

# **BACKGROUND PAPER FOR THE CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS**

**Joint Oversight Hearing, March 10, 2026**

**Assembly Committee on Business and Professions and  
Senate Committee on Business, Professions and Economic  
Development**

## **BACKGROUND, IDENTIFIED ISSUES, AND RECOMMENDATIONS**

### **BRIEF OVERVIEW OF THE BOARD**

The California Board of Chiropractic Examiners (BCE) is a licensing entity within the Department of Consumer Affairs (DCA). 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.<sup>1</sup> The practice focuses on the interaction between the vertebral column and the nervous system and that relationship's impact on overall health.<sup>2</sup> The primary treatment procedure is the chiropractic adjustment or spinal manipulative therapy, but other manual therapies are also utilized.<sup>3</sup> Chiropractic also emphasizes lifestyle interventions like nutrition or exercise counseling.<sup>4</sup>

The licensed practitioners of chiropractic are doctors of chiropractic (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.<sup>5</sup> 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.<sup>6</sup>

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<sup>1</sup> Association of Chiropractic Colleges, Association of Chiropractic Colleges, "History of ACC," under "Position on Chiropractic," accessed March 7, 2026, <https://www.chirocolleges.org/history-of-acc/>; Joel G. Pickar, "Sensory Innervation of the Spine," in *Principles and Practice of Chiropractic*, ed. Scott Haldeman, 3rd ed. (New York: McGraw-Hill Medical, 2005), chap. 12.

<sup>2</sup> *Id.*

<sup>3</sup> See Igor Himelfarb et al., Practice Analysis of Chiropractic 2025 § 6.4, at 89–90, 93 (Nat'l Bd. of Chiropractic Exam'rs 2025), <https://www.nbce.org/wp-content/uploads/Practice-Analysis-of-Chiropractic-2025.pdf>.

<sup>4</sup> *Id.* at 93.

<sup>5</sup> California Code of Regulations (CCR), Title 16, § 302(a)(1).

<sup>6</sup> CCR, tit. 16, § 302(a)(2).

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.”<sup>7</sup>

The BCE was last reviewed in 2021, and its last Sunset Review Report was completed in 2022.<sup>8</sup>

*Legislative History.* In 1920, the first attempt to establish the BCE, California Proposition 5 was defeated 49.23% to 50.77% of the statewide vote.<sup>9</sup> Two years later on November 7, 1922, the electors of California passed Proposition 16, an initiative act titled “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” (Chiropractic Initiative Act of California).<sup>10</sup> The act went into effect December 21, 1922, formally establishing the BCE to regulate the chiropractic profession in California.

## **Board Membership**

The Chiropractic Act specifies that the BCE is composed of seven members, where five are licensed professionals and two are public members.<sup>11</sup> The governor appoints all seven members of the board.<sup>12</sup> Each board member must be a citizen of the United States and have been a resident of California for at least five years.<sup>13</sup> The professional members must be graduates of an approved school of chiropractic, and have been licensed in California for five years prior to appointment.<sup>14</sup> Additionally, no more than two members of the board may have attended the same chiropractic school or reside in the same county.<sup>15</sup>

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<sup>7</sup> Board of Chiropractic Examiners (BCE), *Sunset Review Report 2026*, at 1.

<sup>8</sup> *Id.*

<sup>9</sup> California Secretary of State. *California Voter Guide, November 1920*. Sacramento: State of California, 1920. UC Law SF Scholarship Repository. [https://repository.uchastings.edu/cgi/viewcontent.cgi?article=1149&context=ca\\_ballot\\_props](https://repository.uchastings.edu/cgi/viewcontent.cgi?article=1149&context=ca_ballot_props).

<sup>10</sup> Chiropractic Initiative Act of California, Initiative Measure, Stats. 1923, p. lxxxix (approved by electors Nov. 7, 1922, effective Dec. 21, 1922); Cal. Bus. & Prof. Code § 1000-1.

<sup>11</sup> Chiropractic Act § 1; Cal. Bus. & Prof. Code § 1000-1.

<sup>12</sup> Chiropractic Act § 2.

<sup>13</sup> Chiropractic Act § 1.

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

The BCE currently has one board member vacancy. The seat to be occupied by a governor-appointed, professional member was vacated in 2021 when the previous member resigned their seat, and it has yet to be filled.<sup>16</sup>

Board members are appointed for four-year terms, and members may not serve more than two consecutive terms.<sup>17</sup> Under state law, governing all boards within the DCA the BCE is required to convene at least two meetings per calendar year, with one meeting held in Northern California and one held in Southern California.<sup>18</sup> In addition to the biannual minimum, the board may convene at any other time it deems necessary.<sup>19</sup> All board meetings are subject to the Bagley-Keene Open Meeting Act.<sup>20</sup> Members are not paid, but they receive a per diem of \$100 for each day spent in the discharge of official duties and are reimbursed for travel and other expenses necessarily incurred in the performance of official duties.<sup>21</sup>

The current BCE members and their backgrounds are listed in the table below.

