's annual legislative day on April 14, 2026, where they presented information to licensees regarding Board processes, licensure requirements, and the Connect system. He noted that adoption of Connect continues to increase, with approximately 55 percent of current licensees enrolled and approximately 93 percent of new licensees utilizing the system. He stated that expanded adoption will improve communication and efficiency for the Board, licensees, stakeholders, and continuing education (CE) providers.

He thanked the Board members for their leadership and contributions to the Board's accomplishments over the past year. He indicated the Board currently has 22 regulatory proposals in active development, with several anticipated for advancement this year. He commented that the Board has taken clear initiative in modernizing its programs and has set a strong foundation for continued progress in the coming years.

4. Department of Consumer Affairs (DCA) Report Which May Include Updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, and Legislative, Regulatory, or Policy Matters

Lucia Saldivar, Deputy Director of Board and Bureau Relations, provided an update on behalf of DCA. She introduced herself to the Board and shared that she was appointed to her role last fall after nearly eight years working in the Legislature, most recently as a

chief of staff. She noted she has been attending board meetings statewide and expressed her appreciation for the opportunity to present to the Board.

She informed Board members about the upcoming reorganization of the Business, Consumer Services and Housing Agency into two new agencies—the California Housing and Homelessness Agency and the Business and Consumer Services Agency. She stated that the Business and Consumer Services Agency will include DCA as one of eight departments under its jurisdiction. She reported that both agencies will become operative July 1, 2026, and noted that DCA continues to participate in stakeholder meetings and workshops to plan for the transition. She stated that DCA will keep Board leadership informed as planning progresses.

She reminded Board members and staff to book travel early when conducting state business and encouraged consideration of whether rental cars are necessary compared to rideshare options. She noted that some members may experience new travel-related costs such as baggage fees and asked that receipts be retained to ensure timely reimbursement.

She provided an update on Board Member Orientation Training (BMOT), explaining that BMOT is a full-day virtual training required within one year of appointment or reappointment. She stated that the first BMOT session of the year was held two weeks prior and additional sessions will be offered on June 24, 2026, and October 21, 2026. She encouraged members to register through DCA's Learning Management System (LMS) and stated that members needing assistance with LMS access or training compliance may contact her office. She concluded by thanking the Board for its work protecting California's consumers.

Public Comment: None.

5. Review and Possible Approval of January 16, 2026 Board Meeting Minutes

This agenda item was tabled to the next meeting.

6. Review and Possible Ratification of Approved Doctor of Chiropractic License Applications

Motion: Dr. Azzolino moved to ratify the list of approved applications for doctor of chiropractic licenses issued from January 1, 2026, to March 31, 2026.

Second: Dr. Daniels seconded the motion.

Public Comment: None.

Vote: 5-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, and Dr. Paris-AYE).

Motion: Carried.

7. Review and Possible Approval of New Continuing Education Provider Applications

Motion: Dr. Paris moved to approve the continuing education provider application by Myodetox West Hollywood LLC.

Second: Ms. Cruz seconded the motion.

Public Comment: None.

Vote: 5-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, and Dr. Paris-AYE).

Motion: Carried.

8. Executive Officer's Report and Updates on:

A. Administration, Continuing Education, Enforcement, and Licensing Programs
B. Business Modernization Project and Implementation of Connect System
C. Board's Budget and Fund Condition
D. Regulatory Process and Status of Board's Pending Proposals
E. Board's 2022–2026 Strategic Plan Objectives

Ms. Walker provided an update on the Board's business modernization efforts, including work with DCA's Office of Information Services (OIS) on the Connect system, website updates, and remaining paper-based processes. She explained that OIS is documenting all existing Connect workflows in preparation for a possible upgrade to a new platform, but early discussions indicate that the Board may need to weigh the higher IT costs of rebuilding its custom workflows against continuing on the current version. She noted that staff will take this decision to the Board for consideration once costs and impacts are fully analyzed. She also described parallel efforts to evaluate which processes should remain in Connect and which may be supported by other DCA IT tools, particularly for CE, which remains the Board's largest process outside of a formal system.

She reported future Connect functionality includes enforcement communications that will allow licensees to verify legitimate notices directly within their Connect profiles, an effort prompted by recent scam attempts targeting licensees. She also described work to link Connect accounts to enforcement cases, preparation for postcard renewal reminders beginning in July 2026, and increased Connect adoption rates, with initial applicants already above 90 percent.

Dr. Daniels asked when the enforcement communication functionality would be available, and Ms. Walker confirmed it would be implemented on April 24, 2026. Dr. Daniels then asked several follow-up questions about the potential system upgrade,

including when the Board must make a formal decision, whether Ms. Walker had formed any preliminary views about the advantages and disadvantages, and whether the current version of Connect would continue to be supported by the vendor or risk becoming obsolete. Ms. Walker explained that a decision would likely come to the Board at the October 2026 meeting, that she is currently weighing the pros and cons of upgrading given the significant costs associated with rebuilding custom workflows, and that she will confirm long-term vendor support for the current platform being used by the Board and several other DCA programs.

Dr. Adams asked whether the upgrade decision would affect CE modernization. Ms. Walker responded that viable solutions exist on both platforms and that OIS may also have tools outside of Connect that could meet the Board's needs without increased costs. Ms. Cruz expressed concern about the extent of customization within Connect. Ms. Walker explained that the customization mainly reflects essential licensing and enforcement functionality that was not available out-of-the-box and that staff is careful to avoid overengineering processes so future refinements can be made without major rebuilding.

Ms. Walker provided legislative deadline reminders and personnel updates, announcing that Angelina Taylor has been selected as the Board's new Lead Administrative and Policy Analyst and will begin on April 27, 2026. She reported that the remaining Enforcement Technician vacancy is expected to be filled in early summer. She reviewed licensing and enforcement statistics, noting that licensing processing times remain very fast and that enforcement caseloads have been reduced from over 500 at the start of the sunset review period to around 180, approaching her goal of under 175 cases by the current fiscal year-end. Ms. Cruz asked about fines assessed versus collected, and Ms. Walker explained that staff has been focusing on closing pending complaints and that citation activity would increase during the summer.

Ms. Walker concluded with a regulatory update, noting that three regulatory packages—delegation of functions to the executive officer, practice of chiropractic with an inactive license, and repeal of the mental illness regulation—have closed public comment with no comments received and are progressing through DCA and the Office of Administrative Law. She stated that the other regulatory proposals remain in progress and that the CE requirements for petitions for reinstatement of licensure were moved to a separate proposal. She noted that many regulatory concepts have already been discussed multiple times at the committee level and will be moving to the production phase, and invited Board members to raise any new ideas and concepts during strategic planning later in the meeting.

9. Review, Discussion, and Possible Action to Finalize and Adopt the Board's Responses to the 2026 Sunset Review Issues

Ms. Walker presented a working draft of the Board's responses to the issues identified in the sunset review hearing background paper. She outlined the proposed responses to each of the 14 issues, including why the Board has required fee increases during the past three sunset review cycles and the plan to stabilize the Board's fund. She described how the Board relied on 2020 data when setting the fees that were implemented in 2023, leaving the Board several years behind actual costs. She recommended resetting each fee's floor based on projected 2026–27 costs, establishing a 10-year fee ceiling based on projected expenditure growth, and seeking authority to adjust fees up to those limits through the regulatory process. She emphasized that biennial fee reviews would help prevent large fee increases in the future. Dr. Daniels commented that she was relieved that Board now has a forward-looking plan and urged caution to avoid reducing fees below the Board's actual costs. Dr. Daniels asked whether the facility permit fee authority was included in the response. Ms. Walker confirmed that it was and explained how temporary license and facility permit fees would align with comparable existing fee structures. Dr. Adams asked for approximate fee levels, and Ms. Walker indicated the DC license renewal fee would need to be at least $400.

Ms. Walker explained that staff analyzed satellite certificate data and identified approximately 7,000 active certificates across about 3,700 distinct practice locations. Dr. Paris asked why certain satellite addresses carried an unusually high number of licensees. Ms. Walker explained that qualified medical evaluators must register locations for evaluation assignments, resulting in high volumes of satellite certificates that later go into forfeiture due to nonrenewal. Dr. Azzolino asked whether the Board verifies that satellite addresses are actual physical facilities. Ms. Walker stated the current regulations do not require such verification and indicated she hopes to address that through a future regulation. Dr. Daniels asked whether expanding the Board's inspection authority would relate to this issue. Ms. Walker confirmed that it would and suggested including inspection authority in the Board's strategic planning discussion.

Ms. Walker requested that the Board discuss its position on animal chiropractic so she could refine the Board's response. Dr. Adams stated that the Board should regulate DCs and not defer oversight to the Veterinary Medical Board (VMB), while remaining open to collaboration. Dr. Azzolino asked which models are being proposed. Ms. Walker explained that Senate Bill (SB) 1269 (Ochoa Bogh) proposes direct access regulated by the Board while the sunset review background paper contemplates a physician-assistant-style model requiring a practice agreement with a veterinarian and regulated by VMB. Dr. Adams expressed concern about the vague practice agreement requirements and the possibility of inconsistent arrangements. Dr. Azzolino stated that each licensing board should regulate its own profession, and he emphasized the importance of proper training and screening.

Dr. Daniels stated practice agreement models mirror current problems and that the real issue is not access, but availability, as owners face delays in many parts of the state. She noted that Board oversight is most appropriate for chiropractic practice. Dr. Adams added that direct access models in other states have operated without significant complaints. Dr. Azzolino stated that assertive enforcement would reassure other boards and support safe expansion of access. Dr. Paris suggested requiring proof that an animal has recently been seen by a veterinarian rather than requiring a formal practice agreement, stating that it would provide safety assurances without imposing burdens on veterinarians. He also asked whether expanding education has been discussed, and Dr. Daniels replied that stakeholders are working toward a 300-hour, diplomate-level competency program in animal chiropractic. Dr. Adams emphasized that existing models have long demonstrated safe practice and argued that expanding availability is necessary to prevent owners from seeking untrained practitioners. Dr. Paris agreed, noting strong public demand for access.

Dr. Adams indicated that the Board will take action on this agenda item on April 17, 2026.

Public Comment: None.

10. Review, Discussion, and Possible Action on Legislation Related to the Board, the Chiropractic Profession, DCA, and/or Other Healing Arts Boards

A. Assembly Bill (AB) 1558 (Arambula) Uniform Emergency Volunteer Health Practitioners Act.
B. AB 1671 (Tangipa) Rural medical services grant program.
C. AB 1767 (Berman) Department of Consumer Affairs: public members of boards: conflicts of interest.
D. AB 1775 (Ward) Veterans.
E. AB 1979 (Bonta) Health care services: artificial intelligence.
F. AB 2140 (Johnson) Healing arts: reports: claims against licensees.
G. AB 2546 (Gabriel) Director of Department of Consumer Affairs: duties.
H. AB 2551 (Elhawary) Health care coverage.
I. AB 2775 (Committee on Business and Professions) State Board of Chiropractic Examiners: chiropractic corporations.
J. Senate Bill (SB) 980 (Hurtado) Access to medical records.
K. SB 1269 (Ochoa Bogh) Chiropractors: animal chiropractic practitioners.
L. SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses.

Ms. Walker provided an overview of the bills included in the meeting materials and noted that there were several spot bills or informational items with limited impact on the Board. She began with AB 1558 (Arambula), explaining that the bill would expand the Uniform Emergency Volunteer Practitioners Act to allow out-of-state licensees to assist during emergencies and provide DCA healing arts boards with additional enforcement authority. She next summarized AB 1671 (Tangipa), which would establish a grant program to support the delivery of medical services in rural areas, and AB 1767

(Berman), which would clarify the definition of “close family member” for purposes of conflicts of interest for public members of DCA boards. She reviewed AB 1775 (Ward), explaining that the bill would require DCA boards to expedite licensure for applicants discharged from military service solely due to a federal executive order prohibiting transgender individuals from serving, and she noted that the Board’s existing expedited licensure processes could easily accommodate this addition. She then presented AB 1979 (Bonta), explaining that the bill had recently been narrowed and would now prohibit the use of artificial intelligence (AI) to replace professional judgment or to direct unlicensed personnel in performing functions requiring licensure.

She continued with AB 2140 (Johnson), a spot bill proposing to increase certain administrative fines from $50 to $100, noting the bill has no impact on the Board because its minimum fine is already $100. She next summarized AB 2546 (Gabriel), a DCA-related spot bill containing no substantive language at this time, followed by AB 2551 (Elhawary), which would expand the questions on the DCA healing arts workforce survey to include whether the licensee is a contracted provider and the types of coverage under which their services are provided. She identified AB 2775 (Committee on Business and Professions) as the Board’s sunset bill and requested a formal support position. She then reviewed SB 980 (Hurtado), explaining that the bill would prohibit health care providers from charging a fee for completing health-related forms required by an educational institution or childcare provider for participation in school, childcare, or school-sponsored activities. She summarized SB 1269 (Ochoa Bogh), the animal chiropractic bill, explaining that it mirrors SB 687 (Ochoa Bogh) from 2025, but additionally requires premises registration and limits direct access to three months or eight visits. She also noted SB 1391 (Wahab) appears to be a spot bill relating to retired licenses. She stated that staff would continue monitoring these bills.

Dr. Paris asked whether SB 980 (Hurtado) would require licensees performing school physicals or concussion-related examinations to complete associated forms without charging a fee, and Board members expressed concern that the bill’s language may be overly broad. Ms. Knight clarified that the bill only applies to fees for completing the form itself, not the examination, but noted that the bill analysis is not yet available. Dr. Daniels requested that staff seek clarification from the author, and Dr. Azzolino emphasized that many school-related forms require detailed examination findings and clinical judgment. Dr. Adams agreed that further information was needed. Ms. Walker stated that she would monitor the bill and share the Board’s concerns with the author if it proceeds to a hearing.

Motion: Dr. Daniels moved for the Board to support AB 2775 (Committee on Business and Professions).

Second: Dr. Adams seconded the motion.

Public Comment: None.

Vote: 5-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, and Dr. Paris-AYE).

Motion: Carried.

11. National Board of Chiropractic Examiners (NBCE) and Federation of Chiropractic Licensing Boards (FCLB) Update

A. Review, Discussion, and Possible Action on Proposed Merger of NBCE and FCLB

B. Discussion and Possible Selection of Board Member to Represent the Board at the 2026 FCLB Annual Conference and NBCE Annual Business Meeting

Ms. Walker explained that the agenda item concerned the proposed merger between NBCE and FCLB, under which NBCE would become the surviving corporate entity and FCLB would be restructured as a committee under NBCE. She explained that while both organizations provide services utilized by the Board, the proposed merger is a corporate governance matter outside of the Board's regulatory purview. She recommended that the Board take no position and abstain from voting on the proposed bylaws amendments at the upcoming annual meeting of both organizations in Atlanta, Georgia.

Motion: Ms. Cruz moved for the Board to abstain from voting on the proposed merger of the National Board of Chiropractic Examiners and the Federation of Chiropractic Licensing Boards at the annual meeting of both organizations.

Second: Dr. Daniels seconded the motion.

Public Comment: None.

Vote: 4-0-1 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, and Dr. Paris-ABSTAIN).

Motion: Carried.

The Board discussed the need to select a representative to NBCE and FCLB for the upcoming annual meeting because Ms. Cruz is unable to attend and NBCE's bylaws require the representative to be a licensee.

Motion: Dr. Daniels moved to designate Dr. Paris as the Board's representative to the National Board of Chiropractic Examiners and Ms. Walker as the Board's representative to the Federation of Chiropractic Licensing Boards at the annual meeting.

Second: Dr. Azzolino seconded the motion.

Public Comment: None.

Vote: 4-0-1 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, and Dr. Paris-ABSTAIN).

Motion: Carried.

12. Continuing Education Committee Report

- Committee Chair's Update on March 5, 2026 Working Group Meeting

Dr. Adams reported that the Continuing Education Committee met as a working group on March 5, 2026, and focused primarily on CE fees and their relationship to the FCLB Providers of Approved Continuing Education (PACE) program. He explained that, based on ongoing staff discussions and the pending fee changes, the Committee felt it was in the Board's best interest to continue handling CE internally rather than shifting all responsibility to PACE. He said PACE providers would still be able to submit courses, but the Committee preferred to retain the Board's CE review structure, especially given anticipated reductions in CE fees resulting from efficiencies with the Connect system. Dr. Adams noted that lower fees should help bring CE courses back to California.

Ms. Walker added that the Committee also discussed broader CE acceptance issues. She explained that the Board currently accepts CE from all DCA healing arts boards, but the Committee agreed it should examine which professions' CE is truly comparable in rigor to chiropractic education and clinical practice. She stated the Committee began identifying ways to narrow that list and also discussed integrating the new mandatory competency areas into the course review process. She noted interest in involving Board members in content review rather than relying solely on staff. She also acknowledged the need to consider how electives should be evaluated, and whether they should undergo the same level of scrutiny as mandatory CE.

Dr. Adams commented that the Committee revisited the idea of multi-year CE approvals and favored an annual model to improve the Board's fiscal forecasting. He explained that multi-year approvals create periods of heavy application volume followed by long gaps, which hinder fiscal planning. He stated retaining annual approvals would align better with the Board's fiscal responsibilities.

Dr. Paris raised concerns about limiting access for licensees if the Board does not accept PACE. He emphasized that many high-quality educational opportunities, including national programs, scientific conferences, and diplomate trainings, are exclusively offered through PACE. He noted that many specialty programs occur outside of California and that restricting PACE could hinder licensees' ability to maintain competency and specialty certifications. He expressed concern about placing fiscal considerations ahead of expanded access to CE opportunities.

Dr. Daniels added that the Committee had explored a potential compromise involving PACE, and Ms. Walker confirmed that the Committee discussed allowing PACE courses to qualify for elective CE while retaining Board approval of mandatory CE. She

shared that the Committee also discussed broader regulatory language to accommodate any future entities similar to PACE. Dr. Daniels commented that the approach aligns with the Board's intent to emphasize competency-based CE while offering flexible elective options. Dr. Paris stated he felt more comfortable knowing that PACE could remain available for licensees in some capacity. Dr. Adams concluded by noting that the CE regulatory package is not yet final and that the fee adjustments could address the concerns quickly, with additional refinements as necessary as the CE regulations proceed.

Public Comment: None.

13. Enforcement Committee Report

A. Committee Chair's Update on March 18, 2026 Meeting
B. Review, Discussion, and Possible Action on Committee's Recommendation Regarding the Uniform Standards for Substance Abusing Licensees (amend California Code of Regulations, Title 16, section 384)

Ms. Walker reported that the Enforcement Committee met on March 18, 2026, and discussed policy matters related to the minimum supervision and training requirements for chiropractic assistants, responsibility for conduct on the premises, and clarification of the sexual misconduct regulation. She explained that the Committee emphasized the importance of developing clear, enforceable language that places responsibility on the licensee rather than attempting to regulate overly granular requirements for assistants. She stated that the Committee reviewed draft definitions for supervision terms to support development of the regulation, and she added that the Committee also discussed recent changes by the Centers for Medicare and Medicaid Services allowing remote supervision of certain services and considered implications for the Board's regulation.

She explained that the Committee recommended shifting the Board's selected trigger for applying the Uniform Standards for Substance Abusing Licensees from the "prove-up" model to the presumption model used by most DCA healing arts boards, under which any underlying conduct involving drugs or alcohol establishes a presumption of substance abuse that the licensee may rebut. She outlined concerns with the Board's current approach, including increased costs, extended timelines, and substantial staff workload associated with proving cases through clinical evaluations and hearings.

Dr. Paris asked about the timeframe impacts associated with the available triggers, and Ms. Walker explained the delays and costs inherent in both the clinical evaluation and prove-up models. Ms. Knight stated that adopting the presumption model would shift the burden to the licensee and streamline enforcement. The Board expressed general concurrence with the recommendation. Ms. Walker concluded by noting that staff is participating in the disciplinary guidelines working group recently created by DCA's Regulations Unit.

Public Comment: None.

14. Licensing Committee Report

- Committee Chair's Update on March 27, 2026 Meeting

Dr. Daniels reported that the Licensing Committee met on March 27, 2026, and currently has three regulatory packages in initial filing, three in production, and five in the concept development phase. She stated that the Committee focused its recent discussions on temporary licensure, virtual care, and AI. She explained that the Committee is refining the virtual care language to ensure clarity, operational feasibility, and distinctions between initial and subsequent visits, and to address unplanned virtual care encounters. She added that the Committee revised terminology in the temporary licensure proposal from a "restricted" to "limited" license to avoid unintended negative connotations while still describing parameters for applicants who do not yet meet California-specific licensing requirements.

Dr. Daniels explained that the Committee is continuing its work on the integration of AI into clinical practice and is leaning toward developing a separate AI consent form to address patient rights, operational considerations, and ethical safeguards without attempting to regulate technical AI functions directly. She noted that the Committee reviewed guidance from the Federation of State Medical Boards and began incorporating key concepts into draft materials. She stated the Committee intends to finalize language for the temporary licensure, virtual care, and AI proposals during the summer. Ms. Cruz expressed appreciation for the Committee's focused and patient-centered approach to AI policy, and Dr. Adams acknowledged the substantial amount of work being undertaken by the Committee.

Public Comment: None.

15. Future Agenda Items

Dr. Daniels requested a future agenda item addressing the operational aspects of CE delivery and verification, noting the concerns raised in the written public comment on the issue. She also asked for a discussion on strengthening the Board's regulation related to site inspection authority to ensure staff have the necessary resources to conduct proactive enforcement activities.

Public Comment: None.

16. Closed Session

The Board met in closed session to deliberate and vote on disciplinary matters and conduct the annual performance of its Executive Officer pursuant to Government Code section 11126, subdivisions (a)(1) and (c)(3).

The Board then reconvened to open session.

17. Strategic Planning Session

The Board participated in a strategic planning session that was facilitated and guided by Trisha St.Clair and Sarah Irani from DCA's SOLID Planning Solutions.

18. Recess Until Friday, April 17, 2026, at 9:00 a.m.

The Board recessed at 3:19 p.m. until Friday, April 17, 2026, at 9:00 a.m.

Friday, April 17, 2026

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

Dr. Adams called the meeting to order at 9:00 a.m. Ms. Cruz called the roll. Mr. Sweet was excused from the meeting. All other members were present, and a quorum was established.

20. Petition Hearing for Early Termination of Probation

- Annie My Tran, D.C., License No. DC 30508, Case No. AC 2017-1131, OAH No. 2026030169

Administrative Law Judge Christopher W. Dietrich presided over a hearing before the Board in the matter of the petition for early termination of probation by Annie My Tran, D.C. Dr. Tran represented herself in the matter, and Deputy Attorney General Phillip L. Arthur represented the Attorney General of the State of California pursuant to Government Code section 11522.

21. Petition Hearings for Reinstatement of Surrendered Licenses

A. Patrick Khaziran, License No. DC 31125, Case No. AC 2023-2014, OAH No. 2026030189
B. Joshua Aaron Davidson, License No. DC 28363, Case No. 2013-959, OAH No. 2026030178

Judge Dietrich presided over a hearing before the Board in the matter of the petition for reinstatement of a surrendered license by Patrick Khaziran. Mr. Khaziran represented himself in the matter, and Mr. Arthur represented the Attorney General of the State of California pursuant to Government Code section 11522.

The hearing in the matter of the petition for reinstatement of a surrendered license by Joshua Aaron Davidson was rescheduled for the October 2026 Board meeting per a written request by Mr. Davidson's legal counsel, Maritsa A. Flaherty, on April 15, 2026.

22. Petition Hearings for Reinstatement of Revoked Licenses

A. Yariv E. Rothman, License No. DC 25498, Case No. AC 2020-1248, OAH No. 2026030197

B. Robert Bernard Cohen, License No. DC 27662, Case No. AC 2020-1264, OAH No. 2026030194

Judge Dietrich presided over a hearing in the matter of the petition for reinstatement of a revoked license by Yariv E. Rothman. Phillip Kanarsh and Harry Nelson represented Mr. Rothman, who was present, and Mr. Arthur represented the Attorney General of the State of California pursuant to Government Code section 11522.

Judge Dietrich presided over a hearing in the matter of the petition for reinstatement of a revoked license by Robert Bernard Cohen. Ms. Flaherty represented Mr. Cohen, who was present, and Mr. Arthur represented the Attorney General of the State of California pursuant to Government Code section 11522.

Following the hearings, the Board returned to the discussion on Agenda Item 9.

9. Review, Discussion, and Possible Action to Finalize and Adopt the Board's Responses to the 2026 Sunset Review Issues

Ms. Walker presented the final draft of the Board's responses to the issues identified in the sunset review hearing background paper. She explained that case-specific data had been added to strengthen the justification for the proposed enhancements to the Board's enforcement authority and that the response regarding animal chiropractic had been updated to reflect the Board's previous discussion on the issue.

She referenced handouts outlining proposed changes to the Board's fee schedule and the corresponding projected fund condition if those changes were made through the Board's sunset bill. She provided an overview of the methodology used to develop the proposed fee schedule, explaining that most fees were recalculated using a 13.5 percent baseline adjustment to reflect current expenditures, followed by a three percent annual growth factor to establish the fee caps. She reviewed several exceptions to this approach, including reductions to the DC license application fee due to efficiencies gained through the Connect system, and the alignment of the reciprocal license application fee with the standard application fee because the processes are similar. She also explained that the CE provider renewal fee was increased to cover program overhead, while the CE course application fee was significantly reduced based on anticipated automation of the Board's existing paper-based processes once the Connect system enhancements are implemented.

Ms. Walker noted that a 2017 fee study projected the DC license renewal fees should have reached a range of $465 to $486 by now had the prior recommendations been adopted. She stated that, based on current data, the ideal range for that fee should be between $425 to $450 but recommended a more conservative increase to $400 to

minimize the immediate financial impact on licensees while still improving the Board's long-term fund condition. She reviewed updated fund condition projections, highlighting that implementation of the proposed fee schedule would begin to reduce the structural imbalance and prevent insolvency through the next sunset review period. She emphasized the importance of monitoring the Board's fund condition closely, evaluating fee performance annually, and making additional adjustments through the regulatory process biennially, if needed.

Dr. Adams noted the model anticipates repayment of the outstanding loan from the Bureau of Automotive Repair in fiscal year 2028–29. Dr. Daniels inquired about the timeline for reducing the costs associated with processing CE course applications. Ms. Walker confirmed that the planned Connect enhancements are expected to align with the January 1, 2027, fee implementation date. Ms. Cruz asked whether the annual fee growth was calculated using a simple or compound method. Ms. Walker confirmed that the growth factors applied in the fee schedule are compounding.

Motion: Dr. Azzolino moved to approve the Board's responses to the issues identified in the sunset review background paper and to authorize the Executive Officer to make any non-substantive and technical changes to the document.

Second: Dr. Daniels seconded the motion.

Public Comment: None.

Vote: 5-0 (Dr. Adams-AYE, Dr. Daniels-AYE, Ms. Cruz-AYE, Dr. Azzolino-AYE, and Dr. Paris-AYE).

Motion: Carried.

23. Closed Session

The Board met in closed session to deliberate and vote on the above petitions pursuant to Government Code section 11126, subdivision (c)(3).

The Board then reconvened to open session.

24. Adjournment

Dr. Adams adjourned the meeting at 1:42 p.m.

Attachment A

List of Approved Applications for Initial Doctor of Chiropractic Licenses Issued from January 1, 2026, to March 31, 2026

First Name	Middle Name	Last Name	Date Issued	License No.
Santiago		Ramirez	01/27/2026	**DC 35293**
Stephanie	Ellen	Schiff	01/27/2026	**DC 35294**
Serj		Zakarian	02/11/2026	**DC 35295**
Abby	Wing-Man	Wong	03/23/2026	**DC 35296**
Trent		Peng	03/25/2026	**DC 35297**
Hannia	Maneja	Iqbal	01/05/2026	**DC 37520**
Karen	Annette	Mitchell	01/07/2026	**DC 37521**
Jaehong		Lee	01/08/2026	**DC 37522**
Jason		Woods	01/12/2026	**DC 37523**
Del Rae	Naomi	Key	01/12/2026	**DC 37524**
Jonathan	Ray	Hernandez	01/14/2026	**DC 37525**
Madisyn	Erin Joy	Baxter	01/14/2026	**DC 37526**
Hannah	Rose	Hayes	01/15/2026	**DC 37527**
Trinity	Angelina	Rios	01/15/2026	**DC 37528**
Herbert	AJ	Forbes	01/20/2026	**DC 37529**
Linda	Mary	Nguyen	01/20/2026	**DC 37530**
Michael	Shane	Haney II	01/20/2026	**DC 37531**
Abigail	Marian	Golseth	01/21/2026	**DC 37532**
Rachel		Aloy	01/22/2026	**DC 37533**
Jeffery	Scott	Williams	01/22/2026	**DC 37534**
Tetiana	Anatoliyivna	Masterson	01/22/2026	**DC 37535**
Lillian	Sue	Sunderman	01/23/2026	**DC 37536**
Rigoberto		Carranza Jr.	01/26/2026	**DC 37537**
Kenna	Mihwa-Elyse	Son	01/28/2026	**DC 37538**
Deston	Makoa Mitsu	Watanabe	01/29/2026	**DC 37539**

First Name	Middle Name	Last Name	Date Issued	License No.
Tyler	Bryce	Howes	01/29/2026	**DC 37540**
Jakob	Thomas	Yates	01/29/2026	**DC 37541**
Sahil		Sehgal	01/30/2026	**DC 37542**
Carlos		Padilla	01/30/2026	**DC 37543**
Kamaile	Leilani Polo	Kenny	02/02/2026	**DC 37544**
Edgar	Eduardo	Esparza Jr.	02/02/2026	**DC 37545**
Jacob	Thomas	Lesher	02/03/2026	**DC 37546**
Ryan	Sal	Castellanos	02/03/2026	**DC 37547**
Jocelyn	Donatila	Arbaiza	02/03/2026	**DC 37548**
Broderek	Royce	Amrein	02/03/2026	**DC 37549**
Olivia		Guido	02/04/2026	**DC 37550**
Roman	Anthony	Olvera	02/04/2026	**DC 37551**
Dongyual		Yoo	02/04/2026	**DC 37552**
Jordan		Borrayo	02/04/2026	**DC 37553**
Luis		Sandoval V	02/04/2026	**DC 37554**
Jordan	Alan	Jacobson	02/04/2026	**DC 37555**
Chia-Huang		Liao	02/05/2026	**DC 37556**
Qian		Zhang	02/05/2026	**DC 37557**
David	Alfredo	Troncoso Rodriguez	02/05/2026	**DC 37558**
David	Walker	Black	02/05/2026	**DC 37559**
Kain	Andrew	Su'a	02/05/2026	**DC 37560**
Eugene Santino	Rocillo	Colorina	02/06/2026	**DC 37561**
Zohra		Moshtaq	02/06/2026	**DC 37562**
Sydney	Evyn	Goldman	02/10/2026	**DC 37563**
Audrey	Rose	Dunn	02/10/2026	**DC 37564**
Sean	Alan	Reid	02/10/2026	**DC 37565**
Felipe	De Jesus	Lara	02/10/2026	**DC 37566**
Kimberly	Eileen	Hadeka	02/10/2026	**DC 37567**

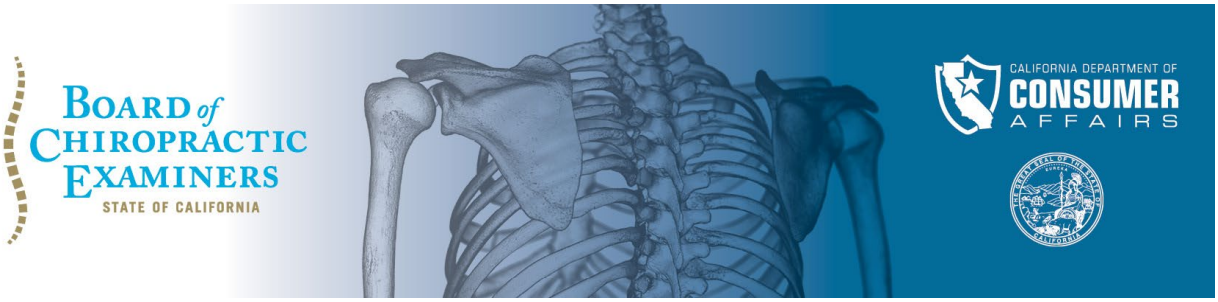
First Name	Middle Name	Last Name	Date Issued	License No.
Kristine	Grace	Troesch	02/10/2026	**DC 37568**
Andre	Simon	Harriague	02/11/2026	**DC 37569**
Julia	Elizabeth	Rrhizae	02/11/2026	**DC 37570**
Andrew	Wiley	Berman	02/11/2026	**DC 37571**
Delainey	Elizabeth	Freeman	02/12/2026	**DC 37572**
John	Antony	Bassily	02/12/2026	**DC 37573**
Kiara	Kimie	Espeleta	02/13/2026	**DC 37574**
Valentin		Luna	02/13/2026	**DC 37575**
Daniel	Theodore	Moreno	02/17/2026	**DC 37576**
Cody	Allen	Caldwell	02/17/2026	**DC 37577**
Jared	Xavier	Ramos	02/17/2026	**DC 37578**
Andrew	Jasper	Capucao	02/17/2026	**DC 37579**
Alexander	Jerrell	Fitzpatrick	02/18/2026	**DC 37580**
Maziyar		Mohsenpour	02/18/2026	**DC 37581**
Chandler	Evan Max	Short	02/18/2026	**DC 37582**
Emmanuel		Montanez	02/18/2026	**DC 37583**
Brett	Archer	McLean	02/18/2026	**DC 37584**
Shea	Francis	O'Malley	02/19/2026	**DC 37585**
Nathan	Francis	Chow	02/19/2026	**DC 37586**
Joshua	Min	Baek	02/19/2026	**DC 37587**
Nicholas	Ismael	Pedroza	02/19/2026	**DC 37588**
Mayra		Cortez	02/20/2026	**DC 37589**
Devan	Marie	Doyle	02/23/2026	**DC 37590**
Mariah	Christine-Su	Qura	02/25/2026	**DC 37591**
Christopher	Cortley	Fritter	02/25/2026	**DC 37592**
Leilani	Anne	Wagner	02/25/2026	**DC 37593**
Brittnee	R.V.	Jack	02/27/2026	**DC 37594**
Austin	Earl	Bohnsack	02/27/2026	**DC 37595**

First Name	Middle Name	Last Name	Date Issued	License No.
Olivia	Anne	Garland	02/27/2026	**DC 37596**
Diana		Ruiz	02/27/2026	**DC 37597**
Manuel	Armando	Alday-Herrera	03/02/2026	**DC 37598**
Tina		Navarifar	03/02/2026	**DC 37599**
Kathleen Ann	Marciano	Cabrera	03/04/2026	**DC 37600**
Seth	Gavin	Frankenberger	03/05/2026	**DC 37601**
Carlos	Moreno	Vazquez	03/05/2026	**DC 37602**
Kaleigh	Anna	Biedron	03/05/2026	**DC 37603**
Yuriko		Hazlehurst	03/06/2026	**DC 37604**
Marisa	June	Eivins	03/06/2026	**DC 37605**
Regan	Claire	Morris	03/09/2026	**DC 37606**
Daniel	Adrian	Pena	03/09/2026	**DC 37607**
Erick	Humberto	Bustillos	03/10/2026	**DC 37608**
Kirt	Wayne	Repp	03/11/2026	**DC 37609**
Monica		Vigil	03/13/2026	**DC 37610**
Tyler	Chase	Johnson	03/16/2026	**DC 37611**
Quentin		La	03/16/2026	**DC 37612**
Shrouk	Shaher	Haddad	03/18/2026	**DC 37613**
Estefania		Magallanes Rodriguez	03/19/2026	**DC 37614**
Madison	Kane	Carroll	03/23/2026	**DC 37615**
Maxemiliano	Leyva	Alcantar	03/23/2026	**DC 37616**
Zachary	Richard	Schuberg	03/24/2026	**DC 37617**
Keenen	Alexander	Cisneros	03/25/2026	**DC 37618**
Erin	Dallas	Wood	03/26/2026	**DC 37619**
Isaac		Cuevas	03/27/2026	**DC 37620**
Adrian		Nuno	03/30/2026	**DC 37621**
Adam	Christopher	Ruvalcaba	03/30/2026	**DC 37622**

Attachment B

List of Approved New Continuing Education Providers

Provider Name	CE Oversight Contact Person	Provider Status
Myodetox West Hollywood LLC	Nathan Vanderkuip	Corporation



Agenda Item 6
July 23, 2026

Review and Possible Ratification of Approved Doctor of Chiropractic License Applications

Purpose of the Item

The Board will review and ratify the attached list of approved applications for initial doctor of chiropractic licenses.

Action Requested

The Board will be asked to make a motion to ratify the attached list of approved license applications.

Background

Staff reviewed and confirmed that the applicants on the attached list of approved applications for initial doctor of chiropractic licenses met all statutory and regulatory requirements for licensure.

Attachment

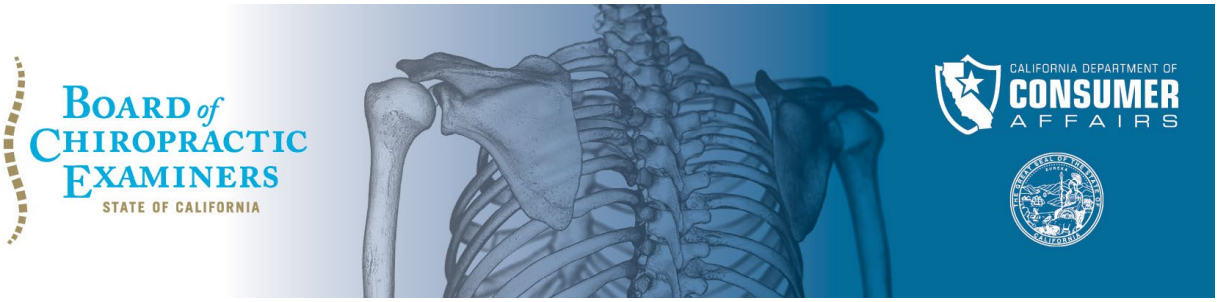
- List of Approved Applications for Initial Doctor of Chiropractic Licenses Issued from April 1, 2026 to June 30, 2026

List of Approved Applications for Initial Doctor of Chiropractic Licenses Issued from April 1, 2026, to June 30, 2026

First Name	Middle Name	Last Name	Date Issued	License No.
Kyla	Sky Louise	Awes	04/28/2026	**DC 35298**
Huynh	Gia	Tran	04/30/2026	**DC 35299**
Briana	Marie	Salazar	05/05/2026	**DC 35300**
Joshua	Vishal	Singh	05/19/2026	**DC 35301**
Tal	Dean	Barnston	06/11/2026	**DC 35302**
Lukas	Mejer	Johansen	06/11/2026	**DC 35303**
Carl	Dustin	Radloff	04/01/2026	**DC 37623**
Kongmeng	Kyle	Vang	04/01/2026	**DC 37624**
Allison		Menendez	04/03/2026	**DC 37625**
Camryn	Michelle	Arledge	04/06/2026	**DC 37626**
Mohammadsamad		Nik Khahbahrami	04/08/2026	**DC 37627**
Sonia	Cristina Rin	Guerra	04/09/2026	**DC 37628**
Daniely	Tatiana	Mendoza	04/15/2026	**DC 37629**
Matthew		Mai	04/15/2026	**DC 37630**
Samantha	Mae	Wellborn	04/15/2026	**DC 37631**
Saahil	Jignesh	Bhakta	04/15/2026	**DC 37632**
Changwon		Lee	04/16/2026	**DC 37633**
Nicholas	Lane	Gibson	04/16/2026	**DC 37634**
John	Anthony	Velazquez	04/16/2026	**DC 37635**
Deja	V.A.	Ruiz	04/20/2026	**DC 37636**
Justin	Keith	Butler	04/24/2026	**DC 37637**
Christian	Logan	Johnson	04/27/2026	**DC 37638**
Kathleen	Rose	McCann	04/28/2026	**DC 37639**
Ginger	Lyndale	Armstrong	04/30/2026	**DC 37640**
Luz	Maria	Pimentel	04/30/2026	**DC 37641**
Nicholas	Gregory	Ring	04/30/2026	**DC 37642**

First Name	Middle Name	Last Name	Date Issued	License No.
Jared	Christopher	Marandino	05/01/2026	**DC 37643**
Selay		Safar-Zafari	05/04/2026	**DC 37644**
Kiana	Ardeshiri	Sagun	05/04/2026	**DC 37645**
Alexander	Fitzsimmons	Dumars	05/05/2026	**DC 37646**
Fiel	Pangilinan	Buencamino Jr.	05/05/2026	**DC 37647**
Krystal	Nicole	Rios	05/06/2026	**DC 37648**
Jeffrey	Aaron	Dunnigan	05/06/2026	**DC 37649**
Emma	Ann	Petermann	05/08/2026	**DC 37650**
Jordi	Brandon	Hernandez-Garcia	05/11/2026	**DC 37651**
Shae	Lynn	Tonn	05/11/2026	**DC 37652**
Brandon	Nicholas	Vernon	05/11/2026	**DC 37653**
Bethany	Ruth	Provencial	05/12/2026	**DC 37654**
Naomi	Dalys	Acevedo Quinones	05/14/2026	**DC 37655**
Rachel	Akemi	Murata	05/14/2026	**DC 37656**
David		Alfaro Perez	05/14/2026	**DC 37657**
Ani		Khodagulyan	05/15/2026	**DC 37658**
Molly	Yasmary	Shamieh	05/18/2026	**DC 37659**
Adrian		Mousavi	05/20/2026	**DC 37660**
Jorge	Luis	Pando Guzman	05/22/2026	**DC 37661**
Paige	Emery	Kavanagh	05/22/2026	**DC 37662**
Mohammed	Odai	Qalla	05/22/2026	**DC 37663**
Oscar	Hugo	Torres	05/26/2026	**DC 37664**
Misty	Jane	O'Brien	05/27/2026	**DC 37665**
Dayana	Gisselle	Orellana Sanchez	05/28/2026	**DC 37666**
David		Grigorian	05/29/2026	**DC 37667**
Ana	Alejandra	Morales	06/01/2026	**DC 37668**
Justin	Ryan	Gurule	06/01/2026	**DC 37669**
Sean	Michael	Thomas	06/02/2026	**DC 37670**

First Name	Middle Name	Last Name	Date Issued	License No.
Joseph	Mario	Cabrera Pinales	06/02/2026	**DC 37671**
Christian	Mark	Salt	06/03/2026	**DC 37672**
David	Do Heon	Lim	06/03/2026	**DC 37673**
Chloe	Munday	Ross	06/03/2026	**DC 37674**
Cruz	Rolando	Orona	06/04/2026	**DC 37675**
Aja	K.	Gample	06/05/2026	**DC 37676**
Samuel	Zarate	Moya	06/09/2026	**DC 37677**
Holli	Christine	Harris	06/09/2026	**DC 37678**
Dohoon		Kim	06/09/2026	**DC 37679**
Cassidy	Rei	Johnson	06/09/2026	**DC 37680**
Nicholas	James	McCrory	06/10/2026	**DC 37681**
Nathan Kyle	Criseno	Quintana	06/10/2026	**DC 37682**
Samantha		Kessler	06/11/2026	**DC 37683**
Angelica	Lei Lose	Stoehr	06/12/2026	**DC 37684**
Alexa	Rayne	Sers	06/12/2026	**DC 37685**
Ihab		Mardini	06/12/2026	**DC 37686**
Nathaniel	Aaron Hansen	Bradley	06/15/2026	**DC 37687**
Aaron	Edward	Haley	06/17/2026	**DC 37688**
Bianqa	Yasmin	Rodriguez	06/19/2026	**DC 37689**
Alyson	Arias	Olavarria	06/24/2026	**DC 37690**
James	Clinton	Johnson Jr.	06/26/2026	**DC 37691**
Emily	Jewel	Baker	06/26/2026	**DC 37692**
Angela	Trinidad	Salas	06/26/2026	**DC 37693**
Hamid		Saidi	06/29/2026	**DC 37694**
Alec		Griffin	06/30/2026	**DC 37695**



Agenda Item 7
July 23, 2026

Review and Possible Approval of New Continuing Education (CE) Provider Applications

Purpose of the Item

The Board will review and possibly approve new CE provider applications.

Action Requested

The Board will be asked to make a motion to approve the following new CE providers:

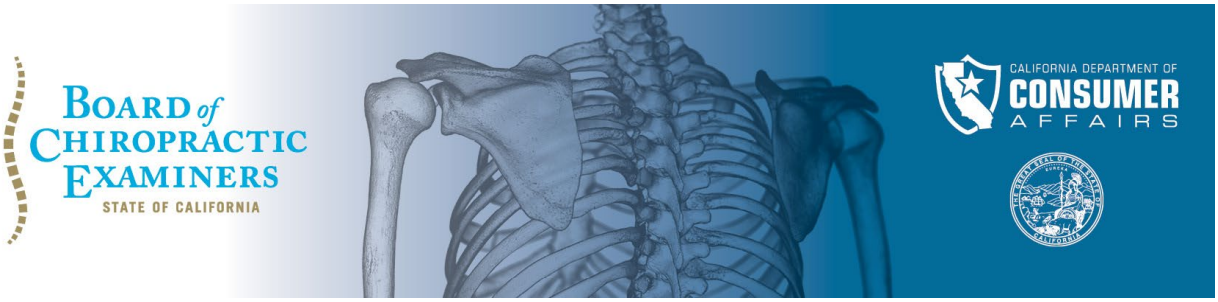
Provider Name	CE Oversight Contact Person	Provider Status
EliteChiroCE.com	Paul Powers, D.C.	Corporation
Christopher Saincome	Christopher Saincome, D.C.	Individual
SmartChiroCE.com – Donald L. Hayes, D.C.	Donald L. Hayes, D.C.	Individual (LLC)

Background

Staff reviewed and confirmed that the CE provider applications listed above meet all regulatory requirements for approval.

Attachment

N/A – To maintain compliance with Assembly Bill 434 (Baker, Chapter 780, Statutes of 2017) [State Web accessibility: standard and reports], the Board is unable to provide scanned documents on its website. To obtain a copy of the CE provider application through a California Public Records Act request, please email chiro.info@dca.ca.gov or send a written request to the Board's office.



Agenda Item 8
July 23, 2026

Executive Officer's Report and Updates

Purpose of the Item

The Executive Officer will provide the Board with an update on:

A. **Administration, Continuing Education, Enforcement, and Licensing Programs**

B. **Business Modernization Project and Implementation of Connect System**

C. **Board's Budget and Fund Condition**

D. **Status of Board's Pending Regulatory Proposals**

E. **Board's 2022–2026 Strategic Plan Objectives**

Action Requested

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.

Attachments

1. Executive Officer's July 9, 2026 Memo to Board Members
2. Board's Fund Condition Statement (as of July 2026)
3. DCA Distributed Costs Report for 2026–27
4. 2022–2026 Strategic Plan Objectives Progress Report (as of July 2026)

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
1625 N. Market Blvd., Suite N-327, Sacramento, CA 95834
P (916) 263-5355 | Toll-Free (866) 543-1311 | F (916) 327-0039 | www.chiro.ca.gov

MEMORANDUM

Agenda Item 8
Attachment 1

DATE	July 9, 2026
TO	Members of the Board of Chiropractic Examiners
FROM	Kristin Walker, Executive Officer
SUBJECT	**Executive Officer's Report – July 23, 2026, Meeting**

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

BCE Board and Licensing Committee Meetings

The following meetings have been scheduled:

- Thursday, July 23, 2026 – Board (Teleconference)
- Friday, October 2, 2026 – Licensing Committee (Teleconference)
- Thursday, October 15, 2026, and Friday, October 16, 2026 – Board (Southern California)
- Friday, December 4, 2026 – Licensing Committee (Teleconference)

Business Modernization: Implementation of the Connect System and Website Redesign

Staff continues to partner with the Department of Consumer Affairs (DCA) Office of Information Services (OIS) on business modernization efforts, including enhancements to the Connect system and a comprehensive redesign of BCE's website.

OIS is completing documentation of BCE's existing workflows and data mapping in the Connect system in preparation for a potential upgrade to a newer version of the platform that offers additional out-of-the-box functionality. The vendor will be providing a detailed timeline, proposed transition plan, and cost estimate to inform BCE's decision on whether to move forward with the upgrade.

On April 23, 2026, BCE deployed several system enhancements in Connect, including email and text message license renewal reminders, improvements to system-generated correspondence, bulk download functionality, and case-to-profile linking and secure messaging.

Staff is currently collaborating with OIS and the vendor to transition its manual, paper-based continuing education (CE) processes to the Connect platform. This includes developing a CE provider dashboard, enabling CE provider status renewals and updates to contact information, designing a CE course application workflow, adding and managing course dates and locations, implementing primary source verification of CE attendance records, and automatically syncing attendance records with licensee accounts. This transition is expected to be completed by fall 2026.

Staff is also working with OIS to redesign BCE's website and update the content in preparation for migrating to the latest version of the state web template. The web content is being updated and released on a flow basis, and the full website redesign is anticipated to be completed in summer 2026.

Additionally, beginning with licenses and certificates expiring July 31, 2026, BCE transitioned from mailing printed renewal applications to issuing postcard renewal reminders directing licensees to renew online. To support this change, staff developed a targeted outreach campaign encouraging licensees who have not yet created a Connect account to sign up.

Chiropractic Program Accreditation Updates

The WASC Senior College and University Commission (WSCUC) placed Life Chiropractic College West (LCCW) on probation following its February 13, 2026, meeting. The action, effective February 27, 2026, was based on findings from an October 2025 special visit and subsequent institutional submissions indicating noncompliance with components of WSCUC Standards 1 through 4. Identified deficiencies relate to governance and conflict-of-interest concerns, limited faculty engagement and lack of systematic program review processes, unclear long-term financial planning and ongoing deficits, and insufficient use of data to support institutional decision-making.

WSCUC directed LCCW to submit a progress report by July 1, 2026, provide a teach-out plan by October 1, 2026, and participate in another special visit in fall 2026. Required corrective actions focus on developing sustainable financial plans, strengthening board governance and compliance practices, establishing a strategic plan informed by stakeholder input and tied to budget and enrollment forecasts, and implementing and assessing the effectiveness of a systematic program review process across academic and non-academic units.

Additionally, the Council on Chiropractic Education (CCE) conducted a 60-day comment period through June 30, 2026, on proposed revisions to the CCE Accreditation Standards that would remove language related to diversity, equity, and inclusion (DEI), add the academic calendar to the list of chiropractic program policies and procedures that must promote integrity and transparency, and specify that the minimum of 1,000

instructional hours in a patient-care setting must involve patient engagement under appropriate supervision where hands-on practice and real-time clinical decision-making are central components. The changes would also require chiropractic programs to provide student support services that meet the needs of students enrolled in distance education courses; publish information on their tuition and fees, including application fees and their refund policy; and inform applicants of workforce demands for the profession and potential return on the educational investment.

Government Reorganization Plan

On April 4, 2025, Governor Newsom transmitted a government reorganization plan to the Little Hoover Commission to split the Business, Consumer Services and Housing Agency (BCSH) into two agencies: the California Housing and Homeless Agency (CHHA) focused on housing, homelessness, and civil rights functions; and the Business and Consumer Services Agency (BCSA) focused on consumer protection and business regulation. On June 2, 2025, the Little Hoover Commission released its full report recommending the Legislature allow the reorganization plan to take effect. The plan went into effect on July 5, 2025.

Under the reorganization plan, as of July 1, 2026, DCA was placed under the new BCSA along with the Department of Alcoholic Beverage Control, Alcoholic Beverage Control Appeals Board, Department of Cannabis Control, Department of Financial Protection and Innovation, California Horse Racing Board, and Department of Real Estate.

Legislative Calendar

Below are important dates and deadlines on the 2026 legislative calendar:

- July 2, 2026: Last day for policy committees to meet and report bills
- July 3, 2026, to August 2, 2026: Summer Recess
- August 14, 2026: Last day for fiscal committees to meet and report bills to the Floor
- August 21, 2026: Last day to amend on the Floor
- August 31, 2026: Last day for each house to pass bills
- September 30, 2026: Last day for Governor to sign or veto bills
- January 1, 2027: Statutes take effect

Personnel Updates

On April 27, 2026, Angelina Taylor joined BCE as the Lead Administrative and Policy Analyst. Recruitment efforts remain underway to refill BCE's remaining vacancy – an Enforcement Technician position.

Regulations

Complete

1. **Delegation of Certain Functions to the Executive Officer (amend California Code of Regulations [CCR], Title 16, section 306):** This proposal delegates additional authority to the Board's Executive Officer to order examinations of licensees in accordance with Business and Professions Code (BPC) section 820, issue default decisions where licensees have failed to file a notice of defense or appear at a hearing, grant motions to vacate a default decision, and approve settlement agreements for the revocation, surrender, or interim suspension of a license. The Board approved the proposed regulatory text at its October 19, 2023, meeting. This rulemaking was published in the Office of Administrative Law (OAL) Notice Register and released for a 45-day public comment period on January 23, 2026. The public comment period ended on March 9, 2026, and no comments were received. The final regulatory package was submitted to OAL for review on March 23, 2026. OAL approved the regulation on April 27, 2026, and it became effective on July 1, 2026.

2. **Practice of Chiropractic Prohibited with Inactive License (add CCR, Title 16, section 310.3):** This proposal clarifies the activities that cannot be performed by the holder of an inactive doctor of chiropractic license. The Board approved the proposed regulatory text at its October 24, 2024, meeting. This rulemaking was published in the OAL Notice Register and released for a 45-day public comment period on February 6, 2026. The public comment period ended on March 23, 2026, and no comments were received. The final regulatory package was submitted to OAL for review on May 20, 2026. OAL approved the regulation on June 26, 2026, and it will become effective on October 1, 2026.

3. **Repeal of Mental Illness Regulation (repeal CCR, Title 16, section 315):** This proposal repeals a regulation that allows the Board to order a license holder to be examined by one or more physicians specializing in psychiatry when reasonable cause exists that the licensee is mentally ill to the extent that it may affect their ability to practice. This regulation is unnecessary because the Board already has broader statutory authority under BPC sections 820 through 828 to order a physical or mental examination of a licensee whenever it appears the licensee may be unable to practice safely due to mental illness or physical illness affecting competency. The Board approved the proposed regulatory text at its

October 24, 2024, meeting. This rulemaking was published in the OAL Notice Register and released for a 45-day public comment period on February 20, 2026. The public comment period ended on April 6, 2026, and no comments were received. The final regulatory package was submitted to OAL for review on May 20, 2026. OAL approved the regulation on June 30, 2026, and it will become effective on October 1, 2026.

Final Filing Phase

(None)

Initial Filing Phase

(None)

Production Phase

4. **Approval of Doctor of Chiropractic Degree Programs, Educational Requirements, and Application and Examination Process for Doctor of Chiropractic Licensure, Including Temporary and Expedited Licensure and Fee Waiver for Military Spouses and Domestic Partners and Expedited Licensure for Veterans, Applicants Enrolled in U.S. Department of Defense SkillBridge Program, Refugees, Asylees, and Special Immigrant Visa Holders (amend CCR, Title 16, sections 320, 321, 330–331.16, and 340–349):** This proposal will amend the regulations regarding Board approval of chiropractic programs, including the minimum curriculum and clinical experience requirements. This proposal will also clarify the application and examination process for initial licensure as a doctor of chiropractic, including the qualifying circumstances for expedited review of a license application. Additionally, this proposal will implement Assembly Bill (AB) 107 (Salas, Chapter 693, Statutes of 2021), which provides for the temporary licensure of military spouses, and AB 883 (Mathis, Chapter 348, Statutes of 2023), which requires the Board to expedite the initial licensure process for applicants who are active-duty members of the United States Armed Forces enrolled in the United States Department of Defense SkillBridge program. The Board approved the proposed regulatory text at its April 17, 2025, and August 1, 2025, meetings. This package is anticipated to be submitted to OAL for publication in the Notice Register and a 45-day public comment period in summer 2026.

5. **Renewal and Restoration of Doctor of Chiropractic Licenses, Including Basic Life Support Certification for Active Licensees (amend CCR, Title 16, sections 370 and 371 and add section 371.1):** This proposal will clarify the processes for renewal and restoration of doctor of chiropractic licenses, extend the timeframe for cancellation of a license from three to four years, and update the CE and

competency requirements that must be met prior to the restoration of a cancelled license. Additionally, 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. The Board approved the proposed regulatory text at its August 1, 2025, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and a 45-day public comment period in summer 2026.

6. **Discipline by Another Jurisdiction and Licensee Reporting Requirements (amend CCR, Title 16, sections 304 and 314):** This 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 released for a 45-day public comment period in summer 2026.

7. **Record Keeping Requirements for Chiropractic Patient Records, Including Retention and Disposition of Records Upon Closure of Practice or Death/Incapacity of Licensee (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. This proposal will also specify requirements for the retention of records and the disposition of records upon the closure of a practice or the death or incapacity of a licensee. The Board approved the proposed regulatory text at its August 1, 2025, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in summer 2026.

8. **Satellite Office Certificates and Notice to Consumers of Licensure (add CCR, Title 16, section 303.1, and amend section 308):** This proposal will clarify the requirements for obtaining and renewing a satellite office certificate and for notifying consumers that doctors of chiropractic are licensed and regulated by the Board by posting or displaying a valid license or satellite office certificate at each place of practice. The Board approved the proposed regulatory text at its January 16, 2026, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and a 45-day public comment period in summer 2026.

9. **CE Requirements for Petitions for Reinstatement of Revoked or Surrendered Licenses (amend CCR, Title 16, section 365):** This proposal will clarify that a former licensee petitioning the Board for reinstatement of a revoked or surrendered license must complete up to 96 hours of CE before becoming eligible for a hearing, and establish that credit will only be granted once for any specific course or activity.

The Board approved the proposed regulatory text at its April 17, 2025, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and released for a 45-day public comment period in summer 2026.

10. **CE Fees, Requirements, and Approval Process (amend CCR, Title 16, sections 360, 361, 362, 363, and 364, and add section 360.1):** This proposal will make comprehensive changes to the Board's CE Program, including amending the annual CE requirements for licensees, establishing five course competency areas that will be approved by the Board, defining the three recognized learning formats for courses, updating the course review and approval process, and creating a re-approval process for courses that have previously been approved by the Board. The Board approved the proposed regulatory text at its April 17, 2025, meeting. This proposal will be discussed by the Board at its July 23, 2026, meeting.

Concept Phase

11. **Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees, Including Filing and Evaluation Process for Petitions for Reinstatement, Reduction of Penalty, or Early Termination of Probation (amend CCR, Title 16, section 384, add section 385, and repeal section 386):** This proposal will update the *Disciplinary Guidelines and Model Disciplinary Orders*, implement the Uniform Standards for Substance Abusing Licensees, and enhance the process for petitions for reinstatement, reduction of penalty, and early termination of probation before the Board. This proposal is planned to be discussed by the Board at its October 2026 meeting.

12. **Doctor of Chiropractic Licensure by Reciprocity (amend CCR, Title 16, section 323):** This proposal will clarify the requirements for out-of-state doctors of chiropractic to obtain a chiropractic license in California. This proposal is planned to be discussed by the Board at its October 2026 meeting.

13. **New Temporary Licensure Pathway with Public Notification and Practice Limitations (add CCR, Title 16, section 321.2):** This proposal will establish a new temporary licensure process with a public notification requirement and practice limitations for an applicant who has graduated with a Doctor of Chiropractic degree from a Board-approved program and has taken and passed the National Board of Chiropractic Examiners Parts I, II, III, and IV examinations or equivalent, but does not meet all of the licensure eligibility requirements. This proposal is planned to be discussed by the Licensing Committee at its October 2, 2026, meeting.

14. **Standards of Practice for Virtual Care (add CCR, Title 16, section 318.2):** This proposal will specify the standards of practice for the delivery of chiropractic services through virtual care. This proposal will be presented to the Board for approval at its July 23, 2026, meeting.

15. **Standards of Practice for Use of Artificial Intelligence (AI) in Chiropractic Practice (add CCR, Title 16, section 318.3):** This proposal will clarify the responsibilities and standards for a licensee's integration and use of AI technology in chiropractic practice. This proposal will be discussed by the Board at its July 23, 2026, meeting.

16. **Minimum Supervision and Training Requirements for Chiropractic Assistants, Responsibility for Conduct on Premises, and Sexual Misconduct (amend CCR, Title 16, sections 312 and 316):** This 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. Additionally, this proposal will clarify a supervising licensee's responsibility for conduct on the premises of a chiropractic facility and define sexual misconduct within the chiropractic profession for purposes of BPC section 726. This proposal is planned to be discussed by the Board at its October 2026 meeting.

17. **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 requirements 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. Staff is developing proposed regulatory text based on the Continuing Education Committee's discussions and guidance. This proposal is planned to be discussed by the Board at its October 2026 meeting.

18. **Retired License Status and Fee (add CCR, Title 16, section 328):** This proposal would establish a new retired status for doctor of chiropractic licenses and implement an application fee to cover the reasonable regulatory cost of issuing a retired license in accordance with BPC section 464. Staff is working with the Licensing Committee to assess licensees' potential interest in a new retired license status and the estimated fiscal impact on the Board.

0152 - Board of Chiropractic Examiners
Analysis of Fund Condition
(Dollars in Thousands)
2026 Budget Act with FM 11 Projections

Prepared 7.9.2026

	Actual 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28	BY +2 2028-29
BEGINNING BALANCE	$ 3,282	$ 3,652	$ 3,673	$ 2,828	$ 1,818
Prior Year Adjustment	$ 272	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 3,554	$ 3,652	$ 3,673	$ 2,828	$ 1,818
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	$ 34	$ 17	$ 34	$ 34	$ 34
4127400 - Renewal fees	$ 4,319	$ 4,356	$ 4,157	$ 4,157	$ 4,157
4129200 - Other regulatory fees	$ 99	$ 96	$ 108	$ 108	$ 108
4129400 - Other regulatory licenses and permits	$ 777	$ 824	$ 689	$ 689	$ 689
4163000 - Income from surplus money investments	$ 196	$ 136	$ 98	$ 87	$ 36
4171400 - Escheat of unclaimed checks and warrants	$ 3	$ -	$ -	$ -	$ -
4172500 - Miscellaneous revenues	$ 1	$ 4	$ 1	$ 1	$ 1
Totals, Revenues	$ 5,429	$ 5,433	$ 5,087	$ 5,076	$ 5,025
Transfers and loans to/from other funds					
Loan Repayment to Vehicle Inspection and Repair Fund 0421 per Item 1111-011-0421, Budget Act of 2014	$ -500	$ -250	$ -250	$ -250	$ -198
Totals, Transfers and Other Adjustments	$ -500	$ -250	$ -250	$ -250	$ -198
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 4,929	$ 5,183	$ 4,837	$ 4,826	$ 4,827
TOTAL RESOURCES	$ 8,483	$ 8,835	$ 8,510	$ 7,654	$ 6,645
Expenditures:					
1111 Department of Consumer Affairs (State Operations)	$ 4,575	$ 4,749	$ 5,146	$ 5,300	$ 5,459
9892 Supplemental Pension Payments (State Operations)	$ 22	$ -	$ -	$ -	$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	$ 234	$ 413	$ 536	$ 536	$ 536
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 4,831	$ 5,162	$ 5,682	$ 5,836	$ 5,995
FUND BALANCE					
Reserve for economic uncertainties	$ 3,652	$ 3,673	$ 2,828	$ 1,818	$ 649
Months in Reserve	8.5	7.8	5.8	3.6	1.3
Budget Surplus/Deficit	$ 98	$ 21	$ -845	$ -1,010	$ -1,168

NOTES:
1. Assumes workload and revenue projections are realized in BY+1 and ongoing.
2. Balance from the 2014-15 loan is currently $948.
3. Expenditure growth projected at 3% beginning BY+1.
4. All loan repayments to 0421 listed from 2025-26 and further are estimated payments.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

Executive Office
1625 N. Market Boulevard, Suite S-308, Sacramento, CA 95834
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Agenda Item 8
Attachment 3

June 30, 2026

The Honorable Aisha Wahab, Chair
Senate Business, Professions, and Economic Development Committee
1021 O Street, Room 3320
Sacramento, CA 95814

The Honorable Marc Berman, Chair
Assembly Business and Professions Committee
1020 N Street, Room 379
Sacramento, CA 95814

Re: Annual Department of Consumer Affairs Distributed Costs Report

Dear Senator Wahab and Assembly Member Berman:

Business and Professions Code section 201 requires the Department of Consumer Affairs (Department) to submit a report to the Legislature by July 1 of each year on the accounting of its pro rata calculation of administrative expenses.

The Department's report includes the following attachments:

- An overview of the methodology used for allocating distributed costs.
- A summary of costs by each service area of the Department for each board and bureau for the upcoming 2026-27 fiscal year.

The Department charges pro rata to recover its costs for centralized administrative services provided to the boards and bureaus. The Department's 36 boards and bureaus are supported by a staff of legal, technical, and administrative professionals at the Department. These professionals provide legal, human resources, information technology, communications, investigations, professional examinations, training, strategic planning, fiscal management, and other integral support services. All the work the Department performs is to support the boards and bureaus. Most distributed costs are based on workload and approximately forty percent is distributed based on the authorized positions of the board or bureau. All savings achieved by the Department are returned to respective board and bureau special funds.

In the attached spreadsheet of costs, there are three boards and one bureau that have higher than average distributed costs at 30 percent or more of their annual budget. The following provides a brief explanation of the anomalies driving the costs.

- Board of Barbering and Cosmetology: This board has a large licensee population (over 500,000) that contributes to a larger share of BreEZe and Consumer Information Center costs.

- Medical Board of California: The Department has an entire unit within the Division of Investigation (Health Quality Investigation Unit) of sworn investigators and support staff dedicated to providing this board with enforcement investigative services that account for over 80 percent of the costs this board pays the Department.

- Board of Vocational Nursing and Psychiatric Technicians: This Board has a high number of cases referred to the Department's Division of Investigation and the costs of conducting those investigations account for over half of the costs this board pays the Department.

- Bureau of Security and Investigative Services: This bureau has a large licensee population (over 400,000) that contributes to a larger share of BreEZe and Consumer Information Center costs.

Should you have any questions regarding this report, please contact Jennifer Simoes, Deputy Director for Legislative Affairs, at (916) 531-1096 or Jennifer.Simoes@dca.ca.gov.

Sincerely,

Christine J. Lally
Acting Director

cc:

The Honorable Melissa Hurtado, Chair, Senate Budget Subcommittee No. 4
The Honorable Sharon Quirk-Silva, Chair, Assembly Budget Subcommittee No. 5
Tomiquia Moss, Secretary, Business, Consumer Services and Housing Agency
Jay Kapoor, Assistant Program Budget Manager, Department of Finance
Heather Gonzalez, Principal Fiscal and Policy Analyst, Legislative Analyst's Office
Department of Consumer Affairs Executive Officers and Bureau Chiefs

Attachments:

Distributed Cost Methodology for Fiscal Year 2026-27
2026-27 Department of Consumer Affairs Distributed Costs Spreadsheet

DEPARTMENT OF CONSUMER AFFAIRS
DISTRIBUTED COST METHODOLOGY FOR FISCAL YEAR 2026-27

This document provides a general overview of the allocation methodologies the Department uses to distribute centralized expenses to its Boards and Bureaus along with descriptions and examples of the calculations used for each methodology.