Board Members	First Appointment	Term Expiration	Appointing Authority
<p><b>Laurence Adams, D.C., DACNB, Board Chair, Professional Member</b></p> <p>Dr. Lawrence Adams is currently in private practice in Sonoma, Ca. Dr. Adams previously served as a Senior Examiner for the ACNB. Dr. Adams has served the chiropractic community over the years as VP and President of his local North Bay CCA and as a Key Doctor for his regional Assemblyman and Senator. Dr. Adams received his DC degree from Life Chiropractic College-West in 1996 and his post-doctorate degree in Clinical Neurology from the Carrick Institute in 1999. Dr. Adams has served as Chair of the Board since 2025. His term expires on February 10, 2027.</p>	10/22/2020	2/10/2027	Governor

<sup>16</sup> BCE, *Sunset Review Report 2021*, at 12.

<sup>17</sup> Chiropractic Act § 1.

<sup>18</sup> Business and Professions Code (BPC) § 101.7.

<sup>19</sup> Chiropractic Act § 6.

<sup>20</sup> Government Code (GOV) §§ 11120-11133.

<sup>21</sup> BPC § 103; Chiropractic Act § 3.

<b>Board Members</b>	<b>First Appointment</b>	<b>Term Expiration</b>	<b>Appointing Authority</b>
<p><b>Pamela J. Daniels, D.C., CCSP, DACNB, FABBIR, MS-ClinNeuroSci, Board Vice Chair, Professional Member</b></p> <p>Pamela J. Daniels of El Granada, California has been in private practice in the San Jose area for over 25 years. She earned her DC degree from Palmer College of Chiropractic West in 1997. Additionally, she obtained her Certified Chiropractic Sports Physician Degree from Palmer in 2004. She has completed extensive post-graduate work including a Diplomate from the American Chiropractic and Neurology Board from the Carrick Institute of Graduate Studies in 2011 and is a Fellow of the American Board of Brain Injury and Rehabilitation Program at the Carrick Institute. She also holds a Master of Science degree in Clinical Neuroscience from the Carrick Institute. Dr. Daniels has served as Vice Chair of the Board since 2025. Her term expires on February 10, 2028.</p>	11/9/2021	2/10/2028	Governor
<p><b>Janette N.V. Cruz, MBA, Board Secretary, Public Member</b></p> <p>Janette N.V. Cruz of Sacramento held a variety of roles at CalPERS between 2006 to 2015 within their Health Benefits Division, Investment Office, and Human Resources. Ms. Cruz joined Sacramento Municipal Utilities District (SMUD) in 2015 and currently oversees SMUD’s Enterprise Metrics and facilitates the governance for their Enterprise Projects. Ms. Cruz received a Bachelor of Science from the University of California, Davis, College of Agriculture in Community and Regional Development, focused on Policy Planning and Organizational Development. Ms. Cruz also received a Master of Business Administration from the University of California, Davis, Graduate School of Management. Ms. Cruz has served as Secretary of the Board since 2024. Her term expires on November 3, 2028.</p>	11/9/2021	11/3/2028	Governor

<b>Board Members</b>	<b>First Appointment</b>	<b>Term Expiration</b>	<b>Appointing Authority</b>
<p><b>Sergio Azzolino, D.C., NP, DACNB, FACFN, Professional Member</b></p> <p>Sergio F. Azzolino has been the director at Azzolino Chiropractic Inc. since 1995. Dr. Azzolino serves on the editorial board of journal of Functional Neurology, Rehabilitation, and Ergonomics (FNRE). Dr. Azzolino also served as faculty at Life Chiropractic College West from 1996 to 1999 and currently is an assistant professor of Clinical Neurology at the Carrick Institute for Graduate Studies. He is a diplomate and Vice President of the American Chiropractic Neurology Board, diplomate in pain management through the American Academy of Pain Management, a Fellow of the American College of Functional Neurology and Fellow of the American Board of Childhood Development Disorders. Dr. Azzolino earned a DC degree from Life Chiropractic College West. Dr. Azzolino serves on the Enforcement Committee and Chiropractic Specialties Subcommittee. His term expires on February 10, 2028.</p>	2/7/2025	2/10/2028	Governor