CONSUMER AND CLIENT SERVICES DIVISION (CCSD)

1. ADMINISTRATIVE and INFORMATION SERVICES DIVISION (AISD):

- *AISD LESS OFFICE OF INFORMATION SERVICES* (consists of the Executive Office, Equal Employment Opportunity Office, Internal Audits, Legal Affairs, Legislative Affairs, SOLID Training and Planning Solutions, Organizational Improvement Office and the Office of Administrative Services [which consists of Fiscal Operations, Business Services Office, and Office of Human Resources]): Costs distributed to all *boards/bureaus/programs based on authorized position count.*
- *OFFICE OF INFORMATION SERVICES (OIS):* Costs distributed based on service center usage. Cost centers include Applicant Tracking System (ATS) and Consumer Affairs System (CAS), BreEZe, CONNECT, telecom, PC support, local area network and wide area network (LAN/WAN), and web services among others.
- *OFFICE OF PROFESSIONAL EXAMINATION SERVICES (OPES)*: Most Services are direct costs based on individual intra-agency agreements with boards and bureaus. Approximately 25 percent of OPES budget is distributed based on authorized position count to programs required to report pursuant to Business and Professions Code section 139.

2. COMMUNICATIONS DIVISION:

- *PUBLIC AFFAIRS*: Costs distributed based on authorized position count.
- *PUBLICATIONS, DESIGN AND EDITING:* Costs distributed to all boards/bureaus/programs based on authorized position count.
- *DIGITAL PRINT SERVICES*: Staffing costs distributed based on authorized position count. Costs of printing and materials are direct costs based on service request.
- *CONSUMER INFORMATION CENTER (CIC):* Costs distributed based on client's past year workload. Non-jurisdictional correspondence and call costs are distributed to all boards/bureaus/programs based on authorized position count.

DIVISION OF INVESTIGATION (DOI)

- *SPECIAL OPERATIONS UNIT:* Costs distributed to all boards/bureaus/programs based on authorized position count.
- *HEALTH QUALITY INVESTIGATION UNIT (HQIU)*: Costs distributed fully to the Medical Board of California. Costs incurred by Allied Health Programs are based on an hourly rate and invoiced directly with reimbursement going to the Medical Board of California.
- *INVESTIGATION and ENFORCEMENT UNIT*: Costs distributed based on a two-year roll-forward methodology. This methodology uses a client's actual workload/costs from the prior year to build the client's budget in budget year, estimated to cover the client's budget year workload. This amount is modified with any credit or debit resulting from the client's past year actual costs compared to their past year estimated costs.

DEPARTMENT OF CONSUMER AFFAIRS
DISTRIBUTED COST CALCULATIONS FOR FISCAL YEAR 2026-27

AUTHORIZED POSITION COUNT

Used to distribute the budget for the Department's administrative units where costs benefit more than one Board or Bureau, and a specific workload metric is not available. (Examples: Fiscal Operations, Human Resources, etc.)

$$\textit{Distributed Cost Rate (\%)} = \frac{\textit{Program Authorized Positions}}{\textit{Total of All Programs Authorized Positions}}$$

Example:

$$\textit{Program A Cost Rate = 10\%} = \frac{\textit{100.0 Authorized Positions (Program A)}}{\textit{1,000.0 Authorized Positions (All Programs)}}$$

PAST YEAR WORKLOAD

Used to distribute the budget for the Department's units where costs benefit more than one Board or Bureau, and workload is primarily based on a specific workload metric. (Example: Consumer Information Center)

$$\textit{Distributed Cost Rate (\%)} = \frac{\textit{Program Specific Call Volume}}{\textit{Total of All Programs Call Volume}}$$

Example:

$$\textit{Program A Cost Rate = 20\%} = \frac{\textit{20,000 Calls (Program A)}}{\textit{100,000 Calls (All Programs)}}$$

SERVICE CENTER USAGE

Used to distribute the budget for the Department's units where costs benefit more than one Board or Bureau, and costs are based on specific device or record count. (Example: Office of Information Services)

$$\textit{Distributed Cost Rate (\%)} = \frac{\textit{Program Specific Widget}}{\textit{Total of All Programs Widgets}}$$

Example:

$$\textit{Program A Cost Rate = 15\%} = \frac{\textit{150 Workstations (Program A)}}{\textit{1,000 Total Workstations (All Programs)}}$$

DIRECT COST

Used to distribute the budget for the Department's units where costs benefit only one Board or Bureau. (Example: Health Quality Investigation Unit)

TWO-YEAR ROLL-FORWARD

Used to distribute the budget for the Department's units where costs benefit more than one Board or Bureau, and workload is primarily based on a specific workload metric. Uses the ratio of past year workload to create a budget year estimate and modifies that amount with a true-up based on actual costs compared to the budget year estimate from two years ago. (Example: Investigation and Enforcement Unit)

$$\textit{Budget Year Estimate (\%)} = \frac{\textit{Program Specific Widget}}{\textit{Total of All Programs Widgets}}$$

Past Year Actual	-	Past Year Estimate	=	Roll-Forward (Credit/Debit)	+	Budget Year Estimate	=	Allocated Cost

Example:

$$\textit{Program A Budget Year Estimate = 20\%} = \frac{\textit{8,000 Case Hours (Program A)}}{\textit{40,000 Case Hours (All Programs)}}$$

$1,000,000	-	$800,000	=	$200,000 (Debit)	+	$1,000,000	=	$1,200,000

Department of Consumer Affairs Distributed Costs
2026 Budget Act

Attachment B

		Consumer and Client Services Division							Division of Investigation				
		Administrative & Information Services Division				Communications Division							
Board / Bureau Name	2026-27 Authorized Positions	AISD Less OIS	OIS (less BreEZe)	OIS (BreEZe)	OIS (Biz Mod)	Public Affairs	Publications Design & Editing	Consumer Information Center	Special Operations Unit	Health Quality Investigation Unit	Investigation & Enforcement Unit	TOTAL	Percent of Budget
Accountancy	103.8	2,017,000	682,000	-	-	55,000	78,000	39,000	65,000			2,936,000	15%
Board of Architectural Examiners	23.9	463,000	323,000	-	208,000	12,000	17,000	12,000	14,000		66,000	1,115,000	23%
Landscape Arch Committee	4.5	86,000	62,000	-	53,000	2,000	3,000	3,000	3,000		15,000	227,000	19%
Athletic Commission	10.2	196,000	118,000	-	-	5,000	7,000	5,000	7,000			338,000	16%
Board of Behavioral Sciences	66.5	1,291,000	822,000	462,000	-	35,000	49,000	301,000	41,000		104,000	3,105,000	21%
Chiropractic Examiners	18.4	356,000	264,000	-	145,000	9,000	13,000	10,000	11,000		154,000	962,000	19%
Barbering & Cosmetology[1]	93.2	1,808,000	1,323,000	1,882,000	-	50,000	69,000	929,000	59,000		484,000	6,604,000	30%
Contractors State License Bd	426.1	7,344,000	1,695,000	-	-	204,000	281,000	204,000	234,000		10,000	9,972,000	12%
Dental Board of CA	86.8	1,684,000	971,000	388,000	-	47,000	64,000	95,000	54,000			3,303,000	16%
Dental Hygiene Board	14.0	270,000	171,000	67,000	-	7,000	10,000	12,000	9,000			546,000	19%
Medical Board of California[2]	194.6	3,774,000	1,241,000	634,000	-	106,000	146,000	110,000	121,000	29,361,000		35,493,000	42%
Acupuncture Board	12.0	232,000	162,000	-	144,000	6,000	9,000	6,000	8,000		266,000	833,000	21%
Physical Therapy Board	29.4	573,000	342,000	140,000	-	16,000	23,000	27,000	19,000		1,041,000	2,181,000	29%
Physician Assistant Board	12.0	229,000	124,000	67,000	-	6,000	9,000	14,000	8,000			457,000	11%
Board of Podiatric Medicine	5.2	101,000	61,000	9,000	-	3,000	4,000	6,000	3,000			187,000	11%
Board of Psychology	26.3	511,000	320,000	79,000	-	14,000	19,000	27,000	16,000		1,204,000	2,190,000	28%
Respiratory Care Board	16.4	317,000	189,000	74,000	-	8,000	12,000	16,000	10,000			626,000	15%
Speech-Language P.A./ Hearing Aid	14.6	271,000	241,000	-	-	8,000	10,000	8,000	9,000		47,000	594,000	19%
Occupational Therapy	16.7	323,000	201,000	75,000	-	9,000	12,000	24,000	10,000			654,000	20%
Board of Optometry	16.0	310,000	199,000	64,000	-	8,000	12,000	16,000	10,000		190,000	809,000	21%
Osteopathic Medical Board	15.9	308,000	188,000	57,000	-	8,000	11,000	17,000	10,000			599,000	13%
Board of Naturopathic Medicine	3.0	56,000	37,000	4,000	-	2,000	2,000	8,000	2,000		28,000	139,000	20%
Board of Pharmacy	136.7	2,630,000	1,732,000	-	-	75,000	104,000	71,000	86,000			4,698,000	12%
Board of Pharmacy - Sharps	1.0	1,000	-	-		-	-	-	-			1,000	0%
Board for Prof. Engineers, Land Surveyors & Geologists	45.2	876,000	656,000	-	145,000	25,000	35,000	24,000	29,000		462,000	2,252,000	17%
Board of Registered Nursing	219.8	4,246,000	2,376,000	2,412,000	-	120,000	166,000	331,000	139,000		7,941,000	17,731,000	27%
Court Reporters Board	4.5	88,000	64,000	-	-	2,000	3,000	3,000	3,000			163,000	12%
Structural Pest- Support	29.9	581,000	404,000	-	259,000	16,000	24,000	15,000	19,000			1,318,000	20%
Veterinary Medical Board	37.3	724,000	441,000	125,000	-	21,000	29,000	40,000	23,000		467,000	1,870,000	21%
Vocational Nursing & Psychiatric Technicians[3]	70.9	1,374,000	785,000	424,000	-	37,000	52,000	106,000	47,000		3,648,000	6,473,000	32%
Arbitration Certification Program	7.0	132,000	85,000	-	-	4,000	5,000	5,000	4,000			235,000	16%
Private Security Services[4]	73.9	1,432,000	1,211,000	1,853,000	-	39,000	54,000	1,620,000	47,000		138,000	6,394,000	33%
Private Postsecondary - Support	91.0	1,965,000	1,220,000	-	144,000	56,000	79,000	53,000	65,000			3,582,000	20%
Private Postsecondary - Student Tuition Recovery	14.0	279,000	-	-	-	7,000	10,000	9,000	9,000			314,000	3%
Household Goods and Services	64.9	1,216,000	828,000	-	260,000	34,000	48,000	35,000	40,000			2,461,000	19%
Automotive Repair (VIRF)	534.8	10,395,000	6,111,000	-	-	292,000	398,000	675,000	330,000			18,201,000	14%
Automotive Repair (HPRRA)	56.6	1,066,000	636,000	-	-	30,000	42,000	30,000	35,000			1,839,000	18%
Automotive Repair (EFM)	8.0	149,000	89,000	-	-	6,000	6,000	3,000	5,000			258,000	25%
Cemetery & Funeral	28.5	555,000	381,000	-	259,000	16,000	21,000	20,000	17,000			1,269,000	18%
Bureau of Real Estate Appraisers	27.8	539,000	154,000	-	-	15,000	21,000	14,000	17,000			760,000	11%
Professional Fiduciaries Bureau	4.0	76,000	50,000	-	-	2,000	3,000	20,000	2,000	-	-	153,000	15%
TOTAL, 1111	**2,665.3**	**50,844,000**	**26,959,000**	**8,816,000**	**1,617,000**	**1,417,000**	**1,960,000**	**4,963,000**	**1,640,000**	**29,361,000**	**16,265,000**	**143,842,000**	**21%**
Distributed Cost TOTAL	**2,665.3**	**50,844,000**	**26,959,000**	**8,816,000**	**1,617,000**	**1,417,000**	**1,960,000**	**4,963,000**	**1,640,000**	**29,361,000**	**16,265,000**	**143,842,000**	**21%**
Reimbursements		305,000	1,320,000	-	-	56,000	-		-	-	-	1,681,000	-
Direct Distributed (Ofc of Professional Examination Services)		1,593,000	-	-	-	-	-	-	-	-	-	1,593,000	-
Total Budget		**52,742,000**	**28,279,000**	**8,816,000**	**1,617,000**	**1,473,000**	**1,960,000**	**4,963,000**	**1,640,000**	**29,361,000**	**16,265,000**	**147,116,000**	**21%**

[1] The Board of Barbering and Cosmetology has a large licensee population that contributes to larger shares of BreEZe and Consumer Information Center costs

[2] The Medical Board of California funds the Department's Health Quality Investigation Unit, a unit of sworn investigators and support staff dedicated to providing the board with enforcement services that account for over 80% of the cost the board pays the Department

[3] The Board of Vocational Nursing and Psychiatric Technicians has a high number of cases referred to the Department's Division of Investigation and the costs of conducting those investigations account for over half of the costs this board pays the Department

[4] The Bureau of Security and Investigative Services has a large licensee population that contributes to larger shares of BreEZe and Consumer Information Center costs

	BCE 2022-2026 Action Plan	Responsibility	Due Date	Current Status
Goal Area 1: Licensing and Professional Qualification				
1.1	**Complete comprehensive updates to the Board's continuing education program and regulations to provide clarity and accessibility, and to ensure continuing licensee competency and public protection.**			
Success Measure:	Promulgated updated continuing education regulations and educated licensees and continuing education providers on those regulations.		Q2 2025	57%
1.1.1	Identify proposed framework for licensee continuing education (CE) requirements and course approval process and obtain CE Committee and Board approval.	EO	Q1 2023	Completed
1.1.2	Draft proposed language for updated regulations and obtain approval from DCA regulatory counsel.	EO	Q1 2023	Completed
1.1.3	Conduct fiscal analysis of CE regulations and develop proposed fee amounts for course approval and reapproval.	EO	Q1 2023	Completed
1.1.4	Present final regulatory proposal (language and fee amounts) to Board for approval.	EO	Q2 2023	Completed
1.1.5	Finalize regulatory package and initiate the rulemaking process.	EO	Q2 2023	In Progress
1.1.6	Inform licensees and CE providers of changes through written notices, outreach, and information sessions.	EO	Q3 2023 – ongoing	In Progress
1.1.7	Complete regulatory process.	EO	Q1 2024	In Progress
1.2	**Establish a robust, effective Licensing Committee to identify issues and increase efficiency.**			
Success Measure:	The completion of the action plan for all current pending licensing issues.		Q3 2023	100%
1.2.1	Gather background information to educate Licensing Committee members on pending licensing issues.	Licensing Manager	Q1 2023	Completed
1.2.2	Train Licensing Lead (staff member) as a Licensing Committee liaison (calendaring, meeting agendas, etc.).	EO and AEO	Q2 2023	Completed
1.2.3	Educate Licensing Committee members on background and history of prior actions.	EO	Q2 2023 – ongoing	Completed
1.2.4	Identify current issues, discuss possible solutions, and present recommendations to the Licensing Committee Chair.	AEO	Q2 2023	Completed
1.2.5	Staff works with the Licensing Committee Chair to create an action plan for pending and current issues identified above.	AEO and Licensing Lead/Licensing Liaison	Q3 2023	Completed
1.3	**Review reciprocity requirements to minimize barriers to licensure in California.**			
Success Measure:	The Board has identified how they are going to minimize any potential barriers to licensure through reciprocity.		Q3 2024	100%
1.3.1	Conduct an environmental scan of reciprocity requirements (1. BCE, 2. Other states, and 3. Other DCA healing art boards).	AEO	Q2 2023	Completed
1.3.2	Analyze the data that has been collected.	AEO	Q3 2023	Completed
1.3.3	Develop potential options and recommendation for the Licensing Committee on how to minimize barriers to licensure.	AEO	Q3 2023	Completed
1.3.4	Summarize environmental scan, analysis, potential options, and recommendation.	AEO	Q4 2023	Completed
1.3.5	Present findings and recommendations to the Licensing Committee.	Licensing Lead/Licensing Committee Liaison	Q1 2024	Completed
1.3.6	Present Licensing Committee's recommendation to the Board.	EO	Q3 2024	Completed
1.4	**Continue to monitor the Board's license fee structure to ensure the Board's financial stability, maintain access to the Board's services, and determine whether the Board needs to consider plans for restructuring its fees.**			
Success Measure:	The Board has delivered its report on its fee structures and recommendation to the Legislature.		Q4 2026	100%
1.4.1	Bring any budget issues to the Board's attention.	EO	Q3 2022 – ongoing	Completed
1.4.2	Establish regular and thorough monthly process to monitor BCE's budget and fund condition.	Lead Administrative Analyst	Q1 2023	Completed
1.4.3	Establish quarterly budget meetings with budget analyst at DCA.	Lead Administrative Analyst	Q1 2023	Completed
1.4.4	Conduct analysis of the impact of recent fee restructuring.	Lead Administrative Analyst	Q3 2023 - ongoing	Completed
1.4.5	Provide reports to the Government and Public Affairs Committee on the impact of recent fee restructuring.	Lead Administrative Analyst	Q3 2023 - ongoing	Completed
1.4.6	Create report on license fee structure (due to Legislature by January 1, 2027).	EO and AEO	Q2 2025	Completed
1.4.7	Submit license fee structure report to the Legislature with 2026 Sunset Review Report.	EO	Q4 2025	Completed
Goal Area 2: Enforcement				
2.1	**Implement updated disciplinary guidelines, Uniform Standards for Substance Abusing Licensees, and Consumer Protection Enforcement Initiative (CPEI) regulations, to provide consistency and clarity in disciplinary penalties, help educate licensees and the public, and deter violations.**			
Success Measure:	Completed regulation process for all three areas (Disciplinary Guidelines, Uniform Standards for Substance Abusing Licensees, and CPEI regulations).		Q4 2025	62%
2.1.1	Disciplinary Guidelines & Uniform Standards – finish developing the proposed guidelines.	AEO	Q1 2023	Completed

2.1.2	Disciplinary Guidelines & Uniform Standards – vet through Regulatory Counsel and DAG Liaison (AGs office).	AEO	Q1 2023	In Progress
2.1.3	Disciplinary Guidelines & Uniform Standards – present proposal to Enforcement Committee.	Enforcement Lead	Q2 2023	Completed
2.1.4	Disciplinary Guidelines & Uniform Standards – present proposal to Board.	Enforcement Lead	Q4 2023	In Progress
2.1.5	Disciplinary Guidelines & Uniform Standards – begin regulatory process.	AEO	Q1 2024	In Progress
2.1.6	Disciplinary Guidelines & Uniform Standards – complete regulatory process.	AEO	Q1 2025	Not Started
2.1.7	CPEI (12 regulations) – develop an action plan for the different regulations (assigning to committees), formalizing plans with committee chairs to clarify assignments.	EO	Q1 2023	Completed
2.1.8	CPEI – develop proposals.	AEO	Q4 2023	Completed
2.1.9	CPEI – vet through DCA Regulatory Counsel.	AEO	Q4 2023	Completed
2.1.10	CPEI – present proposals to appropriate Committees.	Enforcement Lead / Licensing Lead	Q1 2024	Completed
2.1.11	CPEI – present proposals to Board.	Enforcement Lead / Licensing Lead	Q3 2024	Completed
2.1.12	CPEI – begin regulatory process.	AEO	Q4 2024	Completed
2.1.13	CPEI – complete regulatory process.	AEO	Q4 2025	In Progress
2.2	**Streamline internal enforcement processes and standards, including complaint intake, investigations, and case management activities, to increase efficiency and ensure timely action.**			
Success Measure:	Enforcement Program is meeting the established performance measure targets.		Q2 2025	71%
2.2.1	Conduct process review with OIO.	Enforcement Analysts	Q4 2022	Completed
2.2.2	Document baseline processing times.	EO	Q1 2023	Completed
2.2.3	Standardize internal enforcement process – make sure all standards are met each time – considering OIO recommendations.	AEO and Enforcement Manager	Q1 2023	Completed
2.2.4	Update duty statements for staff in Enforcement Unit, separating case management from investigations (increasing specialization).	EO	Q1 2023	Completed
2.2.5	Update and document all processes/ procedures.	AEO and Enforcement Manager	Q2 2023	Completed
2.2.6	Update training of all staff, cross-train on all tasks.	Enforcement Manager	Q2 2023	In Progress
2.2.7	Measure impact of process improvements on enforcement timeframes.	EO	Q2 2025	In Progress
2.3	**Improve the effectiveness of the Enforcement Program by implementing Expert Witness program enhancements, including recruitment, training, and ongoing assessment of diverse subject matter experts in specific areas of chiropractic practice.**			
Success Measure:	Program enhancements implemented, observed improvement in expert reports, and higher success rate at hearings.		Q4 2025	13%
2.3.1	Begin recruitment process for new SMEs.	EO	Q1 2023	Completed
2.3.2	Staff review SME applications.	Enforcement Manager	Q1 2023	Not Started
2.3.3	Enforcement Committee members interview and vet potential SMEs.	Enforcement Committee	Q2 2023 – ongoing	Not Started
2.3.4	Contract with SMEs selected experts.	Enforcement Lead	Q2 2023 – ongoing	Not Started
2.3.5	Train SMEs.	EO and AEO	Q3 2023 – ongoing	Not Started
2.3.6	Measure effectiveness of expert witnesses (success ratio, input from Deputy Attorney General (DAG)).	AEO and Enforcement Manager	Q4 2023 – ongoing	In Progress
2.3.7	Report on effectiveness of SMEs to Enforcement Committee and provide any further recommendations.	Enforcement Lead	Q4 2023 – ongoing	In Progress
2.3.8	Continue monitoring effectiveness of Expert Witness Program (identify benchmarks - outcomes and hearing success).	EO and Enforcement Committee	Q4 2025 – ongoing	In Progress
2.4	**Develop and implement clearly defined standards for licensee recordkeeping by updating regulations to provide consistency, clarity, and accessibility to licensees, the public, and other stakeholders.**			
Success Measure:	Adopted updated standards for licensee recordkeeping into regulation.		Q4 2024	71%
2.4.1	Review and discuss requirements in other states.	EO and Enforcement Committee	Q4 2022	Completed
2.4.2	Develop a regulatory proposal for consideration by Enforcement Committee.	EO	Q1 2023	Completed
2.4.3	Have Legal/Regulations Counsel review proposal.	EO	Q1 2023	Completed
2.4.4	Present proposal to Enforcement Committee for review, discussion, and possible recommendation to Board.	EO	Q2 2023	Completed
2.4.5	Obtain Board approval of proposal.	EO	Q4 2023	Completed
2.4.6	Begin regulatory process (formally submitting to DCA for approval, ready for Director's Review).	AEO and Enforcement Lead	Q4 2023	In Progress
2.4.7	Complete regulatory process.	AEO and Enforcement Lead	Q4 2024	Not Started
Goal Area 3: Public Relations and Outreach				
3.1	**Include more stakeholder ideas and perspectives in Board activities by continuing to foster relationships with legislators, other healing arts boards, professional organizations, and government agencies.**			
Success Measure:	Improved at least five relationships with stakeholders across all above groups.		Q4 2023	80%
3.1.1	Identify relationships (existing and potential).	EO and AEO	Q1 2023	Completed
3.1.2	Define each relationship's plan (avenues, content) (include dialogues).	EO and AEO	Q2 2023	Completed
3.1.3	Arrange introductions/open channels of communication when needed.	EO	Q2 2023	Completed

3.1.4	Schedule meetings/forums (develop MOUs if needed).	EO	Q4 2023 – ongoing	Completed
3.1.5	Managers network/regularly communicate with other healing arts peers (include staff as appropriate).	Enforcement and Licensing Managers	Q4 2023 – ongoing	In Progress
3.2	**Continue to increase the Board's presence and availability through diverse outreach opportunities where the Board can collaborate and engage with stakeholders to allow for sharing of feedback, input, and suggestions.**			
				40%
3.2.1	Identify existing outreach opportunities where the Board can participate.	EO	Q1 2023	Completed
3.2.2	Publicize opportunities to give feedback to the Board.	AEO	Q1 2023	Completed
3.2.3	Host roundtable discussions / listening sessions (document feedback).	EO	Q2 2023 – ongoing	In Progress
3.2.4	Review feedback given.	EO and AEO	Q2 2023 – ongoing	In Progress
3.2.5	Communicate feedback to appropriate policy committee chair, determine action (address in public meeting, etc.).	EO and AEO	Q3 2023 – ongoing	In Progress
3.3	**Create diverse outreach plans to increase awareness about the profession and the Board's role to build relationships with stakeholders and diversify the profession.**			
Success Measure:	Board has approved its outreach plan and released at least three updated materials.		Q1 2024	86%
3.3.1	Document existing communication challenges, opportunities.	EO and AEO	Q1 2023	Completed
3.3.2	Discern what stakeholder groups would like to know (internal, anecdotal, environmental scan feedback).	Licensing/Admin Manager	Q1 2023	Completed
3.3.3	Touch base with DCA outreach/communications unit (what's available, state fair booths, etc.).	EO	Q1 2023	Completed
3.3.4	Develop plan for modes of communication (social media, events, brochures, etc.).	AEO	Q2 2023	Completed
3.3.5	Get plan approval from Government & Public Affairs Committee, then to Board for approval.	AEO	Q3 2023	Completed
3.3.6	Create/maintain outreach calendar.	AEO	Q4 2023	Completed
3.3.7	Create/update materials (printed materials, PDE) (get Board and legal review).	AEO	Q1 2024	In Progress
3.4	**Build an interactive, language accessible social media presence to engage with stakeholders and assess stakeholder sentiment of the Board.**			
Success Measure:	Board has developed a presence with at least bi-weekly posts across all accounts.		Q2 2024	78%
3.4.1	Brainstorm among staff on what to share, identify priority items, clarify audiences.	EO	Q1 2023	Completed
3.4.2	Establish internal procedure for use and management of social media accounts.	EO	Q1 2023	Completed
3.4.3	Meet with DCA Office of Public Affairs (strategy and graphics).	EO	Q1 2023	Completed
3.4.4	Discuss social media outreach with Government & Public Affairs Committee, get feedback on what to share.	Lead Admin Analyst	Q2 2023	Completed
3.4.5	Get input from Board members about information to share (events of interest).	Lead Admin Analyst	Q2 2023	Completed
3.4.6	Develop bank of material to share on an ongoing basis.	AEO	Q2 2023 – ongoing	Completed
3.4.7	Develop a system to track other accounts to monitor for sharing potential.	AEO	Q2 2023	Completed
3.4.8	Ask Board-approved colleges for material to share.	Licensing Manager	Q4 2023	In Progress
3.4.9	Review and determine how to measure stakeholder sentiment.	AEO	Q2 2024	In Progress
3.5	**Improve the Board's website by providing informative, language accessible content for applicants, licensees, the public, and other stakeholders and enhancing the functionality and user experience.**			
Success Measure:	Updated format and content included for all business areas.		Q4 2024	78%
3.5.1	Meet with OIS to determine process, timeline.	EO	Q1 2023	Completed
3.5.2	Assess current site - Get and review metrics from OIS, identify structure and updates needed.	EO	Q1 2023	Completed
3.5.3	Review other DCA boards' websites to get layout ideas, identify a template to adopt.	AEO	Q1 2023	Completed
3.5.4	Prioritize easy fixes and removing any obsolete information.	AEO	Q2 2023	Completed
3.5.5	Identify what informative content should appear on site (including FAQs, requirements in plain language, and steps).	AEO	Q2 2023	Completed
3.5.6	Review all current forms to improve them (verify ADA compliance, ensure fillable pdf versions, optimize for Connect, and confirm mobile device access.	EO	Q2 2023	Completed
3.5.7	Communicate website redesign request to OIS.	AEO	Q3 2023	Completed
3.5.8	Update forms.	AEO	Q2 2024	In Progress
3.5.9	Obtain feedback from external users on new website functionality through polls, listening sessions, and informal discussions.	EO and AEO	Q4 2024	In Progress
Goal Area 4: Laws and Regulations				
4.1	**Increase efficiency in rulemaking processes to move pending regulatory packages forward, prevent a backlog of packages, and improve staff and Board effectiveness.**			
Success Measure:	No current package older than two years.		Q2 2026	100%

4.1.1	Implement regular (monthly) monitoring and reporting progress for pending regulations to maintain visibility.	EO	Q1 2023	Completed
4.1.2	Identify challenges observed in regulatory process.	EO	Q1 2023	Completed
4.1.3	Develop action plan to address all pending regulatory workload items.	EO	Q1 2023	Completed
4.1.4	Discuss proposals as a team to get staff input.	EO	Q1 2023 – ongoing	Completed
4.1.5	Train all lead AGPA and higher staff on rulemaking through DCA and OAL.	AEO	Q2 2023	Completed
4.1.6	Thoroughly research and develop background information and justification for all regulatory proposals before submitting to a committee for consideration.	AEO and Committee Liaisons	Q2 2023 – ongoing	Completed
4.1.7	Develop initial package as proposals make their way through the committee process (to catch issues before final Board approval).	AEO	Q2 2023 – ongoing	Completed
4.1.8	Educate Board and Committee members on rulemaking process and best practices (include in onboarding).	EO and DCA Regulatory Counsel	Q3 2023	Completed
4.1.9	Monitor pending regulatory workload volume and completion time.	EO	Q3 2023 – Q2 2026 and ongoing	Completed
4.2	**Perform a comprehensive review of existing regulations to identify and address any unnecessary or obsolete regulations and to clarify current regulations as needed.**			
Success Measure:	Board has addressed issues identified during comprehensive review.		Q4 2026	100%
4.2.1	Create action plan for review of regulations (possibly group by topic – licensing, enforcement, general).	EO	Q1 2023	Completed
4.2.2	Review all existing regulations to identify unnecessary, obsolete, or unclear regulations (as grouped by topic with staff SMEs).	AEO	Q4 2023	Completed
4.2.3	Develop recommendations to address identified issue(s) for each regulation.	AEO	Q2 2024	Completed
4.2.4	Consult with DCA Regulatory Counsel.	AEO	Q3 2024	Completed
4.2.5	Present final recommendations to appropriate committee for review and discussion.	AEO, Committee Liaisons	Q1 2025	Completed
4.2.6	Committee makes recommendation to full Board.	Committees	Q4 2025	Completed
4.2.7	Board approves proposal to amend or repeal as appropriate.	Board	Q4 2025	Completed
4.2.8	Begin regulatory process.	AEO and Lead Admin Analyst	Q1 2026	Completed
4.2.9	Complete regulatory process.	AEO and Lead Admin Analyst	Q4 2026	Completed
Goal Area 5: Organizational Development				
5.1	**Update processes and procedures, key staff roles, and staff organizational structure to establish clear responsibilities and increase efficiency.**			
Success Measure:	Completed reorganization and have up-to-date documentation for staff roles.		Q3 2023	100%
5.1.1	Ensure all staff duties are accounted for.	EO	Q4 2022	Completed
5.1.2	Finalize reorganization plan and submit it to DCA Office of Human Resources for approval.	EO	Q1 2023	Completed
5.1.3	Conduct change management activities.	Enforcement Manager and Licensing Manager	Q1 2023	Completed
5.1.4	Issue updated duty statements to staff.	Enforcement Manager and Licensing Manager	Q1 2023	Completed
5.1.5	Implement new organizational structure.	EO	Q1 2023	Completed
5.1.6	Document current processes and ask for staff feedback and recommendations on proposed improvements (i.e., paperless, customer-focused).	AEO	Q1 2023	Completed
5.1.7	Standardize, document, and store updated processes and procedures.	AEO	Q2 2023	Completed
5.1.8	Train staff on the updated processes and procedures.	AEO	Q3 2023	Completed
5.2	**Maintain a high-performance, engaged, and inclusive culture focused on effective training, individual development, and continuous improvement, to recruit and retain quality staff.**			
Success Measure:	Improvement in employee engagement scores.		Q2 2024	79%
5.2.1	Encourage an open, receptive, and problem-solving mindset.	EO	Q4 2022	Completed
5.2.2	Put together methods to solicit feedback and suggestions on the different processes. Possible method = role play activities during meetings for staff to better understand and serve stakeholders including consumers, licensees.	EO	Q4 2022	Completed
5.2.3	Conduct employee engagement survey to assess staff morale and establish baseline.	EO	Q1 2023	Completed
5.2.4	Conduct listening sessions to obtain feedback (concerns, problems, etc.) from staff.	EO	Q1 2023	Completed
5.2.5	Review and update job announcements (include telework opportunity).	EO	Q1 2023	Completed
5.2.6	Conduct all staff meetings to maintain line of communication and follow up on concerns, questions, etc. from listening sessions.	EO	Q1 2023 – ongoing	Completed
5.2.7	Identify potential training topics for staff and management.	AEO	Q1 2023 – ongoing	Completed
5.2.8	Implement basic cross-training for all Board processes (including Connect training).	AEO	Q1 2023 – ongoing	Completed
5.2.9	Develop and deliver and/or signup for staff trainings as a team.	AEO	Q2 2023	Completed
5.2.10	Develop and disseminate customer satisfaction survey.	AEO	Q2 2023 – ongoing	In Progress

5.2.11	Encourage Individual Development Plans (IDP) and conduct regular check ins to help staff to be effective and well-rounded in their own position and develop additional areas of interest.	EO	Q4 2023 – ongoing	Completed
5.2.12	Conduct second employee engagement survey to assess staff morale and identify additional opportunities for improvement (from 5.2.3).	EO	Q1 2024	In Progress
5.2.13	Create action plan for improvement based on engagement survey results.	EO	Q2 2024	Completed
5.2.14	Implement action plan to address employee engagement results and improvements.	EO and AEO	Q4 2024	In Progress
5.3	**Promote diverse, inclusive, and effective communication styles and opportunities to improve intraorganizational collaboration.**			
Success Measure:	Positive results on the annual communication survey.		Q2 2023	91%
5.3.1	Encourage staff feedback and two-way communication during unit meetings.	EO	Q4 2022 – ongoing	Completed
5.3.2	Implement and share a monthly structured report (follow through on updates and decisions) with Board members and staff.	EO	Q1 2023	Completed
5.3.3	Present monthly report highlights during Board meetings.	EO	Q1 2023	Completed
5.3.4	Re-establish regular unit meetings.	Licensing Manager, Enforcement Manager	Q1 2023	Completed
5.3.5	Encourage staff to review Board and committee meeting agendas, meeting minutes, and relevant meeting materials.	EO	Q1 2023	Completed
5.3.6	Create a resource list for liaisons to know which staff members to reach out to regarding specific topics.	AEO	Q1 2023	Completed
5.3.7	Introduce committee liaison to committees' chairs.	EO	Q1 2023	Completed
5.3.8	Introduce Board liaison to Board members.	EO	Q1 2023	Completed
5.3.9	Add liaison contact information to existing rosters and the Board's website.	EO	Q1 2023	Completed
5.3.10	Communicate any updates (new Board members) to staff.	AEO	Q2 2023	Completed
5.3.11	Create and distribute an annual survey to get feedback from staff and Board members regarding communication and collaboration.	AEO	Q4 2023 – ongoing	In Progress
5.4	**Re-design the board member onboarding procedures and orientation processes, considering diverse learning styles, to create effective and engaged board members.**			
Success Measure:	Board has implemented the new onboarding and orientation process and the new materials have been shared with all Board members.		Q2 2023	78%
5.4.1	Present proposed framework for a new orientation and onboarding process for new Board members to Government and Public Affairs Committee	EO	Q4 2022	Completed
5.4.2	Create welcome package (include forms).	Board Liaison/EO	Q1 2023	Completed
5.4.3	Update Board member resource binder.	Board Liaison/EO	Q1 2023	Completed
5.4.4	Update new Board member training session materials.	Board Liaison/EO	Q1 2023	Completed
5.4.5	Outline Board member mentor responsibilities.	Board Liaison/EO	Q1 2023	Completed
5.4.6	Familiarize staff with mandatory Board member paperwork that needs to be completed upon appointment and annually.	Board Liaison/EO	Q2 2023	Completed
5.4.7	Create desk manual/guidelines for Board Liaison and share with all staff.	Board Liaison/EO	Q2 2023	Completed
5.4.8	Update Board Member Administrative Procedure Manual with updated framework.	Board Liaison/EO	Q2 2023	In Progress

Agenda Item 9
July 23, 2026

Licensing Committee Report

Purpose of the Item

Committee Chair Pamela Daniels, D.C. will update the Board on the June 30, 2026, Licensing Committee meeting.

The Board will also review, discuss, and possibly act on the Committee's recommendation regarding the regulatory proposal to establish minimum standards of practice for virtual care.

Action Requested

The Board will be asked to consider approving the proposed text to add California Code of Regulations (CCR), title 16, section 318.2 (Standards of Practice for Virtual Care) in Attachment 2 and authorizing the Executive Officer to initiate the rulemaking process.

In addition, the Board will be asked to discuss and provide input on the conceptual proposal to establish standards for the use of artificial intelligence (AI) in chiropractic practice.

Background

The Licensing Committee met via Webex on June 30, 2026, and discussed the following policy issues:

Standards of Practice for Virtual Care

Business and Professions Code (BPC) section 686 requires a licensed health practitioner providing services via telehealth to comply with the requirements of BPC section 2290.5, the practice act relating to their profession, and the regulations adopted by their licensing board pursuant to that practice act.

BPC section 2290.5, subdivision (a)(6) defines telehealth as follows:

> " 'Telehealth' means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Telehealth facilitates patient self-management and caregiver

support for patients and includes synchronous interactions and asynchronous store and forward transfers."

BPC section 2290.5 requires health care providers to inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health before the delivery of health care via telehealth. Providers must also document the patient's consent. In addition, this statute provides that all laws regarding the confidentiality of health care information and a patient's rights to the patient's medical information shall apply to telehealth interactions and all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to the health provider's license shall apply while providing telehealth services.

During the August 25, 2023, meeting, the Committee reviewed proposed and approved laws and regulations by the California Acupuncture Board, the California Board of Occupational Therapy, the California Board of Behavioral Sciences, the Texas Board of Chiropractic Examiners, and the Florida Department of Public Health regarding the delivery of health care services via telehealth. The Committee also discussed the consumer protection benefits of establishing minimum standards for the delivery of chiropractic services via telehealth and directed staff to develop a regulatory proposal for the Committee's review. At the December 5, 2025, and March 27, 2026, meetings, the Committee discussed and provided feedback to staff on a conceptual proposal to specify the standards of practice for virtual care.

During the June 30, 2026, meeting, the Committee reviewed a regulatory proposal that would:

- Define "virtual care" as the use of digital technology to enable and support the delivery of personalized clinical and administrative health care services, patient education, and care coordination, including telehealth, wearable devices, mobile applications, remote sensors, and other digital tools.

- Clarify that any person practicing chiropractic through virtual care with a patient who is physically located in California must be actively licensed by the Board.

- Specify that licensees are responsible for exercising the same standard of care when providing chiropractic services via virtual care as is required for traditional, in-person care.

- Require licensees, before conducting an initial telehealth visit, to determine that the delivery of chiropractic services via virtual care is clinically appropriate after evaluating their own competency, the patient's clinical presentation, their ability to conduct an appropriate evaluation, and the nature of the services to be provided.

- Specify the requirements for obtaining the patient's verbal or written consent for the use of virtual care as an acceptable mode of delivering chiropractic services, after providing disclosures about the risks, limitations, benefits, alternatives, confidentiality, data privacy, potential technological failures, insurance implications, and other relevant considerations.

- Require licensees to provide specific disclosures and instructions for virtual care modalities other than telehealth, such as wearable devices or mobile applications, including proper setup and operation and when to seek in-person or emergency care.

- Specify that licensees must establish and maintain a written protocol for identifying and responding to patient emergencies or urgent conditions during virtual care, including procedures for referral to in-person or emergency medical services.

- Require licensees to take reasonable steps to ensure the secure transmission of electronic data and immediately notify each patient of any known data breach or unauthorized disclosure of their personal health information.

Following discussion, the Committee voted to move the virtual care proposal to the Board for consideration at this meeting.

Action Needed: The Board is asked to review the regulatory proposal in Attachment 2 and consider initiating the rulemaking process. If the Board wishes to proceed with the proposal as drafted, staff recommends the Board make the following motion:

> **Suggested Motion:** Approve the proposed regulatory text for California Code of Regulations, title 16, section 318.2 in Attachment 2 to Agenda Item 9 in the meeting materials, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulation at CCR, title 16, section 318.2 as noticed.

Standards for the Use of AI in Chiropractic Practice

During the June 13, 2025, December 5, 2025, and March 27, 2026, meetings, the Committee engaged in policy discussions regarding the use of AI in clinical practice. The Committee emphasized the need for licensee education in AI literacy as they integrate more tools into their practices, particularly their understanding and recognition of potential biases and inaccuracies when using AI and their responsibility for the outputs.

The Committee also highlighted the importance of strengthening patient protections by requiring written informed consent for the use of AI, including plain language disclosures of the benefits, risks, limitations, and use of the patient's data, and ensuring patients have the right to decline or withdraw consent at any time. The Committee proposed adding explicit assurances that clinical care will not be affected by a patient's decision regarding AI, incorporating protections against discrimination or coercion, and clarifying the availability of non-AI alternatives or appropriate referrals. Further, the Committee noted the need to articulate that AI is not required unless and until it becomes part of generally accepted professional practice.

At the June 30, 2026, meeting, the Committee discussed and provided feedback on a conceptual regulatory proposal that would:

- Clarify that licensees remain fully responsible for all clinical decisions, including those informed by AI or GenAI outputs.
- Establish competency requirements to ensure licensees possess sufficient AI literacy to safely integrate and use AI in practice.
- Require steps to prevent disparate or discriminatory clinical outcomes associated with algorithmic or research bias.
- Ensure patient privacy through data security requirements and explicit authorization for any use of patient information in AI model training.
- Specify that licensees must document when AI or GenAI informs clinical decision making and ensure the accuracy of any AI-generated clinical documentation.
- Require informed consent when AI is involved in clinical care or when patient data will be processed by an AI system.
- Prohibit fraudulent or deceptive uses of AI.

The Committee also emphasized the need to future-proof the proposed regulatory language so that it remains effective as technology evolves. Staff is revising the proposal based on the Committee's input.

Attachments

1. June 30, 2026, Licensing Committee Meeting Notice and Agenda
2. Proposed Regulatory Language to Add California Code of Regulations, Title 16, Section 318.2 (Standards of Practice for Virtual Care)
3. Virtual Care Compliance Checklist for Licensees (Conceptual Draft)
4. Proposed Regulatory Language to Add California Code of Regulations, Title 16, Section 318.3 (Standards for Use of AI in Chiropractic Practice) [Conceptual Draft]

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
1625 N. Market Blvd., Suite N-327, Sacramento, CA 95834
P (916) 263-5355 | Toll-Free (866) 543-1311 | F (916) 327-0039 | www.chiro.ca.gov

Agenda Item 9
Attachment 1

NOTICE OF TELECONFERENCE
LICENSING COMMITTEE MEETING

Committee Members
Pamela Daniels, D.C., Chair
Janette N.V. Cruz

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

Tuesday, June 30, 2026
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 Licensing 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.

Webex Meeting Link: Click Here to Join Meeting

Experiencing issues joining the meeting? Copy and paste the full link text below into an internet browser:

https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m524a5f7bc62fffce6cc7b19328c88bf1

If joining using the link above
Webinar number: 2482 583 7183
Webinar password: BCE630

If joining by phone
+1-415-655-0001 US Toll
Access code: 2482 583 7183
Passcode: 223630

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.

Note: Members of the public may also submit written comments to the Committee on any agenda item by Thursday, June 25, 2026. Written comments should be directed to 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

Discussion and action may be taken on any agenda item

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 March 27, 2026 Committee Meeting Minutes**

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

5. **Review, Discussion, and Possible Recommendation on Regulatory Proposal to Establish Minimum Standards of Practice for Virtual Care (add California Code of Regulations [CCR], Title 16, section 318.2)**

6. **Review, Discussion, and Possible Recommendation on Regulatory Proposal to Clarify Standards for the Use of Artificial Intelligence (AI) in Chiropractic Practice (add CCR, Title 16, section 318.3)**

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. 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 and Committee 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 has questions about the meeting or needs a disability-related accommodation or modification to participate in the meeting may contact the Board to ask questions or make a disability-related accommodation request at:

Contact Person: Jose Diaz
Telephone: (916) 263-5355
Email: 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 disability-related accommodation request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

Agenda Item 9
Attachment 2

DEPARTMENT OF CONSUMER AFFAIRS

TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS

PROPOSED REGULATORY LANGUAGE
Standards of Practice for Virtual Care

Legend:	Added text is indicated with an underline.

Add Section 318.2 to Article 2 of Division 4 of Title 16 of the California Code of Regulations to read as follows:

§ 318.2. Standards of Practice for Virtual Care.

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) "Board" means the California State Board of Chiropractic Examiners.

(2) "Licensee" means the holder of a current and active doctor of chiropractic license, or a valid temporary doctor of chiropractic license, issued by the Board.

(3) "Telehealth" has the same meaning as specified in Business and Professions Code section 2290.5, subdivision (a)(6). Telehealth is a subset of virtual care focused on the delivery of clinical and administrative health care services through telecommunications technology.

(4) "Virtual care" means the use of digital technology to enable and support the delivery of personalized clinical and administrative health care services, patient education, and care coordination. Virtual care includes, but is not limited to, telehealth services, the use of data from wearable devices, mobile applications, and remote sensors and other digital tools to support patient monitoring, engagement, education, and self-management.

(b) License Requirement. Any person engaging in the practice of chiropractic through virtual care with a patient who is physically located in California must have a current and active doctor of chiropractic license, or a valid temporary doctor of chiropractic license, issued by the Board.

(c) Standard of Care. A licensee may provide chiropractic services through virtual care to a patient who is physically located in California, subject to the conditions of this section. A licensee shall exercise the same professional standard of care when providing chiropractic services through virtual care as is required for in-person care or any other mode of service delivery, and shall comply with all other provisions of the

Chiropractic Initiative Act, the Board's regulations, and all other applicable provisions of law.

(d) Requirements for Initial Telehealth Visit. Before conducting an initial patient visit via telehealth, a licensee shall:

(1) Provide the patient or their representative with the licensee's full name and license number by either providing access to a copy of their license or directing the patient or their representative to the licensee's profile on the Board's online license information system.

(2) Determine that the delivery of chiropractic services via telehealth is clinically appropriate after evaluating all of the following factors:

(A) The licensee's competency to provide chiropractic services via telehealth, including their knowledge, skills, and abilities related to remote care delivery, the technology being used, and how telehealth may differ from in-person services;

(B) The patient's clinical presentation, including their history, symptoms, and complaints, and the complexity of the diagnosis or condition;

(C) The licensee's ability to conduct an appropriate evaluation of the patient, formulate a diagnosis or clinical impression, and develop or update a treatment or care plan through virtual means; and

(D) The nature of the chiropractic services to be provided to the patient, including the anticipated benefits, risks, and limitations associated with virtual delivery.

(3) Obtain the patient's or their representative's verbal or written consent for the use of telehealth as an acceptable mode of delivering chiropractic services after providing the disclosures specified in subsection (d)(4). If the consent is verbal, the licensee shall document in the patient's chiropractic records the date, a summary or description of the disclosures provided, and confirmation that the verbal consent was obtained from the patient or their representative. If the consent is written, the licensee shall retain in the patient's chiropractic records an acknowledgement of receipt of the disclosures that has been signed and dated by the patient or their representative.

(4) Disclose to the patient or their representative any considerations specific to the delivery and receipt of chiropractic services via telehealth, including:

(A) The potential risks, limitations, benefits, and available alternatives to receiving chiropractic services through telehealth;

(B) The potential risks to patient confidentiality, data privacy, and information security;

(C) Any data storage practices or policies specific to telehealth platforms or systems;

(D) The possibility of service disruptions or interruptions due to technological failures;

(E) Insurance coverage implications or limitations related to telehealth services; and

(F) Any other reasonably foreseeable issues that may affect the quality or effectiveness of chiropractic services delivered via telehealth compared to those delivered in person.

(e) Emergency Exception to Initial Telehealth Visit Requirements. The requirements of subsection (d) shall not apply to an unplanned telehealth encounter initiated in response to an actual or reasonably suspected emergency situation affecting the patient's health or wellbeing, when delaying care to complete the disclosures and consent requirements would pose a safety risk to the patient. If a telehealth encounter is provided pursuant to this subsection, the licensee shall, within 14 calendar days following the encounter, provide the patient or their representative with:

(1) A written summary of the patient visit, including any post-visit instructions; and

(2) A written copy of the disclosures specified in subsection (d)(4).

(f) Documentation Requirements. A licensee shall document all chiropractic services provided through virtual care in the patient's chiropractic records in accordance with the same standards applicable to in-person services. In addition to the requirements of Section 318, a licensee shall:

(1) At the beginning of each telehealth visit, obtain from the patient or their representative, and document in the patient's chiropractic record, the name and telephone number of the patient's emergency contact and the address of the patient's present location; and

(2) Document in the patient's chiropractic record any material technical difficulties or interruptions occurring during a telehealth encounter that impact clinical assessment or service delivery.

(g) Disclosure Requirements for Virtual Care Other Than Telehealth. Prior to providing virtual care through any means other than telehealth, including, but not limited to, remote monitoring technologies, wearable devices, mobile applications, or remote

sensors, a licensee shall inform the patient or their representative verbally or in writing of all of the following:

(1) The proper setup, use, and operation of any device, application, or digital tool used to support the patient's care;

(2) Whether the licensee will actively monitor, review, or respond to the patient's health data, including any limitations on the frequency, timing, or conditions under which such data will be reviewed;

(3) The circumstances under which the patient should seek in-person evaluation, urgent care, or emergency medical services, particularly when the virtual care modality cannot support real-time assessment or immediate clinical intervention; and

(4) Any risks, limitations, or conditions specific to the use of the device or technology, including potential technical failures, data transmission issues, or loss of connectivity that may delay or prevent timely clinical review.

(h) Protocol for Patient Emergencies or Urgent Conditions. Before providing any virtual care, a licensee shall establish a written protocol for identifying and appropriately responding to patient emergencies or urgent conditions that may arise during a telehealth encounter or may be identified through the monitoring of a patient's health data. The protocol shall include procedures for referring the patient to in-person care or emergency medical services, as clinically indicated. The licensee shall retain the written protocol for the duration of its use and for at least five years after the protocol is replaced, inactivated, or discontinued, and the licensee shall provide a copy of the protocol to the Board within 10 calendar days of a written request by the Board.

(i) Data Security and Breach Notification. A licensee shall take reasonable steps to ensure the secure transmission of electronic data by using virtual care technology that meets recognized industry standards for encryption and data protection and complies with applicable federal and state privacy laws. A licensee shall immediately notify each patient in writing of any known data breach or unauthorized disclosure of the patient's personal health information.

(j) Violations. Failure to comply with the requirements of this section constitutes unprofessional conduct.

Note: Authority cited: Sections 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3). Reference: Sections 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3); and Sections 686 and 2290.5, Business and Professions Code.

Virtual Care Compliance Checklist for Licensees

1. Before Providing Any Virtual Care

- ✓ You must hold an active California chiropractic license
- ✓ You must follow the same standard of care as in-person care
- ✓ You must comply with all Board laws and regulations

2. Initial Telehealth Visit – Requirements You Must Complete Before the First Visit

A. Identify Yourself

- ✓ Give the patient your full name and license number
- ✓ Provide a copy of your license or direct the patient to your online license profile

B. Decide Whether Telehealth Is Clinically Appropriate

Review all of the following:

- ✓ Your competency with telehealth and the technology you are using
- ✓ The patient's condition, symptoms, and clinical presentation
- ✓ Your ability to properly evaluate and treat the patient virtually
- ✓ The benefits, risks, and limitations of providing care virtually

C. Obtain the Patient's Telehealth Consent

- ✓ Provide all disclosures listed below
- ✓ Get verbal or written consent to telehealth
- ✓ Document consent in the patient's record:
  - Verbal: date, what you disclosed, and confirmation consent was given
  - Written: keep a signed and dated copy in the record

D. Required Disclosures Before Telehealth

You must explain:

- ✓ Risks, limitations, benefits, and alternatives to telehealth
- ✓ Confidentiality, privacy, and data security risks
- ✓ How the platform stores or handles data
- ✓ Possible technology failures or interruptions

- ✓ Insurance coverage limits or requirements
- ✓ Any other foreseeable issues affecting quality compared to in-person care

3. Emergency Telehealth Encounters

If an emergency telehealth visit occurs **without prior disclosures or consent**:

- ✓ Provide immediate care to protect patient safety.

Within **14 days**, you must send the patient:

- ✓ A written summary of the encounter and post-visit instructions
- ✓ A written copy of the required telehealth disclosures

4. Documentation Requirements for Telehealth Visits

For **every telehealth visit**, you must:

- ✓ Document the services provided
- ✓ Obtain and record the patient's emergency contact and physical address at the start of each visit
- ✓ Document any major technical problems that affected assessment or treatment
- ✓ Follow all standard recordkeeping rules in 16 CCR § 318

5. When Using Virtual Care Tools Other Than Telehealth

Examples: wearable devices, mobile apps, remote sensors, remote monitoring

Before using these tools, you must tell the patient:

- ✓ How to set up and use the device/tool
- ✓ Whether you will review the data—and how often or under what conditions
- ✓ When the patient must seek in-person, urgent, or emergency care
- ✓ Risks or limitations of the technology (malfunctions, transmission issues, loss of connectivity)

6. Emergency or Urgent Conditions Protocol

You must have a written or established protocol that explains:

- ✓ How emergencies or urgent conditions will be identified during virtual care
- ✓ What steps you will take if an emergency is detected
- ✓ When and how you will direct the patient to in-person care or emergency services

Important: Retain the protocol for the duration of its use and for at least five years after the protocol is replaced, inactivated, or discontinued, and provide a copy to the Board within 10 days of a written request

7. Data Security and Breach Notification

- ✓ Use technology that meets industry standards for encryption and data protection
- ✓ Follow all state and federal privacy laws
- ✓ Immediately notify the patient in writing if their health information is breached or disclosed without authorization

8. Consequences for Noncompliance

Failure to comply with 16 CCR § 318.2 is unprofessional conduct and may result in action against your license.

Agenda Item 9
Attachment 4

DEPARTMENT OF CONSUMER AFFAIRS

TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS

PROPOSED REGULATORY LANGUAGE
Standards for the Use of Artificial Intelligence (AI) in Chiropractic Practice

Legend:	Added text is indicated with an underline.

Add Section 318.3 to Article 2 of Division 4 of Title 16 of the California Code of Regulations to read as follows:

§ 318.3. Standards for Use of AI in Chiropractic Practice.

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) "Artificial intelligence" or "AI" means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(2) "Board" means the California State Board of Chiropractic Examiners.

(3) "Generative artificial intelligence" or "GenAI" means an artificial intelligence system that can generate derived synthetic content, including text, images, video, and audio, that emulates the structure and characteristics of the system's training data.

(4) "Licensee" means the holder of a current and active doctor of chiropractic license, or a valid temporary doctor of chiropractic license, issued by the Board.

(b) Standards for Use of AI. A licensee may use AI and GenAI technologies in chiropractic practice, subject to the following conditions:

(1) A licensee shall not delegate or abdicate professional judgment to any automated, computational, algorithmic, or technology-assisted system, regardless of the system's method of operation or degree of autonomy. Such systems may be used only as decision-support tools and shall not independently perform or determine clinical assessment, diagnosis, prognosis, treatment, referral, or any other professional judgment reserved to the licensee. The licensee remains solely accountable for all clinical decisions, patient care, documentation, and communications, and shall critically evaluate, verify, and assume responsibility for any information, recommendations, analyses, or other outputs produced by such systems before incorporating them into professional practice.

(2) Prior to deploying AI or GenAI in a practice setting, a licensee shall take reasonable steps to ensure the secure transmission, storage, and handling of electronic data by using technology that meets recognized industry standards for encryption and data protection and complies with applicable federal and state privacy laws. A licensee shall immediately notify each patient in writing of any known data breach or unauthorized disclosure of the patient's personal health information.

(3) Before using any automated or technology-assisted system to support clinical practice, a licensee shall possess sufficient technological literacy and competency to safely and effectively evaluate, implement, and use the technology. The licensee shall understand the technology's intended purpose, capabilities, limitations, and material risks, and shall determine that its use is clinically appropriate for the patient, consistent with the applicable standard of care, and supportive of the licensee's independent professional judgment.

(4) A licensee shall take reasonable steps to ensure that the licensee's use of AI or GenAI does not contribute to disparate or discriminatory clinical decisions or outcomes based on a patient's age, gender, race, disability, or other characteristics, including by recognizing and mitigating the effects of algorithmic or research bias in AI-generated outputs.

(5) A licensee shall document in the patient's chiropractic records when AI or GenAI is used to inform clinical decision making, including:

(A) The name or description of the tool used;

(B) The purpose of its use;

(C) Each AI or GenAI output relied upon or rejected; and

(D) A brief description of the licensee's verification of the output and independent clinical rationale.

(6) A licensee shall review and validate all AI-generated or GenAI-generated clinical documentation, including, but not limited to, examination and treatment records, billing codes, and imaging interpretations.

(7) A licensee shall not use AI or GenAI to fabricate clinical findings, documentation, diagnoses, or treatment plans, or to otherwise violate, or avoid detection of violations of, the Chiropractic Initiative Act or Board regulations.

(c) Informed Consent for Use of AI. A licensee shall obtain written informed consent from the patient or their representative prior to the initial use of AI or GenAI in the patient's care, including when:

(1) AI or GenAI is involved in evaluation, diagnosis, treatment planning, or any other aspect of clinical care;

(2) AI or GenAI is used to record, transcribe, or store audio or video from a patient encounter; or

(3) Patient data will be transmitted to or processed by an AI or GenAI system for analysis, interpretation, summarization, or generation of clinical information.

(d) Required Disclosures for Informed Consent. The informed consent required by subsection (c) shall include a clear, written explanation, in plain language, of all of the following:

(1) The role of AI or GenAI in the patient's care;

(2) The potential benefits, risks, and limitations of AI or GenAI, including risks related to data privacy, security, accuracy, and potential bias;

(3) Whether patient data will be stored, shared, or used for secondary purposes such as research or training, and with whom such data may be shared;

(4) Whether patient data will be identifiable or de-identified;

(5) A description of alternative, non-AI methods of evaluation and treatment available to the patient; and

(6) A statement that the patient or their representative may withdraw consent at any time, including during an examination or treatment, and that licensee will immediately discontinue the use of AI or GenAI upon the patient's or their representative's withdrawal of consent.

(e) Patient's Rights Regarding AI. A patient or their representative shall have the following rights related to the use of AI or GenAI in chiropractic care:

(1) A patient or their representative may decline or withdraw consent for the use of AI or GenAI at any time, including during an examination or treatment.

(2) A licensee shall not subject a patient or their representative to discrimination, coercion, judgment, retaliation, or any other penalty for declining or withdrawing consent for the use of AI or GenAI.

(3) A licensee shall not allow the quality, availability, or timeliness of clinical care to be adversely affected by a patient's or their representative's decision regarding the use of AI or GenAI.

(4) A licensee shall provide alternative, non-AI methods of evaluation and treatment when such methods are available, and, if such alternatives are not available in the licensee's practice, the licensee shall provide a written referral to another licensee who can provide them, if available.

(5) If a patient or their representative withdraws consent for the use of AI or GenAI, the licensee shall immediately discontinue the use of AI or GenAI in the patient's care and inform the patient or their representative of any implications for previously collected data.

(f) Use of AI Not Required. The following provisions apply to AI and GenAI technologies in relation to the professional standard of care:

(1) Nothing in this section shall be construed to require a licensee to use AI or GenAI technologies in chiropractic practice, unless such use has become part of the applicable standard of care as determined by generally accepted professional practice standards, including the licensee's practice setting, available resources, and access to technology.

(2) A licensee's decision not to use AI or GenAI technologies shall not, in and of itself, constitute unprofessional conduct or a deviation from the standard of care.

(3) As technologies evolve, the determination of the standard of care shall be based on widespread professional acceptance, demonstrated clinical benefit, and feasibility of adoption within comparable practice settings.

(g) Violations. Failure of a licensee to comply with the requirements of this section constitutes unprofessional conduct.

Note: Authority cited: Sections 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3). Reference: Sections 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3).

Agenda Item 10
July 23, 2026

Review, Discussion, and Possible Action on Regulatory Proposal Regarding Continuing Education Fees, Requirements, and Approval Process (amend CCR, Title 16, sections 360, 361, 362, 363, and 364 and adopt section 360.1)

Purpose of the Item

The Board will review and discuss the regulatory proposal to update the Board's continuing education (CE) fees, requirements, and approval process.

Action Requested

The Board will be asked to consider approving substantive changes to the proposed text to amend California Code of Regulations (CCR), title 16, sections 360, 361, 362, 363, and 364 and adopt section 360.1, and authorize the Executive Officer to initiate the rulemaking process using this revised text.

Background

During its April 17, 2025, meeting, the Board approved proposed regulatory text to amend CCR, title 16, sections 360 through 365 and adopt section 360.1, intended to comprehensively update the CE fees, requirements, and provider and course approval processes. Staff subsequently separated the proposed amendments to section 365 into a standalone regulatory proposal addressing the CE requirements applicable to petitions for reinstatement of revoked or surrendered licenses.

At this meeting, the Board will consider the substantive changes to the previously approved regulatory text detailed in the list below and highlighted in the attached text. If the Board agrees with the changes, staff recommends the Board make the motion below.

> **Suggested Motion:** Rescind the prior approval of the proposed regulatory text from April 17, 2025, with the exception of the proposed regulatory text to amend California Code of Regulations, title 16, section 365, approve the newly proposed regulatory text to amend California Code of Regulations, title 16, sections 360, 361, 362, 363, and 364 and adopt section 360.1 presented in the Attachment to Agenda Item 10 in the meeting materials, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review and if no adverse comments are received, authorize the Executive Officer

to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at CCR, title 16, sections 360, 360.1, 361, 362, 363, and 364 as noticed.

§ 360. Continuing Education Fees.

1. **Page 1, subd. (a), (b), and (d):** Update the CE provider application fee, CE provider renewal fee, and CE course application fee to $335, $285, and $35 per hour of instruction, respectively.

   Justification: These amounts reflect the new statutory minimum fee levels specified in the Board's sunset bill, Assembly Bill (AB) 2775 (Committee on Business and Professions).

2. **Page 1, subd. (c) and Note:** Establish a $142.50 delinquent CE provider renewal penalty fee.

   Justification: AB 2775 requires the Board to set penalty fees for the delinquent renewal of CE provider status in accordance with Business and Professions Code section 163.5, which specifies that the penalty fee shall be 50 percent of the renewal fee.

§ 360.1. Submission Methods for Continuing Education Applications, Forms, and Payments and Conditions for Electronic Submissions.

No substantive changes were made to this section.

§ 361. Annual Continuing Education Requirements for Doctors of Chiropractic.

3. **Page 4, subd. (c)(3) and page 7, subd. (f)(3):** Rename Competency 3 to "Adjustment, Manipulation, and Technique."

   Justification: This change ensures consistency with the naming conventions used for the other competency areas, all of which use the term "and" rather than "or."

4. **Page 4, subd. (d)(2):** Update "American Health and Safety Institute (ASHI)" to "Health and Safety Institute (HSI)" and add "or its successor organization".

   Justification: This change reflects ASHI's updated name and ensures the regulation remains applicable if the organization's name changes again.

5. **Page 5, subd. (d)(6):** Add “or its successor organization” after the National Board of Chiropractic Examiners.

   Justification: This change ensures continued applicability of the regulation if the organization changes its name.

6. **Pages 5–6, subd. (d)(8):** Narrow the list of CE coursework accepted from other Department of Consumer Affairs healing arts boards to closely related disciplines with similar education, licensure, and responsibility levels.

Approved/Accepted	Removed
• Acupuncturist • Dentist • Naturopathic doctor • Occupational therapist • Optometrist • Pharmacist • Physical therapist • Physician and surgeon • Podiatrist • Psychologist • Veterinarian	• Audiologist • Clinical social worker • Dental assistant • Dental hygienist • Hearing aid dispenser • Marriage and family therapist • Midwife • Occupational therapist assistant • Pharmacy technician • Physical therapist assistant • Physician assistant • Professional clinical counselor • Psychiatric technician • Registered nurse • Speech-language pathologist • Speech-language pathologist assistant • Veterinary technician • Vocational nurse

   Justification: The revised list aligns the accepted CE coursework with professions whose scopes of practice, clinical responsibilities, and training expectations are most comparable to chiropractic. Narrowing the list ensures that CE content is relevant, appropriately rigorous, and supportive of licensee competency. This change also strengthens consumer protection by preventing credit for coursework in disciplines that do not reflect the clinical judgment and professional standards applicable to chiropractic care.

7. **Page 6, subd. (e)(1):** Delete Competency 3: Adjustment, Manipulation, and Technique from the list of competencies requiring synchronous learning methods, thereby allowing this competency area to be completed through any learning method, including distance learning.

   Justification: This change simplifies a CE structure that can otherwise be confusing and difficult for licensees to navigate. The proposed model—24 total hours, with 12 hours across the four mandatory competency areas, including six live hours in Competency 1: Evaluation and Management, and a cap of no more than 12 hours of distance learning—creates a clearer, more intuitive structure that aligns with how CE courses are typically delivered.

8. **Pages 7 and 8, subd. (f)(3):** Delete “by a chiropractic college” and “accredited by the Council on Chiropractic Education.”

   Justification: These phrases are redundant because chiropractic program approval by the Board already requires appropriate institutional and programmatic accreditation.

§ 362. Continuing Education Provider Approval, Duties, and Responsibilities.

9. **Page 11, subd. (b), 12, subd. (d)(1)(A), and 16, subd. (k)(1)(A):** Add “limited liability company” to the list of eligible provider entity types.

   Justification: This change adds another commonly used business structure to the examples of provider entity types.

10. **Page 11, subd. (b) and page 19, subd. (m):** Remove the distinction between Board-approved CE providers and those recognized by the Federation of Chiropractic Licensing Boards (FCLB) Providers of Approved Continuing Education (PACE) program.

    Justification: The originally proposed text would have exempted FCLB PACE providers from all CE provider application and renewal fees. Eliminating the distinction between Board-approved providers and PACE providers is necessary to maintain an equitable fee structure and ensure that all CE providers contribute fairly to the costs of administering the program. The Board’s fee analysis demonstrated that exempting PACE providers would shift administrative expenses onto other providers, despite all providers using the Board’s staff resources and Connect infrastructure at equivalent levels. Maintaining a single provider category closes this unintended gap and ensures consistent application of the Board’s fee-for-service model that funds its CE program administration.

11. **Page 11, subd. (c):** Add a definition of “formal discipline” for purposes of sections 362 and 363.

    Justification: This definition provides clarity for applicants and aligns with the language used in the Board’s proposal to amend CCR, title 16, section 304.

12. **Page 13, subd. (d)(3)(E):** Require a provider to disclose any formal discipline involving sexual abuse, misconduct, or relations with a patient.

    Justification: This change conforms with AB 2775, which allows the Board to consider any such conduct regardless of when it occurred.

13. **Page 13, subd. (e):** Replace “applications for approval” with “new continuing education provider applications”.

    Justification: This change ensures consistency in the terminology used within this section.