<b>Board Members</b>	<b>First Appointment</b>	<b>Term Expiration</b>	<b>Appointing Authority</b>
<p><b>David Paris, D.C., Professional Member</b></p> <p>Dr. David Paris has worked in multiple multidisciplinary clinics including Redding Industrial and Occupational Health from 2003-2004, staff chiropractor Sutter Health at Work Medical Associates from 2003 to 2005, Anderson Walk-in clinic (Rural Health Clinic) from 2014 to 2018 and currently full-time at the Veteran’s Healthcare Administration clinic in Redding since 2005. Dr. David Paris has multiple preceptorship academic affiliations via the Veterans Administration including adjunct clinical faculty at the University of Western States since 2014, adjunct clinical faculty at Palmer College of Chiropractic since 2009 and Parker University since 2020. He was owner at Active Care Chiropractic from 2002 to 2009 in Redding, CA. Dr. Paris was a chiropractic consultant for State Compensation Insurance Fund from 2004 to 2006, chiropractic case manager at Professional Dynamics Corporation from 2004 to 2006, independent medical examiner for Exam Works Corporation since 2012 and file reviewer for Premier File Review LLC from 2018 to 2019. Paris was a qualified medical evaluator at the California Division of Workers' Compensation from 2002 to 2009 and from 2011 to 2013. He earned a DC degree from Palmer College of Chiropractic West in 2001 and a Master of Science degree in Neuroscience from Parker University. Dr. Paris serves on the Enforcement Committee and the Government and Public Affairs Committee. His term expires on February 10, 2026.</p>	12/17/2018	2/10/2026	Governor
<p><b>Rafael Sweet, J.D., Public Member</b></p> <p>Rafael Contreras Sweet is a personal injury attorney based in Los Angeles. He founded Sweet Justice P.C., a law firm focused on advocating for the injured. Mr. Sweet previously served as a board member for Clinica Monsenor Romero, a health clinic providing quality affordable healthcare to underserved communities of Los Angeles. He earned a Juris Doctor degree from Loyola Law School and his undergraduate degree from University of California Los Angeles. Mr. Sweet has chaired the Enforcement Committee since 2024, where he has served since 2021. His term expires on November 3, 2028.</p>	3/2/2021	11/3/2028	Governor
<p><b>Vacancy, Professional Member*</b></p>			Governor

\* Vacant since February 3, 2021

## Committees

Members of licensing boards often have professional responsibilities outside of their board responsibilities, and so they are usually only able to meet a few times each year. As a result, boards typically use smaller committees that can meet more frequently, explore issues in-depth, and then make recommendations to the full board at public board meetings.

The BCE currently has four standing committees, each composed of between two to three board members. Typically, a committee is chaired by a more senior member who can share their knowledge and expertise in the committee's subject matter with the more junior committee member. This helps plan for board-member turnover and succession of committee chairs by transmitting institutional knowledge to newer board members. The four standing committees are as follows:

- *Continuing Education Committee*: This committee proposes policies and standards regarding continuing education providers and courses. It also oversees the annual licensee continuing education audits, and assesses the BCE's continuing education requirements to ensure that they reflect the current knowledge and skills necessary for the competent practice of chiropractic. Laurence J. Adams has chaired the Continuing Education Committee since 2024. The board members currently on this committee are Lawrence J. Adams and Pamela J. Daniels.
- *Enforcement Committee*: This committee proposes regulations, policies, and standards to protect the health, welfare, and safety of the public. Furthermore, the committee continuously seeks ways to improve the Board's enforcement activities and ensure public safety. Rafael Sweet has chaired the Enforcement Committee since 2024. The board members currently on this committee are Rafael Sweet, David Paris and Sergio F. Azzolino.
- *Licensing Committee*: This committee proposes regulations, policies, and standards regarding chiropractic programs, the licensure of DCs, and the registration of satellite offices and chiropractic corporations. Pamela J. Daniels has chaired the Licensing Committee since its creation in 2022. The board members currently on this committee are Pamela J. Daniels and Janette N.V. Cruz.
- *Government and Public Affairs Committee*: This committee proposes and reviews policies and procedures to address sunset review issues, monitors the BCE's budget, reviews and recommends positions on legislative bills, develops strategies to communicate with the public through various forms of media, oversees all administrative issues regarding the BCE's operations, and monitors the BCE's progress in achieving strategic plan goals and objectives. Janette N.V. Cruz has chaired the Government and Public Affairs Committee since 2022. This board members currently on this committee are Janette N.V. Cruz and David Paris.