14. **Page 13, subd. (f):** Authorize the Executive Officer to approve new CE provider applications by applicants currently recognized by the FCLB PACE program.

    Justification: This provision creates a more efficient and streamlined approval pathway for applicants who have already been vetted through the FCLB PACE program. Because PACE recognition reflects a rigorous national review process, authorizing the Executive Officer to approve these applications expedites CE provider onboarding. Providing the Executive Officer with discretionary, rather than mandatory, approval authority also preserves the Board’s oversight by ensuring that any application containing adverse, incomplete, or unclear information can still be referred to the Board for review.

15. **Page 14, subd. (g):** Update the CE provider renewal from biennial to annual.

    Justification: Changing the CE provider renewal from a biennial to an annual cycle aligns the fee collection with the Board’s actual, ongoing administrative workload. The CE program requires continuous support, including customer service, provider oversight, and system maintenance, yet under the current structure, these costs are disproportionately subsidized by CE course application fees. Moving to annual renewals provides a more stable and predictable funding source for core operations, allowing the Board to maintain consistent service levels and reducing reliance on course application fees.

16. **Page 15, subd. (g)(4):** Delete the text stating that incomplete applications or applications without correct fees will not be processed.

    Justification: This text is unnecessary and redundant, as the application requirements are already specified in this section.

17. **Page 15, subd. (h):** Establish a late renewal process allowing providers to renew within 180 days after expiration and clarify that CE course approvals are automatically withdrawn until renewal.

    Justification: The new 180-day late renewal window replaces the current rule, under which CE provider approval is cancelled immediately the day after expiration. Allowing providers to renew within 180 days by submitting a renewal application and paying the renewal and penalty fees creates a clearer and more reasonable compliance pathway.

    Clarifying that CE course approvals are automatically withdrawn during any period of expired provider status prevents providers from offering courses while their provider status is invalid and ensures that course approval is restored only once renewal requirements are met.

18. **Page 15, subd. (i):** Specify that provider status and all associated course approvals will be withdrawn if the renewal is not completed within 180 days after expiration.

    Justification: Clarifying that provider status and all associated course approvals will be withdrawn if the renewal is not completed within 180 days provides clear direction on what occurs after the late renewal window closes. Unlike the current rule that cancels provider approval immediately the day after expiration, this structure gives providers a defined period to renew with a firm cutoff. If the renewal is not completed within 180 days, the provider's status is cancelled and cannot be reinstated. Instead, the provider must reapply as a new applicant.

§ 363. Approval of Continuing Education Courses.

19. **Page 20, subd. (a)(1):** Delete the reference to subdivision (b)(1) or (2) of section 362.

    Justification: This change aligns with the removal of the Board-approved/Board-recognized provider distinction in section 362.

20. **Page 20, subd. (a)(1) and page 27, subd. (i):** Change the CE course approval from a three-year to a one-year approval period.

    Justification: Although the Board originally proposed extending CE course approval to a three-year period, retaining the existing one-year approval cycle is preferable because it ensures that course content, instructional methods, and instructor qualifications remain current and aligned with evolving standards of practice, clinical developments, and statutory changes. Maintaining the one-year cycle also allows the Board to better plan and allocate resources through its annual budgeting process, ensuring that the CE course review workload aligns with the Board's fiscal and operational planning.

21. **Page 22, subd. (c)(15)(E)(v):** Require an instructor to disclose any formal discipline involving sexual abuse, misconduct, or relations with a patient.

    Justification: This change aligns with AB 2775, which allows consideration of any such conduct regardless of when it occurred.

22. **Page 24, subd. (d):** Specify that application fees are forfeited if an application is abandoned.

    Justification: Clarifying that application fees are forfeited when an application is abandoned ensures transparency and reflects the reality that staff time and system resources are expended regardless of whether an applicant completes the application process.

23. **Page 26, subd. (f)(7):** Delete Competency 3: Adjustment, Manipulation, and Technique.

    Justification: This change ensures consistency with the changes made to section 361.

§ 364. Exemptions from Annual Continuing Education Requirement.

24. **Pages 29–30, subd. (a)–(f):** Designate the first sentence as subdivision (a) and renumber the subsequent subdivisions.

    Justification: This change ensures proper regulation structure and avoids a freestanding paragraph.

25. **Pages 29–30, subd. (d):** Replace “Council on Chiropractic Education accredited college” with “chiropractic program approved by the Board pursuant to Article 4, Section 330 et seq.”

    Justification: This change exempts instructors teaching only in Board-approved chiropractic programs from the CE requirements, not any program accredited by the Council on Chiropractic Education.

Attachment

- Proposed Regulatory Language to Amend California Code of Regulations, Title 16, Sections 360, 361, 362, 363, and 364 and Adopt Section 360.1 (Continuing Education Fees, Requirements, and Approval Process)

Agenda Item 10
Attachment

DEPARTMENT OF CONSUMER AFFAIRS

TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS

PROPOSED REGULATORY LANGUAGE
Continuing Education Requirements, Fees, and Approval Process

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

Amend Sections 360, 361, 362, 363, and 364 of, and Add Section 360.1 to, Article 6 of Division 4 of Title 16 of the California Code of Regulations to read as follows:

§ 360. Continuing Education Fees.

The following represents fees for continuing education:

(a) Continuing Education Provider Application Fee: ~~$291~~ $335

(b) ~~Biennial~~ Continuing Education Provider Renewal Fee: ~~$118~~ $285

(c) Delinquent Continuing Education Provider Renewal Penalty Fee: $142.50

(~~c~~d) Continuing Education Course Application Fee: ~~$116~~ $35 per hour of instruction.

NOTE: Authority cited: Section 4~~,~~ of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, as amended by Stats. 1978, ch. 307, p. 636, § 1). Reference: Sections 4 and 10~~,~~ of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4 and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1 and p. 640, § 3); and Sections 163.5 and 1006.5, Business and Professions Code.

§ 360.1. Submission Methods for Continuing Education Applications, Forms, and Payments and Conditions for Electronic Submissions.

(a) The applications, forms, documentation, and payments required by Sections 362, subdivisions (d), (g), and (h) and 363, subdivisions (b), (c), (i), and (j) shall be submitted to the Board by mail or delivery to the Board's office or electronically through the Board's Connect user portal.

(b) The applications, forms, documentation, and notices of appeal required by Sections 362, subdivisions (a), (j), (k), and (m) and 363, subdivisions (e), (h)(2) and (3), and (k)

shall be submitted to the Board by mail or delivery to the Board's office, by email to Chiro.CE@dca.ca.gov, or electronically through the Board's Connect user portal.

(c) For purposes of this Article, an application, form, documentation, notice of appeal, or payment is considered to be submitted to the Board on the post-marked date for submissions by mail and at the date and time of electronic transmission for submissions by email or through the Board's Connect user portal.

(d) As used in this Article, "the Board's Connect user portal" means the online portal accessible on the Board's website that allows for secure access to a designated user account and direct submission of applications, forms, and payments for licensing and continuing education transactions to the Board.

(e) The following conditions apply to electronic submissions of continuing education applications, forms, and payments through the Board's Connect user portal:

(1) An oversight contact person or designated representative with authority to make representations and bound the continuing education provider shall register for a user account by providing their user name, password, email address, first name, last name, date of birth, last four digits of their social security or individual taxpayer identification number, and telephone number.

(2) Electronic Signature. When a signature is required by the particular instructions of any filing to be made through the user portal, including any declaration or attestation under penalty of perjury, an oversight contact person or designated representative of the continuing education provider shall affix their electronic signature to the application or form by typing their name in the appropriate field and submitting the filing via the user portal. Submission of a filing in this manner shall constitute evidence of legal signature by an individual whose name is typed on the application or form.

(f) Except as otherwise explicitly stated or defined, any reference to communication in writing in this Article shall mean by U.S. certified mail, overnight courier service, or email with confirmed read receipt or affirmative acknowledgement of receipt by the Board.

NOTE: Authority cited: Section 4 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, as amended by Stats. 1978, ch. 307, p. 636, § 1). Reference: Sections 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3), and Sections 1633.2, 1633.7, and 1633.9, Civil Code.

§ 361. Annual Continuing Education Requirements for Doctors of Chiropractic.

(a) For purposes of this section, "implementation date" means ~~two years following June 8, 2011~~ [Insert Effective Date of Regulation].

~~(b) For license renewals that expire on or after the implementation date, the number of required hours of continuing education courses shall be twenty-four (24). For license renewals that expire prior to the implementation date, the number of required hours of continuing education courses shall be twelve (12).~~

~~(c) For license renewals that expire on or after the implementation date, a maximum of twelve (12) continuing education hours may be completed through distance learning as defined in Section 363.1. For license renewals that expire prior to the implementation date, a maximum of six (6) continuing education hours may be completed through distance learning as defined in Section 363.1.~~

~~(d)~~ (b) Any continuing education hours accumulated ~~before June 8, 2011~~ prior to the implementation date that meet the requirements in effect on the date the hours were accumulated, will be accepted by the ~~b~~Board for license renewals.

~~(e) On or after the implementation date, licensees shall complete a minimum of two (2) hours in subdivision (g)(11) -- Ethics and Law, a minimum of four (4) hours in any one of, or a combination of, the subject areas specified in subdivision (g)(3) -- History Taking and Physical Examination Procedures, subdivision (g)(5) -- Chiropractic Adjustive Techniques or Chiropractic Manipulation Techniques, or subdivision (g)(10) -- Proper and Ethical Billing and Coding.~~

~~(f) With the exception of the mandatory hours referenced in subdivision (e), the remaining eighteen (18) hours of additional continuing education requirements may be met by taking courses in any of the subject areas listed in subdivision (g) or courses taken pursuant to subdivision (h). The eighteen (18) hours may include any combination of continuing education courses in subject areas specified in either subdivision (g) or approved by agencies specified in subdivision (h). By way of example, a licensee may take eight (8) hours of continuing education courses in subject areas listed in subdivision (g), that are approved by the board, and ten (10) hours of continuing education courses that are approved by the California Department of Industrial Relations, Division of Workers Compensation pursuant to subparagraph (1) of subdivision (h).~~

(c) On or after the implementation date of [Insert Effective Date of Regulation], licensees shall complete a minimum of twenty-four (24) hours of continuing education credit during each annual license renewal period, including the following mandatory hours:

(1) A minimum of six (6) hours of Board-approved coursework in Competency 1: Evaluation and Management, as defined in subdivision (f)(1);

(2) A minimum of two (2) hours of Board-approved coursework in Competency 2: Documentation, Record Keeping, and Coding, as defined in subdivision (f)(2);

(3) A minimum of two (2) hours of Board-approved coursework in Competency 3: Adjustment, Manipulation, ~~or~~ and Technique, as defined in subdivision (f)(3); and

(4) A minimum of two (2) hours of Board-approved coursework in Competency 4: Ethics, Law, and Professional Boundaries, as defined in subdivision (f)(4).

(d) In addition to the mandatory hours and competencies specified in subdivision (c)(1)–(4), licensees shall earn the remaining required hours of continuing education credit through any combination of the following activities:

(1) Completing Board-approved coursework in Competency 5: Electives, as defined in subdivision (f)(5).

(2) Obtaining Basic Life Support certification: A licensee shall receive up to a maximum of two (2) hours of continuing education credit per license renewal period for completion of a course in Basic Life Support through the American Heart Association (AHA), American Red Cross (ARC), or a provider approved by the ~~American Safety and Health Institute (ASHI)~~ Health and Safety Institute (HSI) or its successor organization. Continuing education credit shall only be granted for the renewal period during which the course was completed.

(3) Completing Sexual Harassment Prevention Training: A licensee shall receive up to a maximum of two (2) hours of continuing education credit per license renewal period in Competency 4: Ethics, Law, and Professional Boundaries, as defined in subdivision (f)(4), for completion of a supervisory-level sexual harassment prevention training provided by the California Department of Civil Rights or another state or federal government agency.

(4) Attending a Board meeting: A licensee shall receive up to a maximum of eight (8) hours of continuing education credit per license renewal period for attending a Board meeting that includes the hearing of cases related to petitioners seeking the reinstatement of revoked or surrendered licenses, early termination of probation, or reduction in penalty. A petitioner will not earn any continuing education credit for attending a Board meeting on the same day in which the petitioner's own hearing is conducted. The attendance of a licensee at a Board meeting under this subdivision shall be monitored and confirmed by Board staff designated by the Executive Officer.

(5) Participating in Board Examination Development: A licensee who participates as a subject matter expert in a Board workshop for the purpose of development of the California Chiropractic Law Examination shall receive one (1) hour of continuing education credit for each hour of participation, up to a maximum of sixteen (16) hours, in Competency 4: Ethics, Law, and Professional Boundaries, as defined in subdivision (f)(4).

(6) Serving as a National Examiner: A licensee who participates as an examiner for the entire Part IV portion of the National Board of Chiropractic Examiners (NBCE), or its successor organization, examinations shall receive up to a maximum of six (6) hours of continuing education credit for each examination period conducted by the NBCE during the license renewal period. The licensee must retain written certification from NBCE confirming the licensee's participation in their continuing education records.

(7) Teaching Board-approved continuing education: A licensee who teaches a Board-approved continuing education course shall receive one (1) hour of continuing education credit in the applicable competency area for each hour of course instruction.

(8) Completing continuing education coursework that is approved or accepted by any of the entities listed below. It shall be the licensee's responsibility to verify and retain proof that the coursework has been approved or accepted by one of these entities in their continuing education records.

(A) The California Department of Industrial Relations, Division of Workers' Compensation for appointment or reappointment as a qualified medical evaluator;

(B) The California Acupuncture Board for renewal of an acupuncturist license pursuant to Chapter 12 (commencing with Section 4925) of Division 2 of the Business and Professions Code;

(C) The Dental Board of California for renewal of a dentist license pursuant to Chapter 4 (commencing with Section 1600) of Division 2 of the Business and Professions Code;

(D) The Medical Board of California or the Osteopathic Medical Board of California for renewal of a physician and surgeon certificate pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code;

(E) The California Board of Naturopathic Medicine for renewal of a naturopathic doctor license pursuant to Chapter 8.2 (commencing with Section 3610) of Division 2 of the Business and Professions Code;

(F) The California Board of Occupational Therapy for renewal of an occupational therapist license pursuant to Chapter 5.6 (commencing with Section 2570) of Division 2 of the Business and Professions Code;

(G) The California State Board of Optometry for renewal of an optometrist license pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code;

(H) The California State Board of Pharmacy for renewal of a pharmacist license pursuant to Chapter 9 (commencing with Section 4000) of Division 2 of the Business and Professions Code;

(I) The Physical Therapy Board of California for renewal of a physical therapist license pursuant to Chapter 5.7 (commencing with Section 2600) of Division 2 of the Business and Professions Code;

(J) The Podiatric Medical Board of California for renewal of a certificate to practice podiatric medicine pursuant to Chapter 5, Article 22 (commencing with Section 2460) of Division 2 of the Business and Professions Code;

(K) The California Board of Psychology for renewal of a psychologist license pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code; or

(L) The California Veterinary Medical Board for renewal of a veterinarian license pursuant to Chapter 11 (commencing with Section 4800) of Division 2 of the Business and Professions Code.

~~(B) Any healing arts board or bureau within Division 2 of the Business and Professions Code; or~~

~~(C) Any organization authorized to approve continuing education by any healing arts board or bureau in Division 2 of the Business and Professions Code.~~

(e) The following limitations and restrictions apply to the annual continuing education requirement:

(1) Courses in Competency 1: Evaluation and Management ~~and Competency 3: Adjustment, Manipulation, or Technique~~ must be completed through an in-person learning experience or a live and interactive course given via electronic means, as defined in Section 363, subdivision (a)(2) and (3).

(2) A licensee shall not receive more than twelve (12) hours of continuing education credit per day in any combination of the activities specified in subdivisions (c) and (d).

(3) A licensee shall not receive more than twelve (12) hours of continuing education credit through distance learning, as defined in Section 363.1.

(4) A licensee shall only receive continuing education credit one time for completing a specific continuing education course during a license renewal period. No additional credit shall be granted to a licensee who repeats a continuing education course during the same renewal period.

~~(g)~~ (f) Courses approved by the ~~b~~Board shall be limited to the following ~~subject~~ competency areas:

(1) Competency 1: Evaluation and Management. This competency area is defined as instruction in one or more of the components of evaluation and management services for new and established patients, including a case-appropriate history; examination; diagnosis; medical decision making; clinical reasoning skills; recognition of contraindications; development, implementation, and monitoring of the treatment and care plan; discussion of risks of proposed care; or receipt of the patient's informed consent.

(2) Competency 2: Documentation, Record Keeping, and Coding. This competency area is defined as instruction in the applicable documentation, record keeping, and coding requirements for patient encounters. Courses in this competency area may include, but are not limited to, instruction in record keeping requirements for evaluation and management services and subsequent patient visits; common documentation methods, such as subjective, objective, assessment, and plan (SOAP) and pain/tenderness, asymmetry/misalignment, range of motion abnormality, and tissue (P.A.R.T.); proper selection and application of International Classification of Diseases (ICD)-10 diagnosis codes and Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) procedure codes; documentation of written and verbal patient informed consent; use of electronic health records; or federal and state laws and regulations related to patient health information privacy and security, such as the Health Information Portability and Accountability Act of 1996 (HIPAA).

(3) Competency 3: Adjustment, Manipulation, ~~or~~ and Technique. This competency area is defined as instruction in the assessment of clinical indications, recognition of risk factors, and safe performance of chiropractic adjustment, manipulation, or technique procedures currently recognized and taught ~~by a chiropractic college~~ in a ~~doctor of~~ chiropractic ~~degree~~ program ~~accredited by the Council on Chiropractic~~

~~Education (CCE) and~~ approved by the Board pursuant to Article 4, Section 330 et seq.

(4) Competency 4: Ethics, Law, and Professional Boundaries. This competency area is defined as instruction in the principles of ethics, chiropractic laws and regulations, or professional boundaries, and their application to the practice of chiropractic. Courses in this competency area may include, but are not limited to, instruction in ethical issues in healthcare; mandatory reporting requirements; review of applicable state and federal laws and regulations related to the practice of chiropractic in California; professional boundaries and conduct with patients and staff; cultural competence, awareness of implicit biases, and equity issues in healthcare; or prevention of abusive conduct, bullying, or sexual harassment.

(5) Competency 5: Electives. This competency area is defined as instruction in general education topics related to the current knowledge, skills, and abilities necessary for competent practice of chiropractic in California. Courses in this competency area may include, but are not limited to, instruction in any of the following:

~~1.~~ (A) Philosophy of chiropractic, including the historical development of chiropractic as an art and science and health care approach; the vertebral subluxation complex and somato-visceral reflexes including their relationships between disease and health; and other chiropractic theory and philosophy.

~~2. Instruction in basic~~ (B) ~~s~~Sciences of anatomy, histology, neurology, physiology, nutrition, pathology, biochemistry, epidemiology, or toxicology.

~~3. Instruction in various basic to comprehensive history taking and physical examination procedures, including but not limited to orthopedic, neurological and general diagnosis related to evaluation of the neuro-musculoskeletal systems, and includes general diagnosis and differential diagnosis of all conditions that affect the human body.~~

~~4.~~ (C) Advanced imaging and ~~D~~diagnostic testing procedures, interpretation, and technologies that aid in differential diagnosis of all conditions that affect the human body, such as X-rays, magnetic resonance imaging (MRI), computerized tomography (CT) scans, electromyography (EMG), nerve conduction velocity (NCV), diagnostic ultrasound, and electrocardiography (EKG or ECG).

~~5. Chiropractic adjustive techniques or chiropractic manipulation techniques.~~

~~6.~~ (D) Pain management theory, including, but not limited to, current trends in treatment and instruction in the physiology and anatomy of acute, sub-acute, and chronic pain.

~~7.~~ (E) Physiotherapy and physical rehabilitation.

~~8. Instruction in~~ (F) Manipulation Under Anesthesia, including the safe handling of patients under anesthesia.

~~9. Instruction in the aspects of~~ (G) ~~s~~Special population care, including, but not limited to, geriatric, pediatric, and athletic care ~~as related to the practice of chiropractic~~.

~~10. Instruction in proper and ethical billing and coding, including accurate and effective record keeping and documentation of evaluation, treatment and progress of a patient. This is not to include practice building or patient recruitment/retention or business techniques or principles that teach concepts to increase patient visits or patient fees per case.~~

~~11. Ethics and law: including but not limited to: truth in advertising; professional boundaries; mandatory reporting requirements for child abuse/neglect, elder abuse/neglect; spousal or cohabitant abuse/neglect; sexual boundaries between patient and doctors; review of the specific laws, rules and regulations related to the practice of chiropractic in the State of California.~~

~~12.~~ (H) Adverse event avoidance, including reduction of potential malpractice issues.

~~13.~~ (I) Pharmacology, including side effects, drug interactions, and the pharmodynamics of various commonly prescribed and over-the-counter drugs; drug reactions and interactions with herbs, vitamins, and nutritional supplements; blood and urinalysis testing used in the diagnosis and detection of disease, including use of and interpretation of drug testing strips or kits utilizing urinalysis, saliva, hair, and nail clippings.

~~14. A licensee may earn up to a maximum of two (2) hours of continuing education credit in cardiopulmonary resuscitation, basic life support or use of an automated external defibrillator.~~

~~15. Board Meeting: A licensee may earn a maximum of four (4) hours of continuing education credit per renewal period for attending a full board meeting that includes the hearing of cases related to petitioners seeking the reinstatement of revoked licenses or early termination of probationary licenses. A petitioner may not earn any continuing education hours for attending a board meeting on the sam' day in which said petitioner's hearing is conducted. The attendance of a licensee at a board meeting under this subparagraph shall be monitored and confirmed by board staff designated by the Executive Officer.~~

~~16. Any of the following as related to the practice of chiropractic:~~

(~~A~~J) Principles of managing and operating a chiropractic practice, when oriented specifically on the improvement of patient care and service, not the licensee's personal gain.

(~~B~~K) Patient ~~W~~wellness~~.~~, ~~(~~illness and injury prevention, and health maintenance~~)~~.

~~(C) Rehabilitation.~~

(~~D~~L) Role of chiropractic in community and ~~P~~public health programs and issues, including community health and well-being, disease prevention, disaster relief, and healthcare access.

(M) Presentation of emerging research, research design and evaluation, case studies, and published, peer-reviewed chiropractic or medical research.

(N) Selection, incorporation, and use of current and emerging technologies in the practice of chiropractic.

~~(h) With the exception of the mandatory courses specified in subdivision (e), the remaining continuing education requirements may be met by taking continuing education courses, including distance learning, that are approved by either of the following:~~

~~(1) The California Department of Industrial Relations, Division of Workers Compensation.~~

~~(2) Any Healing Arts Board or Bureau within Division 2 of the Business and Professions Code or approved by any organization authorized to approve continuing education by any Healing Arts Board or Bureau in Division 2 of the Business and Professions Code.~~

~~(i) The continuing education providers and courses referenced in subdivision (h) do not need to be approved by the Board for credit to be granted nor do they need to meet the requirements contained in Sections 362, 363, and 363.1.~~

NOTE: Authority cited: Section~~s 1000-4(b) and 1000-4(e), Business and Professions Code (~~ 4 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. ~~1xxxviii~~ lxxxix, § 4, as amended by Stats. 1978, ch. 307, p. 636, § 1). Reference: Sections ~~1000-4(b) and 1000-10(a), Business and Professions Code (~~ 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. ~~1xxxviii~~ lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3).

§ 362. Continuing Education Provider Approval, Duties, and Responsibilities.

(a) CONTINUING EDUCATION PROVIDER DENIAL AND APPEAL PROCESS: If an application is denied under this section, the applicant shall be notified in writing of the reason(s) for the denial. The applicant may request an informal hearing with the Executive Officer regarding the reasons stated in the denial notification. The appeal must be ~~filed~~ submitted to the Board in writing within thirty (30) calendar days of the date of the denial notification.

The Executive Officer shall schedule the informal hearing within thirty (30) calendar days of receipt of the appeal request by coordinating a mutually agreeable date, time, and location with the applicant and transmitting a notice of hearing to the applicant with the agreed upon hearing date, time, and location. Within ten (10) calendar days following the informal hearing, the Executive Officer shall provide written notification of ~~his or her~~ their decision to the denied applicant. If the Executive Officer upholds a denial under this section, the applicant may, within thirty (30) calendar days of the date of the Executive Officer's denial notification, request a hearing before the ~~b~~Board to appeal the denial. The Executive Officer shall schedule the requested hearing at a future ~~b~~Board meeting but not later than one hundred eighty (180) calendar days following receipt of the request. Within ~~10~~ sixty (60) calendar days ~~of~~ following the hearing before the ~~b~~Board, the Executive Officer or their designee shall ~~provide written notification of~~ serve the ~~b~~Board's decision to the applicant by certified mail and email. The ~~b~~Board's decision shall be the final order in the matter.

(b) As used in this section, a continuing education provider ("provider") is an individual, partnership, corporation, limited liability company, professional association, college, health facility, government agency, or any other entity that has ~~either~~ been~~:~~

~~(1) a~~Aapproved by the ~~b~~Board ~~pursuant to subdivision (c)~~ to offer ~~b~~Board approved continuing education courses to licensees to meet the annual continuing education requirements set forth in Section 361 of these regulations~~.; or.~~

~~(2) Recognized by the Federation of Chiropractic Licensing Boards (FCLB) Providers of Approved Continuing Education (PACE) program to provide chiropractic continuing education courses.~~

(c) For purposes of this section and Section 363, "formal discipline" means any revocation, suspension, restriction, reprimand, reproval, censure, or other limitation or condition of a professional license, certificate, registration, permit, or comparable authority.

~~(c)(1)~~(d) To apply to become a~~n~~ Board-approved provider, an applicant shall ~~complete and~~ submit a ~~"Continuing Education Provider Application" form (Revision date 02/10) which is hereby incorporated by reference,~~ completed new continuing education

provider application containing the information and documentation required by this subdivision and pay the application fee specified in Section 360, subdivision (a). The new continuing education provider application shall contain the following:

(1) Identifying and contact information for the provider that includes all of the following:

(A) The legal name of the provider and the type of entity (individual, partnership, corporation, limited liability company, professional association, government agency, health facility, or university/college);

(B) The provider's mailing address;

(C) The provider's telephone number, if any;

(D) The provider's email address, if any;

(E) The provider's web address, if any;

(F) The name and title of the person responsible for overseeing all continuing education activities of the provider ("oversight contact person");

(G) The oversight contact person's telephone number and email address;

(H) The name and title of the person responsible for signing certificates of completion for continuing education for the provider ("designated representative");

(I) The designated representative's telephone number and email address; and

(J) The name, title, and doctor of chiropractic license number issued by the Board, if applicable, of each person who is in control of the provider's continuing education program.

(2) The mission statement of the provider's continuing education program and a description of the program's purpose and objectives;

(3) The provider shall disclose all of the following information for the oversight contact person, the designated representative, and each person who is in control of the provider's continuing education program:

(A) Whether they currently are, or have ever been, licensed by another state or federal licensing agency, and the name of the licensing agency, license number, date of issuance, and expiration date of each license held, if any;

(B) Whether they have been convicted of a crime within the preceding seven (7) years from the date of the application, and an explanation of each applicable criminal conviction including the court name, case number, and offense(s), if any;

(C) Whether they have ever been convicted of a serious felony, as defined in Penal Code section 1192.7, or a crime for which registration is required pursuant to Penal Code section 290, subdivision (d)(2) or (3), and an explanation of each applicable criminal conviction including the court name, case number, and offense(s), if any;

(D) Whether they have been subjected to formal discipline by any licensing board within the preceding seven (7) years from the date of the application, and an explanation of each applicable disciplinary action including the licensing agency, case number, and violation(s), if any; ~~and~~

(E) Whether they have ever been subjected to formal discipline by any licensing board for conduct involving an act of sexual abuse, misconduct, or relations with a patient, and an explanation of each applicable disciplinary action including the licensing agency, case number, and violation(s), if any; and

(F) Whether they have ever been previously denied approval to offer continuing education by the Board or any other board or bureau within the California Department of Consumer Affairs, and an explanation identifying the board or bureau, denial date, and basis for the denial, if any.

(4) The application shall be signed and dated by an oversight contact person or designated representative with authority to make representations and bound the continuing education provider, and the signer shall declare that the information provided in the application is true, correct, and complete to the best of the their knowledge. The declaration shall be in the following form: “I hereby certify that the information provided is true, correct, and complete to the best of my knowledge. I also certify that I personally read and completed this attestation, have read the instructions, and am authorized by the continuing education provider to submit this application.”

(e) ~~Applications for approval~~ New continuing education provider applications shall be submitted to the ~~b~~Board office at least thirty (30) calendar days prior to a scheduled ~~b~~Board meeting. Providers with applications that are incomplete will be notified of the deficiencies in writing within ~~three (3) weeks~~ fifteen (15) calendar days from the date of receipt. Complete applications will be reviewed at the ~~scheduled~~ next available ~~b~~Board meeting and notification of the ~~b~~Board's decision will be provided in writing within ~~two (2) weeks~~ ten (10) calendar days following the ~~b~~Board meeting.

(f) Notwithstanding subdivision (e), the Executive Officer may approve a new continuing education provider application by an applicant who is currently recognized by the Federation of Chiropractic Licensing Boards (FCLB), or its successor organization, Providers of Approved Continuing Education (PACE) program to provide chiropractic continuing education courses at the time of their application to the Board.

~~(2)~~ (g) The approval of the provider shall expire ~~two (2) years~~ annually after it is issued by the ~~b~~Board and may be renewed ~~upon the filing of the "Continuing Education Provider Application" form (Revision date 02/10),~~ by submitting a completed continuing education provider renewal application containing the information and documentation required by this subdivision and paying the renewal fee specified in Section 360, subdivision (b), on or before the expiration date of the provider status. The continuing education provider renewal application shall contain the following:

(1) Identifying and contact information for the provider that includes all of the following:

(A) The legal name of the provider;

(B) The provider's Board-issued provider number and the current expiration date of the provider status;

(C) The provider's mailing address;

(D) The provider's telephone number, if any;

(E) The provider's email address, if any; and

(F) The provider's web address, if any.

(2) The provider shall disclose all of the following information:

(A) Whether any changes have been made to the provider entity type, oversight contact person, designated representative, or person(s) in control of the continuing education program, and a completed application for authorization of changes to the provider approval as specified in subdivision (j), if any;

(B) Whether the oversight contact person, designated representative, or person(s) in control of the continuing education program has been convicted of a crime within the previous approval period, and an explanation of each criminal conviction, including the court name, case number, and offense(s), if any;

(C) Whether the oversight contact person, designated representative, or person(s) in control of the continuing education program has been subjected to formal discipline by any licensing board within the previous approval period, and

an explanation of each disciplinary action including the licensing agency, case number, and violation(s), if any; and

(D) Whether the oversight contact person, designated representative, or person(s) in control of the continuing education program has been denied approval to offer continuing education by any other board or bureau within the California Department of Consumer Affairs, and an explanation identifying the board or bureau, denial date, and basis for the denial, if any.

(3) The application shall be signed and dated by an oversight contact person or designated representative with authority to make representations and bound the continuing education provider, and the signer shall declare that the information provided in the application is true, correct, and complete to the best of the their knowledge. The declaration shall be in the following form: "I hereby certify that the information provided is true, correct, and complete to the best of my knowledge. I also certify that I personally read and completed this attestation, have read the instructions, and am authorized by the continuing education provider to submit this application."

~~(3) Providers who were approved by the board prior to the effective date of this regulation shall renew their provider status two years from June 8, 2011 by filing of the "Continuing Education Provider Application" form (Revision date 02/10) and fee specified in Section 360(b).~~

~~(4) The b~~Board ~~will not process incomplete applications nor applications that do not include the correct application~~ or ~~renewal~~ fee~~.~~

(h) The failure by a Board-approved provider to file a completed renewal application and fee on or before the expiration date of the provider status shall result in the automatic withdrawal of approval of all continuing education courses associated with the provider until the provider status has been renewed by the provider. A provider may renew their expired provider status for up to one hundred eighty (180) calendar days following the expiration date by submitting an application and renewal fee in accordance with subdivision (g) and paying the delinquent renewal penalty fee specified in Section 360, subdivision (c).

(i) If a provider fails to renew their provider status within one hundred eighty (180) calendar days following the expiration date, the Executive Officer shall withdraw the Board's approval of the provider status and all continuing education courses associated with the provider, and the provider status shall not be reinstated. The provider may reapply to the Board for approval as a new continuing education provider in accordance with subdivision (d).

(j) Board-approved providers are prohibited from making any changes to the entity type, oversight contact person, designated representative, or individual(s) in control of the continuing education program without first obtaining the Board's written authorization. To request the Board's authorization of changes to the approved provider status, providers must submit a completed application for authorization of changes to the continuing education provider approval containing the information and documentation required by subdivision (k). Within fifteen (15) calendar days of receipt of a completed authorization request, Board staff will notify the provider in writing of the Board's authorization or denial of the requested change(s) to the approved provider status.

(k) The application for authorization of changes to the continuing education provider approval shall contain the following:

(1) Identifying and contact information for the provider that includes all of the following:

(A) The legal name of the provider and the type of entity (individual, partnership, corporation, limited liability company, professional association, government agency, health facility, or university/college);

(B) The provider's Board-issued provider number and the current expiration date of the provider status;

(C) The provider's mailing address;

(D) The provider's telephone number, if any;

(E) The provider's email address, if any; and

(F) The provider's web address, if any.

(2) The provider shall provide all of the following information for any changes to the oversight contact person:

(A) The name and title of the new oversight contact person;

(B) The new oversight contact person's telephone number and email address;

(C) Disclosure of all of the licensing, conviction, and disciplinary history information listed in subdivision (c)(3) above for the new oversight contact person; and

(D) The former oversight contact person's name.

(3) The provider shall provide all of the following information for any changes to the designated representative:

(A) The name and title of the new designated representative;

(B) The new designated representative's telephone number and email address;

(C) Disclosure of all of the licensing, conviction, and disciplinary history information listed in subdivision (c)(3) above for the new designated representative; and

(D) The former designated representative's name.

(4) The provider shall provide all of the following information for any changes to the person(s) in control of the provider's continuing education program:

(A) The name, title, and doctor of chiropractic license number issued by the Board, if applicable, for each new person in control of the provider's continuing education program, if any;

(B) Disclosure of all of the licensing, conviction, and disciplinary history information listed in subdivision (c)(3) above for each new person in control of the provider's continuing education program, if applicable; and

(C) The name and title of each person who is no longer in control of the provider's continuing education program, if any.

(5) The application shall be signed and dated by an oversight contact person or designated representative with authority to make representations and bound the continuing education provider, and the signer shall declare that the information provided in the application is true, correct, and complete to the best of the their knowledge. The declaration shall be in the following form: "I hereby certify that the information provided is true, correct, and complete to the best of my knowledge. I also certify that I personally read and completed this attestation, have read the instructions, and am authorized by the continuing education provider to submit this application."

(~~d~~l) All ~~P~~providers of Board-approved continuing education courses shall:

(1) Identify an individual responsible for overseeing all continuing education activities of the provider, a designated representative responsible for signing certificates of completion, and all individuals who are in a position of control over the provider's continuing education program.

(2) Provide a course roster to the ~~b~~Board, within thirty (30) calendar days, upon written request. Course rosters shall include the names of all licensees, license numbers, and e-mail addresses if available. Failure to submit the roster upon written request within thirty (30) calendar days may result in the withdrawal or denial of previous course approval and withdrawal of provider status. Providers shall maintain the course roster for four (4) years from the date of completion of the course.

(3) Maintain course instructor curriculum vitae or resumes for four (4) years.

(4) Disclose to the Board and prospective participants the names of the individuals or organizations, if any, who have underwritten or subsidized the course. Providers ~~may~~ shall not advertise, market, or display materials or items for sale inside the room while the actual instruction is taking place. Nothing in this section shall be interpreted to prohibit a provider from mentioning a specific product or service solely for educational purposes.

(5) Inform the ~~b~~Board in writing ~~immediately~~ of any planned substantive changes to ~~the date, time or location of the~~ a course, as specified in Section 363, subdivision (h), and obtain the Board's written authorization prior to the implementation of those changes.

(6) Provide a certificate of completion to licensees within thirty (30) calendar days following completion of the continuing education course. Providers shall retain records of course completion for four (4) years from the date of completion and provide records of completion to the Board within thirty (30) calendar days, upon written request. The certificate shall include the following information:

(A) Name and address of provider.

(B) Course title.

(C) Course approval number.

(D) Date(s) and location of course.

(E) Licensee name.

(F) License number.

(G) Printed name and signature of the provider's designated representative.

(H) Number of hours the licensee earned in continuing education, including the ~~type of mandatory hours~~ Board-approved competency area, and whether the hours were obtained ~~in classroom instruction~~ through an in-person learning

experience, a live and interactive course given via electronic means, or distance learning.

(~~e~~m) The Executive Officer, after notification, may withdraw the Board's approval ~~or recognition~~ of any continuing education provider ~~specified in subdivision (b)~~ for good cause, including, but not limited to, violations of any provision of the regulation or falsification of information, and shall provide written notification of such action to the provider. The provider may request an informal hearing with the Executive Officer regarding the reasons for withdrawal of approval stated in the Executive Officer's notification. The appeal must be ~~filed~~ submitted to the Board in writing within thirty (30) calendar days of the date of the notification. The Executive Officer shall schedule the informal hearing within thirty (30) calendar days of receipt of the appeal request by coordinating a mutually agreeable date, time, and location with the provider and transmitting a notice of hearing to the provider with the agreed upon hearing date, time, and location. Within ten (10) calendar days following the informal hearing, the Executive Officer shall provide written notification of ~~his or her~~ their decision to the provider. If the Executive Officer upholds ~~his or her~~ their decision under this ~~subsection~~ subdivision, the provider may, within thirty (30) calendar days of the date of the Executive Officer's notification, request a hearing before the ~~b~~Board to appeal the Executive Officer's decision. The Executive Officer shall schedule the requested hearing at a future ~~b~~Board meeting but not later than one hundred eighty (180) calendar days following receipt of the request. Within ~~10~~ sixty (60) calendar days ~~of~~ following the hearing before the ~~b~~Board, the Executive Officer or their designee shall ~~provide written notification of~~ serve the ~~b~~Board's decision to the provider by certified mail and email. The ~~b~~Board's decision shall be the final order in the matter.

NOTE: Authority cited: Section~~s 1000-4(b) and 1000-4(e), Business and Professions Code (~~ 4 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. ~~1xxxviii~~ lxxxix, § 4, as amended by Stats. 1978, ch. 307, p. 636, § 1). Reference: Sections ~~1000-4(b) and 1000-10(a), Business and Professions Code (~~ 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. ~~1xxxviii~~ lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3).

§ 363. Approval of Continuing Education Courses.

~~(a) Providers must complete and submit a "Continuing Education Course Application" form (Revision date 02/10) which is hereby incorporated by reference, and pay the non-refundable application fee as provided by Section 360(c) at least 45 days prior to the date of the course. Providers shall submit and complete one application for each continuing education course being offered.~~

~~(b)~~ (a)(1) A "course" is defined as a~~n approved~~ program of coordinated instruction in any one of the ~~subject~~ five competency areas ~~as~~ defined in Section 361~~(g)~~, subdivision (f),

and given by an approved ~~P~~provider as specified in Section 362~~, subdivision (b)(1) or (2)~~. Once approved by the Board, a course may be given any number of times ~~for one year following approval, with the single continuing education course fee paid one time annually by the provider~~ during the ~~three~~ one-year approval period. A course ~~may~~ shall not consist of more than one ~~subject~~ competency area as defined in Section 361~~(g),~~ subdivision (f).

(2) "In-person learning experience" is defined as a synchronous learning format consisting of in-person lectures, in-person workshops, in-person demonstrations, or in-person classroom studies which allow for participatory interaction between the licensee and the instructor during the instructional period at the same time and place.

(3) "Live and interactive course given via electronic means" is defined as a synchronous learning format consisting of lectures, webinars, workshops, or conferences delivered via the internet, computer networks, or other technology in real-time which allow for participatory interaction between the licensee and the instructor attending and presenting the content during the instructional period at the same time through an audio and video connection.

(4) "Distance learning" is defined in Section 363.1, subdivision (a).

(b) To apply for Board approval of a continuing education course, a provider must submit a completed new continuing education course application containing the information and documentation required by subdivision (c) and pay the non-refundable application fee specified in Section 360, subdivision (d), at least sixty (60) calendar days prior to the first date of the course.

(c) The ~~following documentation shall be submitted with each~~ new ~~C~~continuing ~~E~~education ~~C~~course ~~A~~application shall contain the following:

(1) Identifying and contact information for the provider that includes all of the following:

(A) The legal name of the provider;

(B) The provider's Board-issued provider number;

(C) The provider's mailing address;

(D) The name and title of the primary contact person for the application; and

(E) The primary contact person's telephone number and email address.

(2) The title of the continuing education course;

(3) The course competency area as defined in Section 361, subdivision (f);

(4) Identification of each learning format through which the course will be offered (in-person learning experience, live and interactive course given via electronic means, or distance learning);

(5) The number of hours of instruction;

(6) Each date and location where the course will be offered, including the physical address for each in-person learning experience and the web address where a live and interactive course given via electronic means or distance learning course can be accessed by participants;

(7) The name of each instructor and their topic(s) of instruction from the course schedule;

(~~1~~8) A detailed course description, including the course learning objectives, participant learning outcomes, course schedule, ~~A~~an hourly breakdown of the ~~continuing education~~ course content with the instructor(s) identified, and learning format(s) which shall be: in-person learning experience, live and interactive course given via electronic means, or distance learning;

(9) A list containing a description of and citation to all journal articles, studies, publications, textbooks, and other reference materials relied upon in the development of the course content;

(10) A detailed description of the provider's method or system for tracking course attendance and participation, including a sample attendance report;

(11) The name~~(s)~~ of ~~the~~ each individual~~(s)~~ or organization~~(s)~~, if any, who ~~have~~ has underwritten or subsidized the course;

(~~2~~12) A final copy of the course syllabus~~/course schedule including seminar~~ that will be provided to participants containing the course name, date, and location of ~~seminar~~ the course, instructor(s) name, course description, educational objectives, teaching methods, course schedule/outline, recommended reading, and disclosure of expenses underwritten or subsidized by vendors of any goods, ~~and~~ supplies, or services;

(~~3~~13) A copy of all advertising and promotional material to be used for the course, including a link to any web-based material ~~brochure and all other promotional material to be used~~;

(~~4~~14) A curriculum vitae for each instructor including the instructor's name and address; the type of educational degree including the name of the college and year

the degree was received; license information including status and name of licensing agency; certification including status and name of certifying agency; the type, location, and years of practical experience; the type, location, and years of teaching experience; the type, location, and years of research experience; the type, location, and years of other relevant experience; and the title, journal, and date of publications;

(15) A completed continuing education instructor attestation form for each instructor that includes all of the following:

(A) The instructor's name and, if applicable, doctor of chiropractic license number issued by the Board;

(B) The legal name of the provider and the Board-issued provider number;

(C) The course title;

(D) The course approval number, if applicable;

(E) Disclosure of all of the following information regarding the instructor:

(i) Whether they currently are, or have ever been, licensed by another state or federal licensing agency, and the name of the licensing agency, license number, date of issuance, and expiration date of each license held, if any;

(ii) Whether they have been convicted of a crime within the preceding seven (7) years from the date of the application, and an explanation of each applicable criminal conviction including the court name, case number, and offense(s), if any;

(iii) Whether they have ever been convicted of a serious felony, as defined in Penal Code section 1192.7, or a crime for which registration is required pursuant to Penal Code section 290, subdivision (d)(2) or (3), and an explanation of each applicable criminal conviction including the court name, case number, and offense(s), if any; ~~and~~

(iv) Whether they have been subjected to formal discipline by any licensing board within the preceding seven (7) years from the date of the application, and an explanation of each applicable disciplinary action including the licensing agency, case number, and violation(s), if any~~.~~; and

(v) Whether they have ever been subjected to formal discipline by any licensing board for conduct involving an act of sexual abuse, misconduct, or relations with a patient, and an explanation of each applicable disciplinary action including the licensing agency, case number, and violation(s), if any.

(F) The attestation shall be signed and dated by the instructor and the instructor shall declare that the information provided in the attestation is true, correct, and complete to the best of the instructor's knowledge. The declaration shall be in the following form: "I hereby certify that the information provided is true, correct, and complete to the best of my knowledge. I also certify that I personally read and completed this attestation and have read the instructions."

(16) An example of any course examinations that will be administered during or at the conclusion of the course;

(17) An example of the course certificate of completion that meets the requirements specified in Section 362, subdivision (l)(6);

(18) A written certification of the provider's agreement to all of the following conditions:

(A) The course content and instructional materials are current, relevant, and based on the knowledge, skills, and abilities necessary for the competent practice of chiropractic in California;

(B) The course is taught by an instructor(s) with knowledge and expertise in the content presented. The instructor(s) will use a variety of teaching techniques to enhance mastery of knowledge and skills through visual, auditory, and participatory learning pertinent to the competency area and course topic;

(C) The course is offered in a fair, accessible, and unbiased manner that does not unreasonably exclude participants;

(D) The course does not contain financial management, income generation, practice building, collections, self-motivation, patient recruitment, business techniques or principles that teach concepts to increase patient visits or patient billings per visit, or topics outside of the scope of practice of chiropractic as defined in Section 302;

(E) The provider will provide certificates of completion to participants within thirty (30) calendar days following completion of the course. In addition, the provider will retain records of course completion for four (4) years and provide those records to the Board within thirty (30) calendar days upon written request;

(F) The provider and instructor(s) will not advertise, market, or display materials or items for sale while instruction is taking place; and

(G) The provider will obtain the Board's written authorization prior to making any substantive changes to the course.

(19) The application shall be signed and dated by an oversight contact person or designated representative with authority to make representations and bound the continuing education provider, and the signer shall declare that the information provided in the application is true, correct, and complete to the best of the their knowledge. The declaration shall be in the following form: “I hereby certify that the information provided is true, correct, and complete to the best of my knowledge. I also certify that I personally read and completed this attestation, have read the instructions, and am authorized by the continuing education provider to submit this application.”

(d) COURSE APPROVAL PROCESS: Within fifteen (15) calendar days of receipt of an application, the Board’s staff shall review the application package to determine if the application is complete or deficient. Board staff shall notify the provider in writing of any deficiencies in the application and provide a deadline of ninety (90) calendar days to resolve the identified deficiencies. If a provider fails to resolve the deficiencies in the application within this timeframe, the application shall be deemed to be abandoned and the application fee shall be forfeited to the Board.

Within thirty (30) calendar days of receipt of a complete course application, Board staff will determine whether to approve or deny the course and issue the determination to the provider in writing notifying the provider of the course approval with the course approval number, expiration of the approval period, number of approved hours, and approved competency area, or the reason(s) for the course denial.

~~(d)~~ (e) DENIAL AND APPEAL PROCESS: If a course application is denied under this section, the ~~applicant~~ provider shall be notified in writing of the reason(s) for the denial. The ~~applicant~~ provider may request an informal hearing regarding the reasons stated in their denial notification, with the Executive Officer. The appeal must be ~~filed~~ submitted to the Board in writing within thirty (30) calendar days of the date of the denial notification.

The Executive Officer shall schedule the informal hearing within thirty (30) calendar days of receipt of the appeal request by coordinating a mutually agreeable date, time, and location with the provider and transmitting a notice of hearing to the provider with the agreed upon hearing date, time, and location. Within ten (10) calendar days following the informal hearing, the Executive Officer shall provide written notification of ~~his or her~~ their decision to the ~~denied applicant~~ provider. If the Executive Officer upholds a denial under this section, the ~~applicant~~ provider may, within thirty (30) calendar days of the date of the Executive Officer's denial notification, request a hearing before the ~~b~~Board to appeal the denial. The Executive Officer shall schedule the requested hearing at a future ~~b~~Board meeting but not later than one hundred eighty (180) calendar days following receipt of the request.

Within ~~10~~ sixty (60) calendar days ~~of~~ following the provider's hearing before the ~~b~~Board, the Executive Officer or their designee shall ~~provide written notification of~~ serve the ~~b~~Board's decision to the ~~applicant~~ provider by certified mail and email. The ~~b~~Board's decision shall be the final order in the matter.

(~~e~~f) Only those courses that meet the following shall be approved:

(1) Providers shall ensure the course content and instructional materials are current, relevant, and based on the knowledge, skills, and abilities necessary for the competent practice of chiropractic in California.

(2) Courses shall be taught by instructors with knowledge and expertise in the content presented, as demonstrated on the instructor's curriculum vitae (CV) and determined to be sufficient by the Board by taking into account the instructor's education, professional licensure, postgraduate training or specialty certification, and years of experience. Instructors shall use a variety of teaching techniques to enhance mastery of knowledge and skills through visual, auditory, and participatory learning pertinent to the competency area and course topic.

~~(1)~~ (3) No more than twelve (12) hours of continuing education credit shall be awarded to an individual licensee for coursework completed on a specific date.

~~(2)~~ (4) Each hour of continuing education credit shall be based on at least fifty (50) minutes of participation in an organized learning experience. ~~Class~~ Course breaks shall be at the discretion of the instructor and shall not count towards a course hour.

(5) Providers of courses provided through an in-person learning experience shall furnish a sign-in sheet that contains the course date(s), each licensee's name, license number, and designated space for each licensee to sign in at the beginning and conclusion of the course each day. Furthermore, the form shall state that a licensee by signing their name on that sheet, is declaring under penalty of perjury, that they personally attended the stated course, on the listed date(s) and they personally attended the listed hours of coursework. Each licensee shall be responsible for signing the "sign-in sheet" at the start and conclusion of each day's coursework, and failure to do so ~~may~~ shall invalidate credit for that day's coursework, unless the provider or instructor attests, under penalty of perjury, that the licensee personally attended the listed hours of coursework. Providers shall retain sign-in sheets and provider or instructor attestations, if applicable, for four (4) years from the date of course completion and shall provide copies to the Board within thirty (30) calendar days ~~upon~~ from the date of the Board's written request.

(6) Providers of live and interactive courses given via electronic means shall:

(A) Establish measures for licensee participatory interaction, including participant attendance reports, in-content quizzes, participant polls, real-time participant audio and video requirements, and records of participant log in and log out times. Providers shall retain those records for four (4) years from the date of course completion and shall provide copies to the Board within thirty (30) calendar days from the date of the Board's written request.

(B) Provide written notice to the licensee prior to enrolling in the course regarding the technology requirements to successfully participate in the course, including any hardware, software, internet connection speed, or browser requirements.

(C) Make technical assistance available to the licensee throughout the duration of the course to answer questions regarding the course, such as web links to resources that can provide the licensee an immediate response, providing current contact information for instructors that would allow a licensee to email or instant message an instructor and get an immediate response, or establishing online discussion boards for sharing real-time messages and questions with instructors and participants.

(7) Courses in ~~the competency areas of~~ Competency 1: Evaluation and Management ~~and Competency 3: Adjustment, Manipulation, or Technique~~, as specified in Section 361, subdivision (f)(1) ~~and (3)~~, shall be conducted through an in-person learning experience or a live and interactive course given via electronic means. Courses in ~~these~~ this competency area~~s~~ shall not be approved for distance learning.

(8) Any physical activities conducted during a course must support the curricular objectives of the course. Any unrelated physical activities will not be approved for continuing education credit.

~~(f)~~ (g) The ~~b~~Board shall not approve ~~the following subjects for~~ continuing education courses that contain the following: financial management, income generation, practice building, collections, self-motivation, ~~and~~ patient recruitment, business techniques or principles that teach concepts to increase patient visits or patient billings per visit, or topics outside the scope of chiropractic as defined in Section 302.

~~(g)~~ (h)(1) A provider shall not modify any course date(s) or location(s) or make any substantive changes to a course without first obtaining the Board's written authorization. A "substantive change" is defined as any change in the course description, learning objectives, hourly breakdown of the course content, instructor(s), learning format(s), attendance tracking method or system, the individual(s) or organization(s) who has underwritten or subsidized the course, course syllabus that will be provided to participants, advertising or promotional material to be used for the course, or certificate of completion.

(2) To modify the course date(s) or location(s) of an approved course, a provider shall submit a written request that contains the legal name of the provider, the Board-issued provider number, the course title, the course approval number and expiration date, and a list of any additions, modifications, or deletions to the previously approved date(s) or location(s) of the course. Within fifteen (15) calendar days of receipt of the written request, Board staff will notify the provider in writing of the Board's authorization or denial of the requested change(s) to the course date(s) or location(s).

(3) If a provider plans to makes a substantive change ~~in content of an~~ to an approved course, ~~he or she~~ the provider shall ~~notify the board as soon as possible of the changes prior to giving the course~~ submit a written request that contains the legal name of the provider, the Board-issued provider number, the course title, the course approval number and expiration date, a detailed description of the substantive change(s) requested, and a copy of the applicable documentation from subdivision (c) to support the request. A new course application may be required as determined by the Executive Officer. Within thirty (30) calendar days of receipt of a completed authorization request, Board staff will notify the provider in writing of the Board's authorization or denial of the requested change(s) to the approved course.

(i) To apply for reapproval of a continuing education course that has been previously approved by the Board pursuant to subdivision (d), a provider must submit a completed application for reapproval of a continuing education course containing the information and documentation required by subdivision (j) and pay the non-refundable application fee specified in Section 360, subdivision (d). Within thirty (30) calendar days of receipt of a completed application, Board staff will notify the provider in writing of the Board's approval of the application and ~~three~~ one-year extension of the course approval period, or the reason(s) for the denial of the application.

(j) The application for reapproval of a continuing education course shall contain the following:

(1) Identifying and contact information for the provider that includes all of the following:

(A) The legal name of the provider;

(B) The provider's Board-issued provider number;

(C) The provider's mailing address;

(D) The name and title of the primary contact person for the application; and

(E) The primary contact person's telephone number and email address.

(2) The title of the continuing education course, the Board-issued course approval number, and the expiration date of the course approval;

(3) Each date and location where the course will be offered, including the physical address for each in-person learning experience and the web address where a live and interactive course given via electronic means or distance learning course can be accessed by participants;

(4) A detailed description of any change(s) to the course description, learning objectives, hourly breakdown of the course content, instructor(s), learning format(s), the individual(s) or organization(s) who have underwritten or subsidized the course, course syllabus that will be provided to participants, advertising or promotional material to be used for the course, or certificate of completion, and a copy of the applicable documentation from subdivision (c) to support the change(s);

(5) A detailed description of the updates that have been made to the course content and instructional materials since the Board's last review of the course;

(6) An updated list containing a description of and citation to all journal articles, studies, publications, textbooks, or other reference materials relied upon in the development of the course content;

(7) A completed continuing education instructor attestation form that includes all of the information specified in subdivision (c)(15) for each instructor;

(8) A written certification of the provider's agreement to all of the conditions listed in subdivision (c)(18); and

(9) The application shall be signed and dated by an oversight contact person or designated representative with authority to make representations and bound the continuing education provider, and the signer shall declare that the information provided in the application is true, correct, and complete to the best of the their knowledge. The declaration shall be in the following form: "I hereby certify that the information provided is true, correct, and complete to the best of my knowledge. I also certify that I personally read and completed this attestation, have read the instructions, and am authorized by the continuing education provider to submit this application."

~~(h)~~ (k) The Executive Officer, after notification, may withdraw approval of any continuing education course for good cause, including, but not limited to, violations of any provision of this regulation or falsification of information and shall provide written notification of such action to the provider. The provider may request an informal hearing with the Executive Officer regarding the reasons for withdrawal of approval stated in the Executive Officer's notification. The appeal must be ~~filed~~ submitted to the Board in

writing within thirty (30) calendar days of the date of the notification. The Executive Officer shall schedule the informal hearing within thirty (30) calendar days of receipt of the appeal request by coordinating a mutually agreeable date, time, and location with the provider and transmitting a notice of hearing to the provider with the agreed upon hearing date, time, and location. Within ten (10) calendar days following the informal hearing, the Executive Officer shall provide written notification of ~~his or her~~ their decision to the provider. If the Executive Officer upholds ~~his or her~~ their decision under this ~~subsection~~ subdivision, the provider may, within thirty (30) calendar days of the date of the Executive Officer's notification, request a hearing before the ~~b~~Board to appeal the Executive Officer's decision. The Executive Officer shall schedule the requested hearing at a future ~~b~~Board meeting but not later than one hundred eighty (180) calendar days following receipt of the request. Within ~~10~~ sixty (60) calendar days ~~of~~ following the hearing before the ~~b~~Board, the Executive Officer or their designee shall ~~provide written notification of~~ serve the ~~b~~Board's decision to the provider by certified mail and email. The ~~b~~Board's decision shall be the final order in the matter.

NOTE: Authority cited: Section~~s 1000-4(b) and 1000-(4)(e), Business and Professions Code (~~ 4 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. ~~1xxxviii~~ lxxxix, § 4, as amended by Stats. 1978, ch. 307, p. 636, § 1). Reference: Sections ~~1000-4(b) and 1000-10(a), Business and Professions Code (~~ 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. ~~1xxxviii~~ lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3).

§ 364. Exemptions ~~and Reduction of~~ from Annual Continuing Education Requirement.

(a) A licensee ~~may~~ shall qualify for ~~a full or partial~~ an exemption~~,~~ from the annual continuing education requirements of Section 361 if ~~a~~ the licensee meets any of the ~~criterion~~ criteria listed ~~below:~~ in this section.

(~~a~~b) A licensee who holds a license on inactive status is not required to complete continuing education on an annual basis; however, they must provide proof of completion of the required continuing education hours prior to activating their license as specified in Section 371, subdivision (f)~~;~~.

(~~b~~c) A new licensee is exempt from continuing education requirements ~~in the year~~ during their period of initial licensure~~;~~, which is defined as the period of time beginning on the date the license was first issued by the Board and ending on the initial license expiration date.

(~~c~~d) An instructor who has taught for one (1) year and currently teaches core curriculum courses for more than eight (8) credit hours per week at any ~~Council on Chiropractic Education accredited college~~ chiropractic program approved by the Board pursuant to

Article 4, Section 330 et seq. for at least six (6) months during any license renewal period ~~year~~ shall be exempt from continuing education.

~~(d) A licensee who teaches a board-approved continuing education course may earn one (1) hour of continuing education credit for each hour of lecture up to 24 hours per year.~~

~~(e) Notwithstanding Section 361(c), a licensee who is unable to attend continuing education courses due to a physical disability and provides written certification from a primary health care provider may earn all 24 hours of continuing education credits for the period of the license renewal through Board-approved distance learning courses as defined in Section 363.1.~~

~~(f) A licensee who participates as an examiner for the entire part four portion of the National Board of Chiropractic Examiners (NBCE) examinations shall receive a maximum of six (6) hours of continuing education credit for each examination period conducted by the NBCE during the license renewal period. The licensee must provide written certification from the NBCE confirming the licensee has met the requirements of this subsection.~~

~~(g) A licensee who participates in the entire two-day workshop as a Subject Matter Expert for the purpose of exam development of the California Law and Professional Practice Examination will receive one hour of CE credit for each hour volunteered, up to a maximum of sixteen hours, which includes eight (8) hours in the Ethics and Law and eight (8) hours in the Principles of Practice subject areas as defined in sections 361(g)(11) and 361(g)(16)(A), respectively.~~

(~~h~~e) An active Board Member. A professional ~~b~~Board member who has served one full year on the Board of Chiropractic Examiners shall be exempt from the continuing education requirement in each year of ~~b~~Board member service.

(~~i~~f) A licensee ~~on~~ called to active duty ~~with a branch of the armed forces~~ as a member of the United States Armed Forces or the California National Guard who meets the exemption requirements specified in Business and Professions Code section 114.3 shall be exempt from continuing education requirements.

NOTE: Authority cited: Section~~s~~ 114.3 ~~and 135.5~~, Business and Professions Code~~;~~ and Section ~~1000-4(b), Business and Professions Code (~~ 4 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. ~~1xxxviii~~ lxxxix, § 4, as amended by Stats. 1978, ch. 307, p. 636, § 1). Reference: Sections 114.3 and ~~135.5,~~ 703, Business and Professions Code~~;~~ and Sections ~~1000-4(b), 1000-4(e) and 1000-10, Business and Professions Code (~~ 4 and 10 of the Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. ~~1xxxviii~~ lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3).

Continuing Education Provider Application

APPLICATION (Provider approval shall expire two years following the approval date)

☐ **New CE Provider Applications -** Submit a complete application package including one original application with the application fee of $75.00.

☐ **CE Provider ~~Biannual~~ Biennial Renewal Reapplication -** Submit a complete application package including one original application with the application fee of $50.00.

GENERAL INFORMATION

Providers shall identify an individual responsible for overseeing all continuing education activities of the provider.

Providers shall retain records of course completion for four years from the date of course completion, and shall provide a course roster or records of course completion to the board, within 30 days, upon written request. Course rosters shall include the names of all licensees, license numbers, and e-mail addresses, if available. Failure to submit the roster upon written request within 30 days may result in the withdrawal or denial of previous course approval and withdrawal of provider status.

Providers shall maintain course instructor curriculum vitae or resumes for four years.

Pursuant to California Code of Regulations, Section 362(f), the Executive Officer, after notification, may withdraw approval of any continuing education provider for good cause, including, but not limited to, violations of any provision of this regulation, or falsification of information and shall provide written notification of such action to the provider.

STATE OF CALIFORNIA ,RNOLD SCHWARZENEGGER, Governor

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ephone (916) 263-5355 FAX (916) 263-5369
Relay Service TT/TDD (800) 735-2929
Consumer Compliant Hotline (866) 543-1311
www.chiro.ca.gov

CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications -** Submit a complete application package including one original application with the application fee of $75.00. **CE Provider Biennial Renewal Reapplication -** Submit a complete application package including one original application with the application fee of $50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Please check the appropriate box:

☐ **New CE Provider Application - $75** ☐ **CE Provider Biennial Renewal Reapplication - $50**

Provider's Name:		
Street Address		
City	State	Zip Code
CE Oversight Contact Person:	Telephone Numbers: Residence: ( ) Business: ( )	Email Address
Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)		

PROVIDER STATUS

☐ Individual	☐ Corporation	☐ Health Facility	☐ University/College
☐ Partnership	☐ Professional Association	☐Government Agency	

Office Use Only	
Receipt No.	Date cashiered

ev. 02/10)

Check Sheet
Continuing Education Course Application

APPLICATION (Complete one application for each course title per year)

☐ Submit a complete application package including one original application with the application fee of $50.00 and required documentation described below.

DOCUMENTATION

☐ Hourly breakdown of CE course

☐ Final copy of syllabus/course schedule -
[must include seminar name, seminar date/location, instructor(s) name, course description, educational objectives, teaching methods, course schedule/outline, recommended reading, disclosure of expenses underwritten or subsidized by vendors of any goods, and supplies or services]

☐ Copy of course brochure and all other promotional material to be used

☐ Curriculum Vitae (CV) for each instructor -
[must include name; address; educational degree including college and year; license information including status and name of licensing agency; certification including status and name of certifying agency; type/location/years of practice experience; type/location/years of teaching experience; type/location/years of research experience; type/location/years of other relevant experience; title/journal/date of publications]

GENERAL INFORMATION

A course is defined in CCR § 363 as an approved program of coordinated instruction in any one of the subject areas as defined in Section 361(g) and given by an approved Provider. Once approved, a course may be given any number of times for one year following approval, with the single continuing education course fee paid one time annually by the Provider.

Course approval numbers will be assigned for all approved applications. Use this number on all correspondence, CE certificates and requests for cancellation or addition of dates or locations.

Instructor changes require prior notification to the Board with submission of a CV for that instructor.

You must immediately notify the Board of any changes that would affect the date or location of an approved course. Attach a copy of the course approval letter. Topic changes are not permitted and require a new application with fees and attachments.

Providers are required to furnish a sign-in sheet that contains the course date(s), each licensee's name, license number, and designated space for each licensee to sign in at the beginning and conclusion of the course each day. The sign-in sheet shall state that a licensee by signing their name on that sheet, is declaring under penalty of perjury, that they personally attended the stated course, on the listed date(s) and they personally attended the listed hours of coursework.

Providers shall complete and provide a certificate of completion to licensees who completed the CE course within 30 days following completion of the CE course. The certificate shall include the name and address of the provider, course title, course approval number, date(s) and location of the course, licensee name, licensee number, printed name and signature of the provider's designated representative, the number of hours the licensee earned in CE, including the type of mandatory hours and whether the hours were taken through distance learning or classroom learning. DO NOT distribute blank or incomplete certificates of completion to attendees. Please DO NOT send copies of certificates of completion to the Board, unless requested to do so. A sample certificate of completion is attached to the application.

Pursuant to California Code of Regulations, Section 363(f), the Executive Officer, after notification, may withdraw approval of any continuing education course for good cause, including, but not limited to, violations of any provision of this regulation, or falsification of information and shall provide written notification of such action to the provider.

STATE OF CALIFORNIA ARNOLD SCHWARZENEGGER, Governor

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www.chiro.ca.gov

CONTINUING EDUCATION COURSE APPLICATION

Must be a Board approved provider before completing this application.

ALL questions on this application must be answered. Please submit the completed application, supporting documentation and check or money order in the amount of $50.00 for the application fee at least 45 days prior to the first scheduled course date. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. Incomplete applications or applications with incorrect fees will be returned to the provider during the initial review process. Providers shall submit and complete one application for each CE course offered.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Provider's Name			
Street Address			
City		State	Zip Code
Contact Person	Telephone Numbers: Residence: ( ) Business: ( )		Email Address

COURSE TITLE/TOPICS AND HOURS (if different topics are being taught simultaneously, approval for all hours must be obtained)

Title (Title will appear on the Board's web site.)

	Number of Hours	Classroom	Distance Learning
A) Mandatory Ethics and Law, History Taking and Physical Examination Procedures, Chiropractic Adjustive Technique or Chiropractic Manipulation Techniques, Proper and Ethical Billing and Coding			
B) Other Courses Related to Chiropractic Philosophy of chiropractic, instruction in basic sciences, diagnostic testing procedures and differential diagnosis, pain management theory, physiotherapy, manipulation under anesthesia, special population care, adverse event avoidance, pharmacology, cardiopulmonary resuscitation, principles of practice, wellness, rehabilitation, public health			
C) Other (Describe)			

Office Use Only	
Receipt No.	Date cashiered

(Rev. 02/10)

INSTRUCTORS* (if more than one instructor teaches a particular subject (team teaching), list both on the same line)

Name	* Type of Degree(s)	License No./State issued** (if applicable)	Topic of Instruction (from list A-C on front page)	Hours

*If instructor holds a professional license, the Provider must ensure that the license is in good standing.