## Staff

As of December 12, 2025, the BCE had 19 authorized staff positions.<sup>22</sup> There are currently two staff vacancies and BCE has averaged five staff vacancies since 2021. These vacancies are primarily due to retirements, as well as internal and external promotions. The BCE, currently has, and is working to fill two vacancies—a Lead Administrative and Policy Analyst position, and an Enforcement Technician position.

The BCE staff includes an executive officer, appointed by the board, who serves as the managerial, administrative, and operational officer. Kristin Walker, who previously served as the BCE's assistant executive officer, moved into a new role as the executive officer, on May 23, 2022. She filled the vacancy left by the BCE's former executive officer, Robert Puleo, who retired on December 30, 2021, and served in that position since November, 2009. The remainder of the staff include 16 other employees who work with the board and the executive officer to fulfill the BCE's responsibilities. These employees are divided amongst the board's three units: the enforcement unit, the licensing and continuing education unit, and the administration unit.

## Fiscal

The BCE is a special fund agency and receives no support from the General Fund.<sup>23</sup> The BCE's fund is primarily funded through license fee revenues. The largest and most consistent source of revenue is the renewal fee for DC licenses. Revenue from fines, enforcement cost recovery, application fees, and other sources typically account for approximately one quarter of the BCE's total revenue.

Averaged across the past four fiscal years, the BCE's most significant revenue sources were:

- DC Renewal Fees—76.72%
- Continuing Education Course Application Fees—6.29%
- Satellite Certificate Renewal Fee—3.00%
- Initial DC License Fee—2.77%
- Miscellaneous Review—2.28%

The BCE and other licensing boards attempt to maintain a healthy fund reserve and a fund balance that can cover economic uncertainties, potential litigation, salary or price increases, and other unexpected expenditures. The BCE has stated that its target of 12 to 24 months of reserve funding is important to its goal of maintaining long term financial stability.<sup>24</sup>

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<sup>22</sup> BCE, *Sunset Review Report 2026*, at 297.

<sup>23</sup> For more information related to state funds, see California Department of Finance, *Glossary of Budget Terms*, accessed March 10, 2026, <https://dof.ca.gov/wp-content/uploads/sites/352/budget/publications/2008-09/governors-budget-summary/SGBT.pdf>.

<sup>24</sup> See BCE, *Sunset Review Report 2026*, at 21.

Although the BCE ended FY 2024/25 with a reserve balance of 4.7 months, which was 0.6 months greater than the reserve balance that it had in FY 2021/22, the BCE is currently requesting a fee increase from the legislature due to a projected decline in the reserve balance over the next two years. The request is discussed further on page 28 under Current Sunset Review Issues, Issue #1: Budget and Fund Condition.

<b>Fund Condition</b> (Dollars in Thousands)						
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26*	FY 2026/27*
Beginning Balance	\$2,369	\$1,635	\$1,880	\$3,282	\$2,375	\$2,511
Revenues and Transfers	\$4,362	\$4,560	\$5,299	\$5,156	\$4,927	\$4,880
<b>Total Resources</b>	\$6,731	\$6,195	\$7,179	\$8,438	\$7,302	\$7,391
Budget Authority	\$4,904	\$5,088	\$5,622	\$6,315	\$6,069	\$6,175
Expenditures	\$5,006	\$4,169	\$3,897	\$6,063	\$6,069	\$6,175
<b>Fund Balance</b>	\$1,725	\$1,242	\$3,282	\$2,375	\$1,233	\$1,216
<b>Months in Reserve</b>	4.1	3.6	10.1	4.7	2.4	2.3

\* Projection from the 2026 sunset review report

### Expenditures by Program Component

The BCE’s expenditures can be broken down by administrative, licensing and education, and enforcement costs. All licensing boards also pay a pro-rata contribution to cover various administrative services provided by the DCA, which include training and planning, legal affairs, legislative affairs, information technology, communications, public affairs, and investigative services, among other services.

During the past four fiscal years, the BCE has spent approximately \$8.7 million, or 53%, of its total expenditures on the Enforcement Program, and \$0.68 million or 4.1% on examination costs. The BCE spent \$2.1 million, or 12.8%, on its Licensing Program, and \$2.2 million, or 13.4%, on administration costs. BCE also spent \$2.8 million, or 17.1%, on pro rata expenditures.