TOTAL HOURS 0.00

(This total should match with the front page)

COURSE DATE & LOCATION (attach additional sheet(s) if more space is needed)

Course Date(s)	City	State

SAMPLE CERTIFICATE

Provider's Name
Provider's Address
Provider's City, State and Zip Code
Provider's Phone Number Including Area Code

Course Title
Date of Course
Location of Course (City/State)
Board Approval No. CA-A-_____

I hereby verify that _____, License No. _____ has successfully completed:

Mandatory: _____ hours

Mandatory Topic: _____

Other: _____ hours

The Continuing Education hours identified above were earned through:

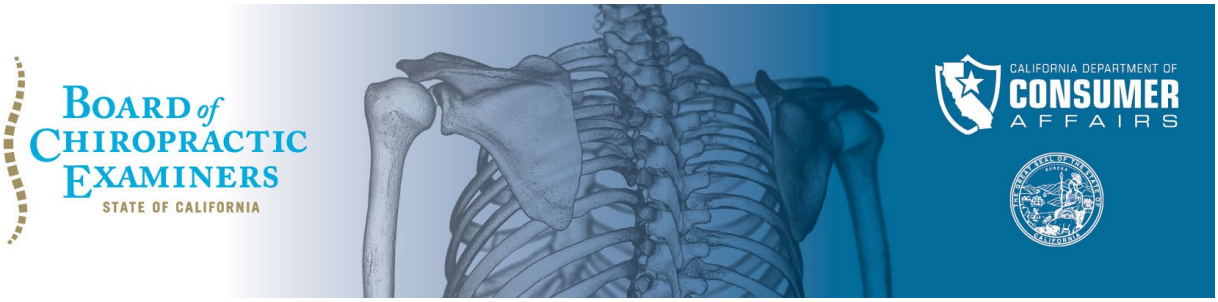
Distance Learning ___

Classroom Instruction ___

_____ _____
Signature of Provider's Designated Representative Date

_____
Print Name of Provider's Designated Representative

(Rev. 02/10)



Agenda Item 11
July 23, 2026

Update, Discussion, and Possible Action on the Board's Sunset Bill, Assembly Bill (AB) 2775 (Committee on Business and Professions)

Purpose of the Item

The Board will receive an update on its sunset bill, AB 2775 (Committee on Business and Professions).

Action Requested

This agenda item is informational only and provided as a status update to the Board. No action is required or requested at this time.

Background

Summary: The Board's sunset bill, AB 2775, was last amended in the Senate on June 30, 2026, and would:

- Extend the Board's sunset review date by four years, and subject the powers and duties of the Board to review by the appropriate policy committees of the Legislature as if the Chiropractic Initiative Act were scheduled to be repealed on January 1, 2031.

- Update the Board's fee schedule by revising most of the minimum statutory fee amounts and authorizing the Board to increase most of the fees through regulation to new specified maximum amounts.

- Require the Board to set penalty fees for the delinquent renewal of a satellite office certificate, certificate of registration of a chiropractic corporation, or continuing education provider status.

- Authorize the Board to create, by regulation, a system for the issuance of a temporary license to practice chiropractic to an applicant who does not qualify for a temporary license as a military spouse or domestic partner under existing law, and to charge application, issuance, and replacement license fees, not to exceed the limits for a license to practice chiropractic.

- Authorize the Board to establish by regulation a system for the issuance and renewal of a chiropractic facility permit, including application, renewal, and replacement permit fees, in an amount sufficient to cover the reasonable regulatory costs to the Board to administer the permit system and not to exceed the limits for a satellite office certificate.

- Authorize the Board to automatically revoke a license to practice chiropractic if a licensee has been convicted in any court of a sex offense or any offense that is subject to the mandatory 10-year license revocation period specified in Business and Professions Code section 1003, subdivision (b).

- Authorize the Board to automatically suspend a license to practice chiropractic following a conviction of a serious felony, as defined.

- Create an exception to the seven-year limitation on denying a license based on formal discipline if the discipline was for conduct that would have constituted an act of sexual abuse, misconduct, or relations with a patient, as specified.

- Require the Board to distribute a copy of its licensee directory electronically to each licensee and remove the requirement that the distribution be without charge.

- Require the Board to distribute a copy of the directory to a licensee by mail, if the licensee requests distribution by mail, and prohibit the Board from charging the licensee the costs of publication and distribution.

- State the intent of the Legislature to work with stakeholders to examine licensed chiropractors holding specialized certification who provide chiropractic care to animal patients and evaluate opportunities to expand access to qualified animal chiropractic care while ensuring appropriate consumer and animal protections are in place.

Estimated Fiscal Impact: The new statutory minimum fee amounts in this bill are expected to increase the Board's annual revenue by approximately $235,000 in 2026–27 and $432,000 in 2027–28 and ongoing.

The Board is also expected to save about $20,000 annually in legal fees to the Attorney General's office as a result of the new automatic license revocation and suspension provisions.

Further, the bill allows the Board to generate up to an additional $3.2 million in annual revenue by increasing its fee amounts up to the specified statutory limits through the regulatory process.

Estimated IT Impact: DCA's Office of Information Services reviewed this bill and determined it has an estimated impact of $23,000 to update 18 fee amounts in the Board's IT systems. This amount is considered absorbable within current IT maintenance resources.

Status: The bill has been referred to the Senate Appropriations Committee and is scheduled for a hearing on August 3, 2026.

Attachments

1. AB 2775 (Committee on Business and Professions), as Amended on June 30, 2026
2. Bill Analysis of AB 2775 by the Senate Business, Professions and Economic Development Committee, Dated June 28, 2026

AMENDED IN SENATE JUNE 30, 2026

AMENDED IN ASSEMBLY MAY 18, 2026

AMENDED IN ASSEMBLY APRIL 22, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL No. 2775

Introduced by Committee on Business and Professions

February 23, 2026

An act to amend Sections 480, 1000, 1001, 1006.5, and 1056 of, and to add Sections 1008 and 1009 to, the Business and Professions Code, relating to healing arts, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 2775, as amended, Committee on Business and Professions. Chiropractic Act.

Existing law, the Chiropractic Act, enacted by an initiative measure, provides for the licensure and regulation of chiropractors in this state by the State Board of Chiropractic Examiners. Existing law subjects the powers and duties of the board to review by the appropriate policy committees of the Legislature as if the act was scheduled to be repealed as of January 1, 2027.

This bill would instead subject the powers and duties of the board to that review as if that act were scheduled to be repealed on January 1, 2031.

Existing law requires the board to annually compile a complete directory of all licensees within the state. Existing law requires that the board distribute one copy of the directory without charge to each licensee.

This bill would require the board to distribute a copy of the directory electronically to each licensee and remove the requirement that the distribution be without charge. The bill would require the board to distribute a copy of the directory to a licensee by mail, if the licensee requests distribution by mail, but would prohibit the board from charging the licensee the costs of publication and distribution.

Existing law requires a board within the Department of Consumer Affairs to issue a temporary license to practice a profession or vocation to an applicant who, among other things, holds a license to practice the profession or vocation in another state and is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States, as specified.

This bill would authorize the State Board of Chiropractic Examiners, by regulation, to create a system for the issuance of a temporary license to practice chiropractic to an applicant who does not qualify for a temporary license pursuant to the above-described provision that would authorize an unlicensed person to practice chiropractic. The bill would authorize the board to charge application, issuance, and replacement license fees, not to exceed the limits for a license to practice chiropractic.

Existing law establishes a schedule of *22 different* fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act and the Chiropractic Act and authorizes the board to adopt lower fees by regulation. ~~Existing law includes, among other authorized fees, fees to apply for, renew, or replace a satellite office certificate fee.~~ Existing law directs the deposit of these funds into the State Board of Chiropractic Examiners' Fund, a continuously appropriated fund.

This ~~bill~~ *bill, for most of those fees, would revise the amount of the fee and would authorize the board to increase the amount of the fee to a specified maximum amount. The bill* would specify that, if the board adopts lower fees by regulation, it shall be in an amount sufficient to support the functions of the board in the administration of its duties, as specified. The bill would require the board to set penalty fees for the delinquent renewal of a satellite office certificate, certificate of registration of a chiropractic corporation, or continuing education provider status. The bill would authorize the board to establish by regulation a system for the issuance and renewal of a chiropractic facility permit, including application, renewal, and replacement permit fees, in an amount sufficient to cover the reasonable regulatory costs to the board to administer the permit system. By authorizing new fees for

deposit into a continuously appropriated fund, the bill would make an appropriation.

Existing provisions of the Chiropractic Initiative Act authorize the board to refuse to grant, suspend, or revoke a license to practice chiropractic, place the licensee upon probation, or issue a reprimand, for violation of the rules and regulations adopted by the board in accordance with the act or for any cause specified in the act, in accordance with specified statutory proceedings.

This bill would authorize the board to automatically revoke a license to practice chiropractic under specified circumstances, including if the licensee has been convicted in any court in or outside the state for specified offenses. The bill would also authorize the board to automatically suspend a license to practice chiropractic following a conviction of a serious felony, as defined.

Existing law authorizes a board within the Department of Consumer Affairs to deny a license based on formal discipline by a licensing board in or outside of California and that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made. Existing law generally limits this authorization to formal discipline that occurred within 7 years preceding the date of application. Existing law creates an exception to that 7-year limitation if the formal discipline was based on conduct that would have constituted an act of sexual abuse, misconduct, or relations with a patient, or sexual exploitation, as specified, if committed in this state by a licensed physician and surgeon.

This bill would create a similar exception to that 7-year limitation for conduct that would have constituted an act of sexual abuse, misconduct, or relations with a patient, as specified, if committed in this state by a licensed chiropractor.

This bill would state the intent of the Legislature to work with stakeholders to examine licensed chiropractors holding specialized certification who provide chiropractic care to animal patients and evaluate opportunities to expand access to qualified animal chiropractic care while ensuring appropriate consumer and animal protections are in place.

This bill would make other technical and nonsubstantive changes.

Vote: majority. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. It is the intent of the Legislature to work with stakeholders to examine licensed chiropractors holding specialized certification who provide chiropractic care to animal patients and evaluate opportunities to expand access to qualified animal chiropractic care while ensuring appropriate consumer and animal protections are in place.

SEC. 2. Section 480 of the Business and Professions Code is amended to read:

480. (a) Notwithstanding any other provision of this code, a board may deny a license regulated by this code on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline only if either of the following conditions are met:

(1) The applicant has been convicted of a crime within the preceding seven years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding seven years from the date of application. However, the preceding seven-year limitation shall not apply in either of the following situations:

(A) The applicant was convicted of a serious felony, as defined in Section 1192.7 of the Penal Code or a crime for which registration is required pursuant to paragraph (2) or (3) of subdivision (d) of Section 290 of the Penal Code.

(B) The applicant was convicted of a financial crime currently classified as a felony that is directly and adversely related to the fiduciary qualifications, functions, or duties of the business or profession for which the application is made, pursuant to regulations adopted by the board, and for which the applicant is seeking licensure under any of the following:

(i) Chapter 6 (commencing with Section 6500) of Division 3.

(ii) Chapter 9 (commencing with Section 7000) of Division 3.

(iii) Chapter 11.3 (commencing with Section 7512) of Division 3.

(iv) Licensure as a funeral director or cemetery manager under Chapter 12 (commencing with Section 7600) of Division 3.

(v) Division 4 (commencing with Section 10000).

(2) The applicant has been subjected to formal discipline by a licensing board in or outside California within the preceding seven years from the date of application based on professional misconduct that would have been cause for discipline before the board for which the present application is made and that is substantially related to the qualifications, functions, or duties of the business or profession for which the present application is made. However, prior disciplinary action by a licensing board within the preceding seven years shall not be the basis for denial of a license if the basis for that disciplinary action was a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code or a comparable dismissal or expungement. Formal discipline that occurred earlier than seven years preceding the date of application may be grounds for denial of a license only if the formal discipline was for either of the following:

(A) Conduct that, if committed in this state by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2, would have constituted an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726 or sexual exploitation as defined in subdivision (a) of Section 729.

(B) Conduct that, if committed in this state by a chiropractor licensed pursuant to the Chiropractic Initiative Act, would have constituted an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis that the person has been convicted of a crime, or on the basis of acts underlying a conviction for a crime, if that person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code, has been granted clemency or a pardon by a state or federal executive, or has made a showing of rehabilitation pursuant to Section 482.

(c) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis of any conviction, or on the basis of the acts underlying the conviction, that has been

dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code shall provide proof of the dismissal if it is not reflected on the report furnished by the Department of Justice.

(d) Notwithstanding any other provision of this code, a board shall not deny a license on the basis of an arrest that resulted in a disposition other than a conviction, including an arrest that resulted in an infraction, citation, or a juvenile adjudication.

(e) A board may deny a license regulated by this code on the ~~ground~~ *grounds* that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license. A board shall not deny a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had it been disclosed.

(f) A board shall follow the following procedures in requesting or acting on an applicant's criminal history information:

(1) A board issuing a license pursuant to Chapter 3 (commencing with Section 5500), Chapter 3.5 (commencing with Section 5615), Chapter 10 (commencing with Section 7301), Chapter 20 (commencing with Section 9800), or Chapter 20.3 (commencing with Section 9880) of Division 3, or Chapter 3 (commencing with Section 19000) or Chapter 3.1 (commencing with Section 19225) of Division 8 may require applicants for licensure under those chapters to disclose criminal conviction history on an application for licensure.

(2) Except as provided in paragraph (1), a board shall not require an applicant for licensure to disclose any information or documentation regarding the applicant's criminal history. However, a board may request mitigating information from an applicant regarding the applicant's criminal history for purposes of determining substantial relation or demonstrating evidence of rehabilitation, provided that the applicant is informed that disclosure is voluntary and that the applicant's decision not to disclose any information shall not be a factor in a board's decision to grant or deny an application for licensure.

(3) If a board decides to deny an application for licensure based solely or in part on the applicant's conviction history, the board shall notify the applicant in writing of all of the following:

(A) The denial or disqualification of licensure.

(B) Any existing procedure the board has for the applicant to challenge the decision or to request reconsideration.

(C) That the applicant has the right to appeal the board's decision.

(D) The processes for the applicant to request a copy of the applicant's complete conviction history and question the accuracy or completeness of the record pursuant to Sections 11122 to 11127 of the Penal Code.

(g) (1) For a minimum of three years, each board under this code shall retain application forms and other documents submitted by an applicant, any notice provided to an applicant, all other communications received from and provided to an applicant, and criminal history reports of an applicant.

(2) Each board under this code shall retain the number of applications received for each license and the number of applications requiring inquiries regarding criminal history. In addition, each licensing authority shall retain all of the following information:

(A) The number of applicants with a criminal record who received notice of denial or disqualification of licensure.

(B) The number of applicants with a criminal record who provided evidence of mitigation or rehabilitation.

(C) The number of applicants with a criminal record who appealed any denial or disqualification of licensure.

(D) The final disposition and demographic information, consisting of voluntarily provided information on race or gender, of any applicant described in subparagraph (A), (B), or (C).

(3) (A) Each board under this code shall annually make available to the public through the board's internet website and through a report submitted to the appropriate policy committees of the Legislature deidentified information collected pursuant to this subdivision. Each board shall ensure confidentiality of the individual applicants.

(B) A report pursuant to subparagraph (A) shall be submitted in compliance with Section 9795 of the Government Code.

(h) "Conviction" as used in this section shall have the same meaning as defined in Section 7.5.

(i) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.

(2) The Bureau for Private Postsecondary Education.

(3) The California Horse Racing Board.

SEC. 3. Section 1000 of the Business and Professions Code is amended to read:

1000. (a) The law governing practitioners of chiropractic is found in an initiative act entitled "An act prescribing the terms upon which licenses may be issued to practitioners of chiropractic, creating the State Board of Chiropractic Examiners and declaring its powers and duties, prescribing penalties for violation hereof, and repealing all acts and parts of acts inconsistent herewith," adopted by the electors November 7, 1992, which may be cited as the Chiropractic Initiative Act.

(b) The State Board of Chiropractic Examiners is within the Department of Consumer Affairs.

(c) Notwithstanding any other law, the powers and duties of the State Board of Chiropractic Examiners, as set forth in this article and under the Chiropractic Initiative Act shall be subject to review by the appropriate policy committees of the Legislature. The review shall be performed as if this chapter were scheduled to be repealed as of January 1, 2031.

SEC. 4. Section 1001 of the Business and Professions Code is amended to read:

1001. In each year, the State Board of Chiropractic Examiners shall compile and may thereafter publish and sell a complete directory of all persons within the state who hold unforfeited and unrevoked certificates to practice chiropractic, and whose certificate in any manner authorizes the treatment of human beings for diseases, injuries, deformities, or any other physical or mental conditions.

The directory shall contain:

(a) The following information concerning each such person:

(1) The name, address, telephone number, and email of such person.

(2) The names and symbols indicating their title.

(3) The school, attendance at which qualified them for examination or admission to practice.

(4) The date of the issuance of their certificate.

(b) The annual report of the board for the prior year.

(c) Information relating to other laws of this state and the United States which the board determines to be of interest to persons licensed to practice chiropractic.

(d) Copies of opinions of the Attorney General relating to the practice of chiropractic.

(e) A copy of the provisions of this chapter and a copy of the act cited in Section 1000.

The board may require the persons designated in this section to furnish such information as it may deem necessary to enable it to compile the directory. Every person so designated shall report immediately each and every change of residence or contact information, giving both their old and new address or contact information, as applicable.

The directory shall be evidence of the right of the persons named in it to practice unless their certificate to practice chiropractic has been canceled, suspended, or revoked. The board may collect from each person who voluntarily subscribes to or purchases a copy of the directory the cost of publication and distribution thereof, except that one copy of the directory shall be distributed electronically to each certificate holder of the board. If a certificate holder requests distribution by mail, the board shall distribute one copy of the directory to a certificate holder by mail, but the board shall not charge the certificate holder for the cost of publication and distribution.

SEC. 5. Section 1006.5 of the Business and Professions Code is amended to read:

1006.5. (a) Notwithstanding any other law, the amount of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act and this chapter are, unless a lower fee is adopted by the board by regulation, fixed in the following schedule:

(1) ~~Fee~~ *The fee* to apply for a license to practice ~~chiropractic: three hundred forty-five dollars ($345).~~ *chiropractic shall be two hundred five dollars ($205) and may be increased to an amount not to exceed two hundred eighty dollars ($280).*

(2) ~~Fee~~ *The fee* for *issuance of an* initial license to practice ~~chiropractic: one hundred thirty-seven dollars ($137).~~ *chiropractic*

shall be one hundred sixty dollars ($160) and may be increased to an amount not to exceed two hundred fifteen dollars ($215).

(3) The fee to renew an active or inactive license to practice chiropractic shall be ~~three hundred thirty-six dollars ($336) and may be increased to not more than five hundred dollars ($500) and, if a lower fee is fixed by the board, shall be an amount sufficient to support the functions of the board in the administration of the Chiropractic Initiative Act and this chapter.~~ *four hundred dollars ($400) and may be increased to an amount not to exceed six hundred fifty dollars ($650).*

(4) ~~Fee~~ *The fee* to apply for approval as a continuing education ~~provider: two hundred ninety-one dollars ($291).~~ *provider shall be three hundred thirty-five dollars ($335) and may be increased to an amount not to exceed four hundred fifty dollars ($450).*

(5) ~~Biennial~~ *The fee to renew as a* continuing education provider ~~renewal fee: one hundred eighteen dollars ($118).~~ *shall be two hundred eighty-five dollars ($285) and may be increased to an amount not to exceed three hundred eighty-five dollars ($385).*

(6) ~~Fee~~ *The fee* to apply for approval of a continuing education ~~course: one hundred sixteen dollars ($116) per hour of instruction.~~ *course shall be thirty-five dollars ($35) per hour of instruction and may be increased to an amount not to exceed sixty dollars ($60) per hour of instruction.*

(7) ~~Fee~~ *The fee* to apply for a satellite office ~~certificate: sixty-nine dollars ($69).~~ *certificate shall be eighty dollars ($80) and may be increased to an amount not to exceed one hundred ten dollars ($110).*

(8) ~~Fee~~ *The fee* to renew a satellite office ~~certificate: fifty dollars ($50).~~ *certificate shall be sixty dollars ($60) and may be increased to an amount not to exceed eighty-five dollars ($85).*

(9) ~~Fee~~ *The fee* to apply for a license to practice chiropractic pursuant to Section 9 of the Chiropractic Initiative ~~Act: two hundred eighty-three dollars ($283).~~ *Act shall be equal to the application fee specified in paragraph (1) unless a lower fee is adopted by the board by regulation.*

(10) ~~Fee~~ *The fee* to apply for a certificate of registration of a chiropractic ~~corporation: one hundred seventy-one dollars ($171).~~ *corporation shall be one hundred ninety-five dollars ($195) and may be increased to an amount not to exceed two hundred sixty-five dollars ($265).*

(11) ~~Fee~~ *The fee* to renew a certificate of registration of a chiropractic ~~corporation: sixty-two dollars ($62).~~ *corporation shall be seventy-five dollars ($75) and may be increased to an amount not to exceed one hundred five dollars ($105).*

(12) ~~Fee~~ *The fee* to file a chiropractic corporation special ~~report: ninety-eight dollars ($98).~~ *report shall be one hundred fifteen dollars ($115) and may be increased to an amount not to exceed one hundred fifty-five dollars ($155).*

(13) ~~Fee~~ *The fee* to apply for approval as a referral ~~service: two hundred seventy-nine dollars ($279).~~ *service shall be three hundred twenty dollars ($320) and may be increased to an amount not to exceed four hundred thirty dollars ($430).*

(14) ~~Fee~~ *The fee* for an endorsed verification of ~~licensure: eighty-three dollars ($83).~~ *licensure shall be seventy-five dollars ($75) and may be increased to an amount not to exceed one hundred five dollars ($105).*

(15) ~~Fee~~ *The fee* for replacement of a lost or destroyed ~~license: seventy-one dollars ($71).~~ *license to practice chiropractic shall be seventy dollars ($70) and may be increased to an amount not to exceed ninety-five dollars ($95).*

(16) ~~Fee~~ *The fee* for replacement of a satellite office ~~certificate: seventy-one dollars ($71).~~ *certificate shall be seventy dollars ($70) and may be increased to an amount not to exceed ninety-five dollars ($95).*

(17) ~~Fee~~ *The fee* for replacement of a certificate of registration of a chiropractic ~~corporation: seventy dollars ($70).~~ *corporation shall be seventy dollars ($70) and may be increased to an amount not to exceed ninety-five dollars ($95).*

(18) ~~Fee~~ *The fee* to restore a forfeited or canceled license to practice ~~chiropractic:~~ *chiropractic shall be* double the annual renewal fee specified in ~~subdivision (c).~~ *paragraph (3).*

(19) ~~Fee~~ *The fee* to apply for approval to serve as a ~~preceptor: seventy-two dollars ($72).~~ *preceptor shall be seventy-five dollars ($75) and may be increased to an amount not to exceed one hundred five dollars ($105).*

(20) The penalty fees for the delinquent renewal of a satellite office certificate, certificate of registration of a chiropractic corporation, or continuing education provider status shall be set by the board in accordance with Section 163.5.

~~(20) Fee~~

(21) The fee to petition for reinstatement of a revoked ~~license: or~~ *or surrendered license shall be* four thousand one hundred eighty-five dollars ($4,185).

~~(21) Fee~~

(22) The fee to petition for early termination of ~~probation: probation~~ *probation shall be* three thousand one hundred ninety-five dollars ($3,195).

~~(22) Fee~~

(23) The fee to petition for reduction of ~~penalty: penalty~~ *penalty shall be* three thousand one hundred ninety-five dollars ($3,195).

~~(23) The penalty fees for the delinquent renewal of a satellite office certificate, certificate of registration of a chiropractic corporation, or continuing education provider status shall be set by the board in accordance with Section 163.5.~~

(b) If a lower fee than the minimum specified in subdivision (a) is adopted by the board by regulation, it shall be an amount sufficient to support the functions of the board in the administration of the Chiropractic Initiative Act and this chapter.

(c) The board may establish, by regulation, a system for the issuance and renewal of a chiropractic facility permit. The board may charge application, renewal, and replacement permit fees in an amount sufficient to cover the reasonable regulatory cost to the board to administer this permit system and not to exceed the limits specified for a satellite office certificate in paragraphs (7), (8), (16), and ~~(23)~~ *(20)* of subdivision (a).

(d) The board may establish, by regulation, a system for the issuance of a temporary license to practice chiropractic to an applicant who does not qualify for a temporary license pursuant to Section 115.6. The board may charge application, issuance, and replacement license fees in an amount sufficient to cover the reasonable regulatory cost to the board to administer this temporary license system and not to exceed the limits specified for a license to practice chiropractic in paragraphs (1), (2), and (15) of subdivision (a).

SEC. 6. Section 1008 is added to the Business and Professions Code, to read:

1008. (a) Except as otherwise provided in subdivision (b), the board or its designee may automatically revoke a license to practice chiropractic under ~~either~~ *any* of the following circumstances:

(1) The licensee has been convicted in any court in or outside of this state of any offense that, if committed or attempted in this state, based on the elements of the convicted offense, would have been punishable as one or more of the offenses described in subdivision (c) of Section 290 of the Penal Code.

(2) The licensee is required to register as a sex offender pursuant to the provisions of Section 290 of the Penal Code.

(3) The licensee has been convicted of any offense that is subject to the mandatory 10-year license revocation period specified in subdivision (b) of Section 1003.

(b) This section shall not apply to a person who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(c) The licensee may request a hearing within 30 days of the automatic revocation order. The proceeding shall be conducted in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

(e) If the related conviction of the licensee is overturned on appeal, the revocation ordered pursuant to this section shall automatically cease. The licensee shall provide the board with certified court records or other satisfactory proof establishing that the conviction has been overturned, and the board shall not be required to take action to restore the license until such proof is received. Nothing in this subdivision shall prohibit the board from pursuing disciplinary action against the licensee based on any cause other than the overturned conviction, including, but not limited to, the underlying conduct alleged in the criminal case.

SEC. 7. Section 1009 is added to the Business and Professions Code, to read:

1009. (a) The board or its designee may automatically suspend a license to practice chiropractic following a conviction of a serious felony, as defined in Section 1192.7 of the Penal Code, by a licensee.

(b) The suspension may remain in effect until the time for appeal has elapsed if no appeal has been taken, or until judgment of conviction has been affirmed on appeal, or has otherwise become final, and until the further order of the board.

(c) The licensee may request a hearing within 30 days of the automatic suspension order. The proceeding shall be conducted in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(d) If the related conviction of the licensee is overturned on appeal, any suspension order issued pursuant to this section shall be rescinded by the board. The licensee shall provide the board with certified court records or other satisfactory proof establishing that the conviction has been overturned, and the board shall not be required to take action to restore the license until such proof is received. Nothing in this subdivision shall prohibit the board from pursuing disciplinary action against the licensee based on any cause other than the overturned conviction, including, but not limited to, the underlying conduct alleged in the criminal case.

SEC. 8. Section 1056 of the Business and Professions Code is amended to read:

1056. The income of a chiropractic corporation attributable to professional services rendered while a shareholder is a disqualified person (as defined in the Professional Corporation Act) shall not in any manner accrue to the benefit of the shareholder or their shares in the chiropractic corporation.

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SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT

Senator Aisha Wahab, Chair
2025 - 2026 Regular

Bill No:	AB 2775	**Hearing Date:**	June 29, 2026
Author:	Committee on Business and Professions		
Version:	May 18, 2026		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Sarah Mason		

Subject: Chiropractic Act

SUMMARY: Extends the operations of the Board of Chiropractic Examiners (BCE) for four years until January 1, 2031, and makes additional technical changes, statutory improvements, and policy reforms in response to issues raised during the BCE's sunset review oversight process.

Existing law:

1) Regulates the practice of chiropractic and establishes the BCE to administer and enforce the relevant laws and licensing requirements. (Business and Professions Code (BPC) §§ 1000-1058; Initiative Act entitled "An act prescribing the terms upon which licenses may be issued to practitioners of chiropractic, creating the State Board of Chiropractic Examiners and declaring its powers and duties, prescribing penalties for violation hereof, and repealing all acts and parts of acts inconsistent herewith," adopted by the electors November 7, 1922 (Chiropractic Initiative Act))

2) Requires the BCE to be reviewed as if the laws regulating the practice of chiropractic were scheduled to be repealed on January 1, 2027. (BPC § 1000(c))

3) Requires the BCE to submit a report to the appropriate fiscal and policy committees of the legislature that contains an update on the status of the BCE's license structure and whether the BCE needs to consider plans for restructuring its license fees. (BPC § 1006)

4) Establishes the types of licensing fees which the BCE is permitted to assess and the specified amounts. (BPC § 1006.5)

5) Permits state licensing boards to deny licensure to an applicant who has been subjected to formal discipline by another licensing board within the 7 years preceding the date of application, for conduct which would have been cause for discipline by the by board to which the application made, and which is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made. (BPC § 480(a))

6) Permits the Medical Board of California (MBC) to deny licensure to an applicant who has been subject to formal discipline by another licensing board at least 7 years preceding the application, if the disciplinary action was based on conduct which would have constituted sexual abuse, sexual misconduct, relations with a patient, or sexual exploitation. (BPC § 480(a)(2))

7) Specifies that it is unprofessional conduct and grounds for disciplinary action for a healthcare professional to knowingly present any false or fraudulent claim for the payment of a loss under a contract of insurance or knowingly prepare make or subscribe any writing, with intent to prepare or use the same. (BPC § 810(a))

8) Requires the BCE to revoke the license of any licensee, for a period of ten years, upon a second conviction for insurance fraud; specifies that after expiration of the ten-year period, a licensee can apply for license reinstatement. (BPC § 1003(b))

9) Requires the BCE and other boards to automatically revoke a license in cases where a licensee has been convicted of two insurance fraud convictions related to worker's compensation insurance or Medi-Cal. (BPC § 810(c)(2))

10) Requires the MBC to automatically revoke a license when a licensee has been convicted of a sex offense which requires registration as a sex offender. (BPC § 2232; Penal Code (PEN) § 290)

11) Requires the MBC to automatically suspend a license when a licensee has been convicted of a serious felony, as defined. (BPC § 2232.5(b)(3); Penal Code (PEN) § 1192.7)

12) Establishes the procedures for interim suspension order hearings for California licensing boards. (BPC § 494)

13) States that in criminal proceedings against a licensee, the BCE and other boards may voluntarily appear to furnish pertinent information, make recommendations regarding specific conditions of probation, or provide any other assistance necessary to promote the interests of justice and protect the interests of the public, or may be ordered by the court to do so, if the crime charged is substantially related to the qualifications, functions, or duties of a licensee (PEN § 23)

14) Prohibits the practice veterinary medicine or any branch thereof, unless such person holds a valid, unexpired, and unrevoked license from the California Veterinary Medicine Board (CVMB). (BPC § 4825)

15) States that a person practices veterinary medicine or a branch thereof when the do any of the following: represents themself as engaged in the practice of veterinary medicine or any of its branches; diagnoses or prescribes a drug, or treatment for the prevention, cure, or relief of an animal ailment; administers a treatment or medicine for the prevention, cure, or relief of an animal ailment; performs a surgical or dental operation upon an animal; performs a tendonectomy, onychectomy, or any type of claw removal on a feline; performs any manual procedure for the diagnosis of pregnancy, sterility, or infertility upon livestock or Equidae; collects blood from an animal for the purpose of transferring or selling the blood to a licensed veterinarian at a registered premise; or uses any words, letters or titles as to induce the belief that the person using them was engaged in the practice of veterinary medicine. (BPC § 4826)

16) Requires the VMB to adopt regulations delineating animal health care tasks and an appropriate degree of supervision required for those tasks that may be performed

solely by a registered veterinary technician (RVT) or licensed veterinarian. (BPC § 4836(a))

17) Defines "musculoskeletal manipulation (MSM)" as the system of application of mechanical forces applied manually through the hands or through any mechanical device to enhance physical performance, prevent, cure, or relieve impaired or altered function of related components of the musculoskeletal system of animals; specifies that the performance of MSM upon animals constitutes the practice of veterinary medicine; and authorizes DCs to perform MSM under the direct supervision of a veterinarian, as specified. (California Code of Regulations, (CCR) tit. 16, § 2038)

This bill:

1) States Legislative intent to work with stakeholders to examine licensed chiropractors holding specialized certification who provide chiropractic care to animal patients and evaluate opportunities to expand access to qualified animal chiropractic care while ensuring appropriate consumer and animal protections are in place.

2) Authorizes the BCE to deny a license for conduct that, if committed in this state by a California-licensed physician or chiropractor, would constitute an act of sexual abuse, misconduct, or relations with a patient, as specified.

3) Requires BCE to distribute a licensee directory electronically, or, if requested, by mail and free of charge for the cost of the publication and distribution.

4) Requires the BCE to set penalty fees for the delinquent renewal of a satellite office certificate, certificate of registration of a chiropractic corporation, or continuing education provider status in accordance with existing law.

5) Authorizes the BCE to establish, by regulation, a system for the issuance and renewal of a chiropractic facility permit and charge fees to cover the reasonable regulatory cost to administer this chiropractic facility permit system.

6) Authorizes the BCE to automatically revoke a chiropractic license if the licensee is required to register as a sex offender or has been convicted of any offense that, if committed or attempted in this state, would have required the licensee to register as a sex offender, except as specified.

7) Authorizes the BCE to automatically suspend a chiropractic license following a conviction of a serious felony, as defined.

FISCAL EFFECT: This bill is keyed fiscal by Legislative Counsel. According to the Assembly Committee on Appropriations, the bill will result in annual costs of approximately $7 million to extend the operation of the BCE.

COMMENTS:

1. **Purpose.** This bill is the sunset review vehicle for the Bureau for Private Postsecondary Education, authored by the Assembly Committee on Business and Professions. The bill extends the Bureau's sunset date and enacts technical changes, statutory improvements, and policy reforms in response to issues raised during the Bureau's sunset review oversight process.

2. **Oversight Hearings and Sunset Review of Licensing Boards and Programs.** In March 2026, the Senate Business, Professions and Economic Development Committee and the Assembly Committee on Business and Professions (Committees) began their comprehensive sunset review oversight of 10 regulatory entities including the BCE. The Committees conducted three oversight hearings. This bill and the accompanying sunset bills are intended to implement legislative changes as recommended by the staff of the Committees, and which are reflected in the Background Papers prepared by the Committee staff for each agency and program reviewed this year.

3. **Background on the BCE.** The BCE's purpose is to protect Californians from both licensed and unlicensed individuals who engage in the fraudulent, negligent, or incompetent practice of chiropractic. Chiropractic is a healthcare discipline that emphasizes the body's ability to heal itself. The practice focuses on the interaction between the vertebral column and the nervous system and that relationship's impact on overall health. The primary treatment procedure is the chiropractic adjustment or spinal manipulative therapy, but other manual therapies are also utilized. Chiropractic also emphasizes lifestyle interventions like nutrition or exercise counseling.

   The licensed practitioners of chiropractic are DCs. In alignment with the foundations of their practice, DCs are authorized to manipulate and adjust the spinal column and other joints of the human body and manipulate the related muscle and connective tissue during the course of those manipulations and adjustments. DCs may also use all necessary mechanical, hygienic and sanitary measures incident to the care of the human body during the course of chiropractic manipulations or adjustments.

   The BCE was responsible for regulating approximately 10,700 DC licensees at the end of Fiscal Year (FY) 2024-25. In addition to licensing individual licensees, the BCE oversees 106 providers of chiropractic continuing education and 20 chiropractic programs throughout the United States and Canada. The BCE's mission statement, as stated in its *2026 Sunset Review Report*, is: "to protect the health, welfare, and safety of the public through licensure, education, engagement, and enforcement in chiropractic care." The BCE was last reviewed in 2021, and its last Sunset Review Report was completed in 2022.

4. **Sunset Review Oversight of BCE.** The following are select issues pertaining to the BPPE along with background information concerning the particular issue.

a) **Budget and Fund Condition**

Background. According to the BCE, for the past 2 years, its expenditures have outpaced its revenues. This issue of the BCE's imbalanced budget was previously raised by the BCE when it requested a fee increase during its 2022 sunset review.

Over the past 8 years, the BCE's fees have been statutorily increased twice. In 2018, the legislature increased the annual renewal fee for a DC license—the BCE's primary source of revenue from $300 to $313 and established fixed fee amounts for other services provided by the BCE. This fee increase went into effect on January 1, 2019. Most recently, following the BCE's last sunset review in 2022, the legislature increased the DC license renewal fee from $313 to $336, set a new statutory cap of $500 for DC license renewal fees, and adjusted other fixed fee amounts based on the findings and recommendations of a 2021 fee study.

Despite the BCE's two recent fee increases in 2018 and 2022, the BCE states that its budget is still structurally imbalanced. The BCE's 2026 fiscal data shows a decline in fund reserves for FY 2024/25 and projects further declines for FY 2025/26 and FY 26/27. Additionally, the board has projected that without a fee increase, the fund will become insolvent by the end of FY 2027/28. The BCE's fund reserve, (in months of reserve funding) was: 10.1 for FY 2023/24; 4.7 for FY 24/25; and 2.4 for FY 25/26. The BCE has proposed a new increase in fees as part of the 2026 sunset review process, stating that an adjustment to the fee schedule could help avoid further depletion of the BCE's reserve funds and possible insolvency.

This bill will be amended to update the BCE's revenue and support solvency.

b) **Fee Authority for Chiropractic Facility Permit**

Background. The BCE states that the satellite certificate program has several limitations which could be remedied by phasing out the satellite certificate and replacing it with a chiropractic facility permit.

The BCE has proposed the chiropractic facility permit as a replacement for the satellite certificate. The chiropractic facility permit is a location-based permit for fixed places of practice, which would include the business name and physical address of the practice, as well as the name and license number of each DC associated with the facility. According to the BCE, if created and implemented, the chiropractic facility permit would essentially phase out the satellite certificate, except in the case of sole practitioners, who maintain multiple office locations.

This bill authorizes the BCE to promulgate regulations to establish a chiropractic facility permit program and assess associated fees.

c) **Denial of Licensure for Formal Discipline Involving Sexual Abuse or Misconduct.**

Background. The BCE currently lacks statutory authority to deny licensure to applicants who have been convicted of a crime or subjected to discipline by another licensing board, under certain circumstances. The BCE asserts that it should be granted the authority to deny licensure to an applicant if they were subject to professional discipline for sexual misconduct that occurred at least 7 years prior to the date of application with the BCE, because sexual misconduct and abuse are serious ethical violations that should be evaluated during the licensure process, no matter when they occurred. The BCE's request is not unprecedented because the MBC already has the authority to deny licensure for applicants who were formally disciplined by another licensing board at least 7 years prior to the date of application for licensure by the MBC.

This bill authorizes the BCE to consider an applicant's history of formal discipline, based on sexual abuse or misconduct, by other licensing boards which occurred at least 7 years prior to the date of application for licensure by the BCE.

d) **Enforcement Program Enhancements and Automatic License Suspension for Conviction of Serious Felony**

Background. According to the BCE, the board has developed proposals for several changes to its enforcement program during the 2026 sunset review period. These proposed changes are aimed at increasing the efficiency of the BCE's internal processes and the strength of its consumer protection functions. In order to effectuate these proposed changes, the BCE has requested several amendments to the BPC.

Currently, the BCE does not have the authority to automatically suspend a license in cases where a licensee has been convicted of a serious felony, which is defined as a felony that represents an immediate and significant threat to public safety. Some professional licensing boards in California have similar requirements to those requested by the BCE. The California State Bar requires automatic license suspension when an attorney is convicted of a crime of moral turpitude. This suspension is enforced by the Supreme Court of California, which in its discretion may, decline to impose or set aside the suspension. Additionally, the MBC is required to automatically suspend a license in cases where a licensee is convicted of a serious felony. The amendments requested by the BCE are similar in content and drafting to the regulations which apply to the MBC on this topic.

The bill authorizes BCE to automatically revoke a chiropractic license if the licensee is required to register as a sex offender or has been convicted of any offense that, if committed or attempted in this state, would have required the licensee to register as a sex offender, except as specified and authorizes the BCE to automatically suspend a chiropractic license following a conviction of a serious felony, as defined. The bill will also be amended to add additional authority for action if a DC engaged in insurance fraud.

e) **Animal Chiropractic**

Background. DCs in California can currently serve animal patients pursuant to regulations adopted decades ago by the CVMB. Over the last few decades, the role of licensed healthcare providers who seek to adapt their training and education for use along the veterinary care continuum has been under consideration by BCE and the Legislature. Throughout this time, the topic has been contemplated via legislative efforts, raised in staff background papers and in hearings during the sunset review oversight process for the CVMB and other licensing boards, and discussed at regulatory board meetings.

The Veterinary Act authorizes veterinarians to provide animal chiropractic because a veterinarian's license is a plenary license, meaning it grants a veterinarian authority to practice any aspect of veterinary medicine that the veterinarian is competent to provide. While a veterinarian may choose to specialize in a practice area such as surgery, pathology, or rehabilitation, or treat a subset of animal populations like equine and large animals, the veterinary license does not require the attainment of any specialty license to practice within the full scope of veterinary medicine. Licensed veterinarians may also acquire additional certifications focusing on treatment modalities such as animal chiropractic care. On the other hand, there is no lawful avenue for veterinarians to practice on or treat human conditions based on any additional certifications specific to veterinarians.

Like the Chiropractic Act, the BCE's regulations do not contemplate the use of chiropractic on animals, specifically limiting the DC scope to "the human body." However, since 1998, the CVMB's regulations have specifically authorized DCs to provide musculoskeletal manipulation (MSM) services to animal patients under the direct supervision of, and within the licensed veterinary premises of, a veterinarian who authorizes that treatment or care. The regulations define MSM as:

> "… the system of application of mechanical forces applied manually through the hands or through any mechanical device to enhance physical performance, prevent, cure, or relieve impaired or altered function of related components of the musculoskeletal system of animals. MSM when performed upon animals constitutes the practice of veterinary medicine."

This regulation authorizes licensed DCs to perform MSM on animals while working under the direct supervision of a veterinarian with the following protocol:

1) The supervising veterinarian must complete the following, prior to authorizing a DC to complete an initial examination or perform treatment:

   Examine the animal patient;

   Have sufficient knowledge to make a diagnosis of the animal's medical condition;

Assume responsibility for making clinical judgments regarding the animal's health and need for medical treatment, including a determination that MSM will not be harmful to the animal patient;

Discuss with the owner or their authorized representative a course of treatment, and be readily available or have made arrangements for follow-up evaluation in the event of adverse reactions or failure of the treatment regimen; and

Obtain a signed acknowledgement from the owner or their authorized representative that MSM is considered to be an alternative (nonstandard) veterinary therapy.

2) After the DC has completed an initial examination or treatment, the doctor of chiropractic must consult with the supervising veterinarian to confirm that MSM is appropriate and to coordinate complementary treatment.

3) At the time a DC is performing MSM, the supervising veterinarian must be on the premises in an animal hospital setting or in the general vicinity of the treatment area in a range setting.

4) The supervising veterinarian must ensure that accurate and complete records of MSM treatments are maintained in the animal patient's veterinary medical record.

DCs who fail to comply with the provisions of the regulations are considered to be engaged in the unlicensed practice of veterinary medicine and are subject to a citation and fine by CVMB or criminal prosecution. However, outside of the enforcement actions, the total number of DCs who provide MSM treatments to animal patients is unknown because they are not required to report to either the BCE or the CVMB.

BCE reports that there are 41 California DCs who currently possess active certification in animal chiropractic.

The issue of non-veterinarian practices adapted for use on animals has been brought up in the context of other professions, and the tension typically focuses on the level of supervision required of the non-veterinarian. One proposed framework designed to settle that tension attempts to split the difference by strengthening the front-end requirements and allowing the supervising veterinarian to determine the level of supervision. This provider-extender framework is loosely based on the physician-physician assistant delegation model. In that model, the supervising provider determines what services and under what circumstances the supervised provider is authorized to provide.

The following are key components of that model:

1) Define the practice.

2) Require the relevant human healthcare license and standardized education, training, and continuing education in the adapted animal practice.

3) Require veterinarian-determined supervision. If no determination is made, the default direct supervision.

4) Consideration of animal-specific differences.

5) Delineate the disciplinary roles of the CVMB and the relevant board of the adapted practice. Specifically, the CVMB maintains primary jurisdiction over veterinary practices and the original board maintains secondary and cross-cutting jurisdiction.

6) Require the adapted practitioner to register with the CVMB.

7) Require the supervising veterinarian to examine the animal and establish a veterinarian-client-patient relationship.

8) Require standard consumer disclosures.

9) Establish premises, safety protocol, and inspection requirements.

10) Clarify that the liability for services lies with the treating provider.

11) Protect titles as necessary.

12) Authorize fees.

The bill should be amended on a future date to incorporate a framework to recognize licensed DCs who wish to further practice animal chiropractic.

The California Chiropractic Association (CalChiro) expresses its support for this bill, "provided it includes statutory language establishing a framework for animal chiropractic…We support the Committee's effort to provide clarity for consumers and professionals by incorporating animal chiropractic provisions into the Chiropractic Act. Locating this language within the Chiropractic Act ensures that chiropractors remain regulated by the Board that already licenses, oversees, and disciplines the profession, strengthening oversight and consumer protection. CalChiro respectfully requests clarification that any registration with the California Veterinary Medical Board is intended for notification and transparency purposes only. Other states, including Ohio, maintain public listings of animal chiropractic providers through their chiropractic boards, which has proven to be an effective and accessible model for both consumers and regulators."

CalChiro notes that "The proposed framework applies only to highly trained, certified, and insured animal chiropractic professionals who receive education and training in collaboration with veterinary professionals on the safe application of animal chiropractic care." The organization suggests updates to the number of hours of direct supervision that would be required in order for a DC to practice on animals and believes that an alternative to a practice agreement between a DC

and veterinarian should be explored. CalChiro also believes that requiring a separate facility for animal chiropractic and human chiropractic services will limit access and premises should be shared for both clients.

The California Veterinary Medical Association (CVMA), Southern California Veterinary Medical Association, Sacramento Valley Veterinary Medical Association, and American Veterinary Medical Association are opposed to allowing DCs to expand their practice to work on animals without veterinary supervision, as expressed in opposition to efforts this year to amend the Chiropractic Act to allow DCs with specified certification to practice on animals. The organizations note that the process that resulted in existing MSM regulations was open and fair, and welcomed all stakeholders to present information to help the CVMB craft a regulation that best served the interests of animals and consumers alike. The resulting regulation clearly delineated the responsibilities of both the supervising veterinarian and the chiropractor in delivering MSM services to animal patients and continues to safeguard animal welfare by providing a straightforward roadmap for veterinarians and chiropractors to follow relative to the use of MSM on animals. They note that allowing chiropractors to work on animals without veterinary supervision poses a threat to both animal welfare and consumer protection. According to the organizations, “there are approximately eight certification programs in the United States that offer animal-centric training to chiropractors and do so via online self-study and/or a few weekend classes (except for a couple of programs that are live/in-person.) Because the core education of chiropractors is focused on a very specific facet of human medicine, the certifications offered in animal chiropractic do not give chiropractors the necessary education or experience needed to safely manage animal patients without veterinary supervision.”

The organizations note that “Hundreds of California veterinarians possess animal chiropractic certification, which—when coupled with their Doctorate in Veterinary Medicine—provides consumers with comprehensive chiropractic care in addition to traditional veterinary services.” They also cite existing pathways for chiropractors to also work on animals provided that they do so under veterinary supervision. “In the case of a registered veterinary premises, the veterinarian must be in the building when the chiropractor is seeing patients. In the case of a “range setting,” the veterinarian must be in the general vicinity when the chiropractor is seeing patients. These scenarios provide for patient safety and consumer supervision that adequately protects California’s consumers and animals.”

CVMA is opposed to scope expansion that allows human health practitioners to work on animals without adequate supervision by a California licensed veterinarian, noting that unsupervised work is dangerous for both the animal and consumer and that this undermines the veterinary medical degree itself, as well as the professional standards of good veterinary medicine by assuming that anyone can practice on animals if they take only limited additional coursework.

BCE believes chiropractors performing animal chiropractic should be registered and regulated by BCE rather than the CVMB since animal chiropractic is a complementary and alternative therapy, distinct from traditional veterinary

medicine and not included in standard veterinary education. BCE believes that because it already regulates chiropractors' education, training, and professional conduct, it is the appropriate entity to oversee this area of practice by chiropractors while collaborating with VMB on animal-specific practice standards, safety protocols, and veterinary-chiropractor coordination of care, an approach that BCE believes avoids placing one profession in the position of setting and enforcing standards for another. BCE notes that chiropractors routinely coordinate care with primary care physicians and specialists when treating human patients, and similar collaboration is expected in animal care."

5. **Arguments in Support.** BCE supports this bill, writing that "This bill significantly strengthens consumer protection by authorizing the Board to automatically revoke a license to practice chiropractic when a licensee has been convicted of a sex offense and to automatically suspend a license following a conviction of a serious felony. This bill also removes the seven-year limitation on denying a license to an applicant based on prior formal discipline when that discipline was based on conduct that would have constituted an act of sexual abuse, misconduct, or relations with a patient, if committed in this state by a licensed chiropractor. Chiropractic is a hands-on profession that requires direct physical contact between the doctor and the patient during nearly every treatment session. Primary chiropractic interventions such as spinal and extremity manipulation and soft tissue therapies necessitate close proximity and physical touch. An estimated 66 percent of licensees primarily practice as sole practitioners, further underscoring the need for strong consumer protection in cases involving sex offenses, serious felonies, or sexual misconduct. Further, while the Board has found that the licensing reforms originally enacted by AB 2138 (Chiu, Chapter 995, Statutes of 2018), which were intended to reduce barriers to licensure for individuals with a criminal history, have been effective in streamlining the Board's background review process and providing opportunities for licensure, existing law prevents the Board from considering any formal discipline against an applicant that occurred more than seven years before the date of their application. As a result, without legislative action, applicants previously disciplined for acts of sexual abuse or misconduct can eventually qualify for licensure without any safeguards in place, such as a probationary license with appropriate conditions. This bill closes this consumer protection gap by allowing the Board to instead focus on the applicant's demonstration of rehabilitation, regardless of the age of the prior discipline, when determining their present fitness to practice chiropractic.

SUPPORT AND OPPOSITION:

Support:

Board of Chiropractic Examiners

Opposition:

None received

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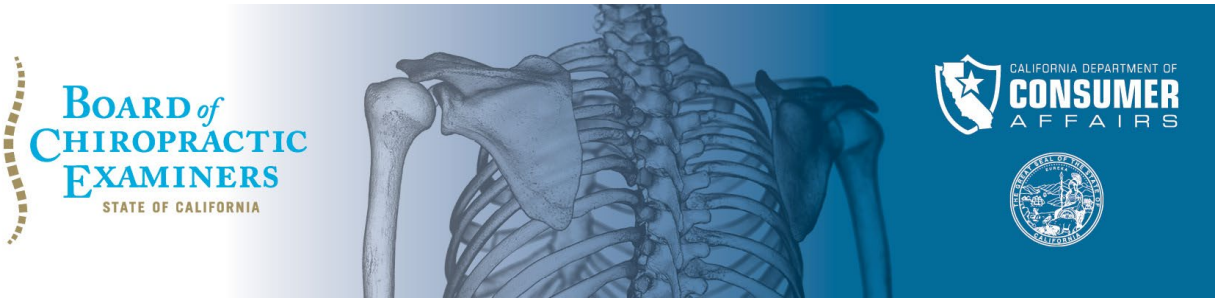


Agenda Item 12
July 23, 2026

Update, Discussion, and Possible Action on Other Legislation Related to the Board, the Chiropractic Profession, DCA, and/or Other Healing Arts Boards

Purpose of the Item

Staff will provide the Board with an update on bills related to the Board, the chiropractic profession, the Department of Consumer Affairs (DCA), and other healing arts boards.

Action Requested

Following staff's presentation of these bills, the Board will have an opportunity to discuss and take a position on the bills.

Background

Below is an overview of the bills that will be discussed during the meeting.

Hyperlinks to the legislation are included in this document to ensure access to current information, as legislation is frequently amended.

A. AB 1767 (Berman) Department of Consumer Affairs: public members of boards: conflicts of interest.

Status: Referred to Senate Appropriations Committee

Next Hearing Date: August 3, 2026

Summary: Existing law prohibits a public member of a Department of Consumer Affairs (DCA) board from being a current or past licensee of that board or a close family member of a licensee of that board.

This bill would define "close family member" to include a parent or a child and require each DCA board to adopt regulations that provide guidance on how to determine whether the existence of a relationship other than a parent-child relationship prohibits an individual from serving as a public member of a board.

Estimated Fiscal Impact on the Board: This bill has an estimated fiscal impact of $9,300 in fiscal year 2026–27 to develop a regulation package as required by this bill. This impact is absorbable within the Board's existing resources.

Staff Recommendation: WATCH

B. AB 1775 (Ward) Veterans.

Status: Referred to Senate Appropriations Committee

Next Hearing Date: August 3, 2026

Summary: This bill would, among other things, require DCA boards to expedite, and authorize them to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant served as an active duty member of the U.S. Armed Forces and received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025.

Estimated Fiscal Impact on the Board: None.

Staff Recommendation: WATCH

C. AB 1811 (Rogers) Health professionals.

Status: Referred to Senate Appropriations Committee

Next Hearing Date: August 3, 2026

Summary: Existing law requires the DCA healing arts boards to collect or request workforce data from their respective licensees for future workforce planning at least biennially at the time of electronic renewal.

This bill would, among other things, also require the workforce data to be collected or requested by boards at the time a license or registration is issued. The bill would require the information collected or requested by boards to also include the hours worked in inpatient and outpatient care, hours worked providing direct outpatient primary care services, whether the licensee accepts Medicaid, and whether the licensee offers a formal sliding fee scale.

Estimated Fiscal Impact on the Board: This bill has an estimated fiscal impact of $4,375 in 2026–27 to develop and implement a process to collect or request workforce data at the time a license is issued. This impact is absorbable within the Board's existing resources.

Staff Recommendation: WATCH

D. AB 1979 (Bonta) Health care services: artificial intelligence.

Status: Referred to Senate Appropriations Committee

Next Hearing Date: August 3, 2026

Summary: This bill would, among other things, require a health facility, clinic, physician's office, or office of a group practice to take reasonable steps to ensure that a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent clinical judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system, as defined.

The bill would authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would also specify that these provisions do not apply to the use of automated decision systems for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records.

Estimated Fiscal Impact on the Board: None.

Staff Recommendation: WATCH

E. Senate Bill 1391 (Wahab) Department of Consumer Affairs: retired category licenses.

Status: Referred to Assembly Appropriations Committee

Next Hearing Date: TBD

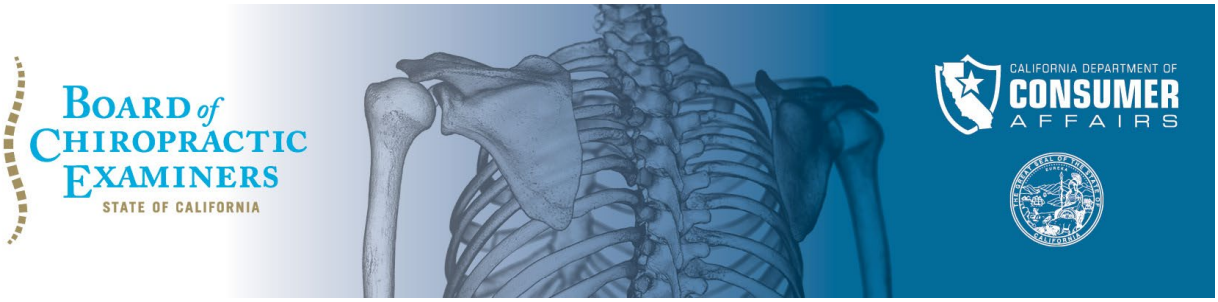
Summary: This bill would require a DCA board that offers a retired category of licensure to disclose that information on its internet website.

Estimated Fiscal Impact on the Board: None.

Staff Recommendation: WATCH

External Resource

- PDF Copy of the Above-Referenced Bills (as of July 7, 2026) from leginfo.legislature.ca.gov



Agenda Item 13
July 23, 2026

Review, Discussion, and Possible Adoption of 2027–2030 Strategic Plan

Purpose of the Item

The Board will review and discuss the initial draft of its 2027–2030 Strategic Plan.

Action Requested

The Board will be asked to provide input on the draft strategic plan.

Background

Throughout 2026, the Board has been working with the Department of Consumer Affairs' SOLID Planning Solutions on the development of the Board's next strategic plan.

In January 2026, SOLID conducted a stakeholder survey to gather feedback regarding the Board's performance and held focused interviews with Board members and leadership to identify key priorities.

SOLID facilitated a strategic planning session on April 16, 2026, during which the Board updated its mission statement, vision, and values, and drafted new objectives related to professional qualifications, enforcement, administration, and public outreach.

At this meeting, the Board will review, discuss, and provide input—including any requested edits—on the initial draft of the Board's 2027–2030 Strategic Plan. Staff plans to present the final strategic plan to the Board for approval at its October 2026 meeting.

Attachment

- Board of Chiropractic Examiners' 2027–2030 Strategic Plan (Draft for Board Review)

Agenda Item 13
Attachment

Board of Chiropractic Examiners

2027–2030 Strategic Plan

Adopted: [Month Day, Year]

Prepared by:
SOLID Planning Solutions
Department of Consumer Affairs

Table of Contents

Board Members

Laurence J. Adams, D.C., DACNB, Board Chair

Pamela Daniels, D.C., CCSP, DACNB, FABBIR, MS-ClinNeuroSci, Board Vice Chair

Janette N.V. Cruz, MBA, Board Secretary

Sergio F. Azzolino, D.C., NP, DACNB, FACFN

David Paris, D.C., MS, DACRB

Rafael Sweet, J.D.

Gavin Newsom, Governor

Tomiquia Moss, Secretary, Business, Consumer Services and Housing Agency

Christine Lally, Acting Director, Department of Consumer Affairs

Kristin Walker, Executive Officer, Board of Chiropractic Examiners

About the Board

The Board of Chiropractic Examiners (Board) regulates the chiropractic profession in California. The Board protects Californians from fraudulent, negligent, or incompetent practice of chiropractic by both licensed and unlicensed individuals who engage in the profession. The Board oversees approximately 12,000 licensees, 100 providers of continuing education, and 20 chiropractic programs across the United States and Canada.

Established on December 21, 1922, following voter approval of an initiative measure on November 7, 1922, the Board is governed by seven members appointed by the Governor. The Board consists of five licensed doctors of chiropractic and two members who represent the public, each serving four-year terms. An executive officer, appointed by the Board, manages professional staff responsible for licensing, continuing education, enforcement, administrative, and other regulatory responsibilities.

The Board's annual budget is funded entirely by licensing and regulatory fees paid by the profession. It does not receive any General Fund support. Approximately 70 percent of the Board's operating budget is dedicated to enforcement activities.

Message from the Chair

On behalf of the Board of Chiropractic Examiners and doctors of chiropractic dedicated to serving our communities, I am pleased to present our 2027-2030 strategic plan.

Healthcare continues to evolve at an unprecedented pace, and doctors of chiropractic remain essential contributors to the delivery of patient-centered, conservative, and evidence-informed care. As public demand for non-invasive and non-pharmaceutical healthcare solutions continues to rise, the chiropractic profession must remain proactive, innovative, and committed to standards of clinical excellence and ethical practice.

The strategic planning process provided an important opportunity for Board members, leadership, and stakeholders to come together and evaluate both the current state and future direction of the profession. Together, we carefully examined our mission, values, regulatory responsibilities, and opportunities for advancement within an increasingly integrated healthcare environment.

This strategic plan is the result of a comprehensive process that included a survey of stakeholders and Board staff, interviews with Board members, and a planning session facilitated by the Department of Consumer Affairs' SOLID Planning Solutions. We discussed workforce development, public safety, professional competency, technological advancement, and the evolving needs of the diverse communities we serve. These conversations challenged us to think boldly about the future of chiropractic care and the role we must play in shaping that future responsibly.

This strategic plan serves as a roadmap for the next few years. It reflects our commitment to strengthening professional standards, improving regulatory efficiency, pursuing clinical excellence, and fostering greater public confidence in chiropractic care. It also recognizes the importance of continuing education, interdisciplinary collaboration, and evidence-based practices that enhance patient outcomes and advance the profession.

Establishing ambitious yet achievable goals for the years ahead, this plan reaffirms our unwavering commitment to our highest responsibility: protecting consumers of chiropractic care.

Respectfully,

Laurence Adams, D.C., DACNB, Board Chair

Board Mission, Vision, and Values

Mission

To protect the public through licensure, education, enforcement, engagement, and advancing chiropractic competency.

Vision

California consumers receive innovative, collaborative, patient-centered, quality care.

Values

- Public Protection – Dedication to consumer safety through effective regulation.
- Professionalism – Serving the public with integrity and respect.
- Excellence – Commitment to embracing best practices and a pursuit of the highest standards driven by a growth mindset.
- Collaboration – Working together with the public, licensees, government agencies, and stakeholders to carry out the Board's mission.
- Responsiveness – Proactively and efficiently addressing emerging issues and trends in the chiropractic profession.

Goal 1: Licensing, Continuing Education, and Professional Qualification

Ensure competency by enhancing licensing standards, professional conduct, and requirements for continuing education.

1.1 Streamline licensure processes and forms to increase efficiency.

1.2 Assess the feasibility of providing earlier access to the California Chiropractic Law Examination (CCLE) to help minimize possible licensure barriers.

1.3 Review and update the CCLE to reflect current professional practices.

1.4 Create an electronic continuing education (CE) workflow.

1.5 Assess the need for and feasibility of implementing Board-mandated continuing education courses.

Goal 2: Enforcement

Protect the public by enforcing standards of practice and regulations.

2.1 Improve regulatory oversight by expanding the inspection program to support more proactive and comprehensive monitoring of licensee compliance.

2.2 Strengthen collaboration and relationship-building with local law enforcement and other partner agencies.

2.3 Bolster staff training in modern chiropractic care practices and emerging technologies to better inform and support investigations.

2.4 Provide clear, plain language guidance and resources to help licensees understand requirements and maintain compliance.

2.5 Gather and analyze data to streamline processes and reduce case resolution timelines.

Goal 3: Laws and Regulations

Support legislation and adopt regulations that reinforce the Board's mission of public protection.

3.1 Establish an annual process to review, update, and clarify regulations.

3.2 Evaluate the scope of practice to ensure alignment with modern practice and patient needs.

Goal 4: Administration and Public Relations

Empower staff, optimize resources, and communicate with stakeholders while delivering exemplary service.

4.1 Develop a workplace culture that fosters leadership, ownership, and innovation.

4.2 Establish a process for continuously improving workflows.

4.3 Empower staff by providing skill-building training that supports professional growth and organizational effectiveness.

4.4 Develop and implement a communication and outreach plan to strengthen stakeholder engagement, enhance transparency, and promote understanding of the Board's mission and services.

Strategic Planning Process

To understand the environment in which the Board operates as well as identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Planning Unit (SOLID) conducted an environmental scan of the Board's internal and external environments. Information for the scan was collected through interviews and online surveys distributed to the listed stakeholder groups during January and February of 2026:

- Internal staff[1]: interviews and online surveys.
- Board members: interviews.
- External stakeholders[2]: online survey link distributed via LISTSERV and posted on the Department's website.

The most significant themes and trends identified from the environmental scan were discussed by Board members and leadership during a strategic planning session facilitated by SOLID on April 16, 2026. This information guided the Board in the development of its strategic objectives outlined in this 2027–2030 strategic plan.

[1] Executive leadership, managers, and staff
[2] Licensees, retired licensees, related occupations, consumers, government agencies, associations, and schools.

Board of Chiropractic Examiners

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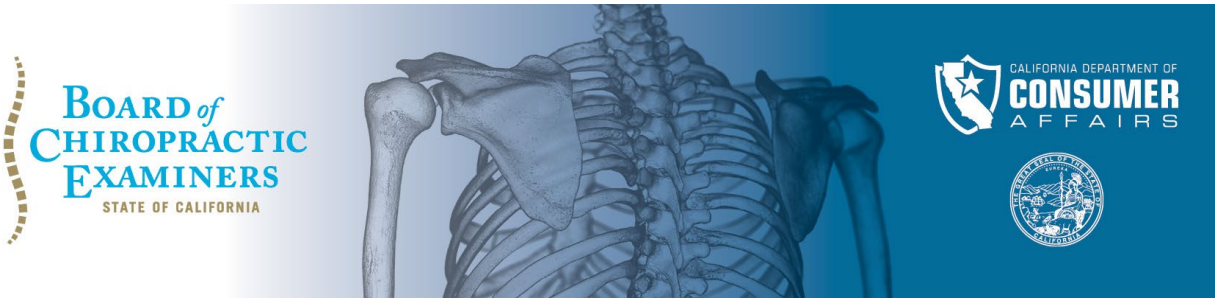
Sacramento, CA 95834
Phone: (916) 263–5355
https://www.chiro.ca.gov/

Strategic plan adopted on [type date here].

Subsequent amendments may have been made after the adoption of this plan.

Prepared by:
SOLID Planning Solutions
1747 N. Market Blvd., Ste. 270
Sacramento, CA 95834



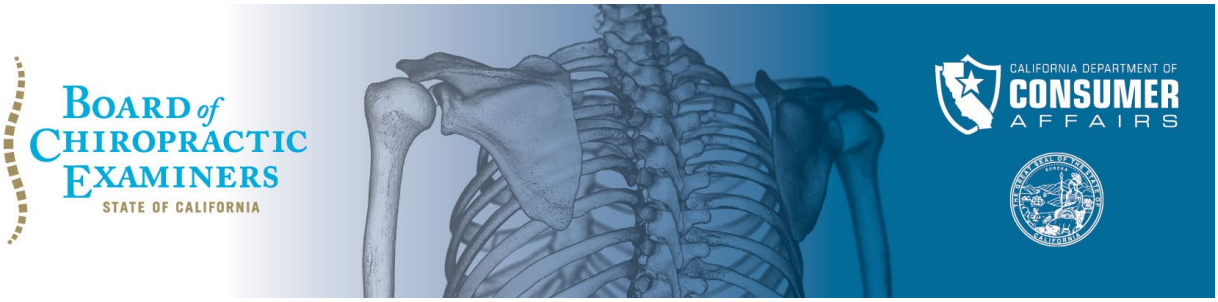
Agenda Item 14
July 23, 2026

Future Agenda Items

Purpose of the Item

At this time, members of the Board and the public may submit proposed agenda items for a future Board meeting.

The Board 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.]



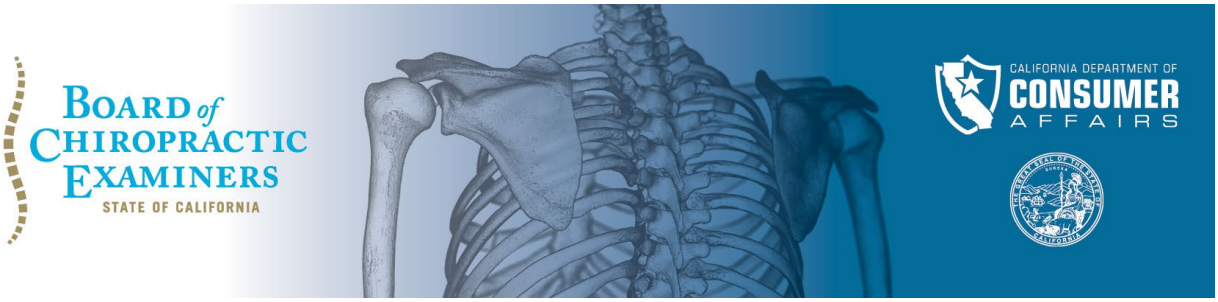
Agenda Item 15
July 23, 2026

Closed Session

Purpose of the Item

The Board will meet in closed session to:

- **Deliberate and Vote on Disciplinary Matters Pursuant to Government Code Section 11126, subd. (c)(3)**



Agenda Item 16
July 23, 2026

Adjournment

Time: _____