<b>Expenditures by Program Component</b> (list dollars in thousands)				
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25

	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$1,042	\$1,593	\$790	\$1,084	\$685	\$1,043	\$810	\$1,675
Examination	\$104	\$45	\$79	\$84	\$69	\$104	\$81	\$120
Licensing	\$469	\$97	\$356	\$119	\$308	\$153	\$364	\$210
Administration *	\$449	\$75	\$431	\$92	\$390	\$119	\$436	\$164
DCA Pro Rata	\$0	\$675	\$0	\$670	\$0	\$699	\$0	\$715
<b>TOTALS</b>	<b>\$ 2,064</b>	<b>\$ 2,485</b>	<b>\$1,656</b>	<b>\$2,049</b>	<b>\$1,452</b>	<b>\$2,118</b>	<b>\$1,691</b>	<b>\$ 2,884</b>
*Administration includes costs for executive staff, board, administrative support, and fiscal services.								

### Fees

The Chiropractic Act establishes the BCE’s authority to assess fees and the state legislature’s authority to set the fee amounts.<sup>25</sup> The BCE’s current fee schedule is codified in the Business and Professions Code (BPC).<sup>26</sup> The BCE issues three license/certificate types—DC licenses, chiropractic corporation certificates, and satellite certificates.<sup>27</sup> DC licenses and satellite certificates expire annually on the last day of the licensee’s birth month, while chiropractic corporation certificates expire annually on the last day of the month in which they were originally issued.<sup>28</sup>

Over the past 10 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.<sup>29</sup>

Most recently, following the BCE’s last sunset review in 2021, 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.<sup>30</sup>

Fee Schedule and Other Revenue Sources (list revenue dollars in thousands)							
Fees/Revenue Sources	Current Fee/Revenue Amount	Statutory Limit	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue

<sup>25</sup> Chiropractic Act § 12.5.

<sup>26</sup> BPC § 1006.5.

<sup>27</sup> Chiropractic Act § 12.5.

<sup>28</sup> *Id.*

<sup>29</sup> SB 1480 (Hill) Chapter 571, Statutes of 2018.

<sup>30</sup> SB 1434 (Roth) Chapter 623, Statutes of 2022.

Doctor of Chiropractic (DC) License Renewal Fee	\$336	\$500	\$3,726	\$3,530	\$3,904	\$4,032	76.72%
DC License Application Fee	\$345	\$345	\$138	\$136	\$134	\$140	2.77%
DC Reciprocal License Application Fee	\$283	\$283	\$2	\$0	\$1	\$1	0.02%
Initial DC License Fee	\$137	\$137	\$61	\$58	\$49	\$50	1.10%
DC License Restoration Fee (Assessed in Addition to DC License Renewal Fee)	\$336	\$500	\$58	\$56	\$52	\$34	1.01%
Replacement License Fee	\$71	\$71	\$15	\$12	\$15	\$17	0.30%
Petition for Reinstatement of Revoked or Surrendered License Fee	\$4,185	\$4,185	\$3	\$9	\$17	\$17	0.23%
Petition for Reduction of Penalty Fee	\$3,195	\$3,195	\$0	\$0	\$0	\$3	0.02%
Petition for Early Termination of Probation Fee	\$3,195	\$3,195	\$0	\$0	\$3	\$3	0.03%
Preceptor Application Fee	\$72	\$72	\$21	\$19	\$17	\$26	0.42%
License Verification Fee	\$83	\$83	\$43	\$34	\$21	\$21	0.60%
Chiropractic Corporation (COR) Certificate Application Fee	\$171	\$171	\$24	\$22	\$22	\$23	0.46%
COR Certification Renewal Fee	\$62	\$62	\$41	\$55	\$79	\$83	1.30%
COR Special Report Filing Fee	\$98	\$98	\$1	\$2	\$3	\$4	0.05%
Replacement COR Certificate Fee	\$70	\$70	\$0	\$0	\$0	\$0	0.00%
Satellite (SAT) Certificate Application Fee	\$69	\$69	\$92	\$112	\$136	\$157	2.51%
SAT Certificate Renewal Fee	\$50	\$50	\$100	\$122	\$176	\$196	3.00%

Replacement SAT Certificate Fee	\$71	\$71	\$0	\$0	\$1	\$0	0.01%
Continuing Education (CE) Provider Application Fee	\$291	\$291	\$2	\$8	\$4	\$4	0.09%
CE Provider Renewal Fee	\$118	\$118	\$2	\$7	\$4	\$7	0.10%
CE Course Application Fee	\$116 per course hour	\$116 per course hour	\$111	\$265	\$463	\$406	6.29%
Citation and Fine Revenue	Varies	\$5,000	\$37	\$50	\$44	\$8	0.70%
Miscellaneous Review	Varies	Varies	\$37	\$63	\$154	\$197	2.28%
Referral Services Application	\$279	\$279	\$0	\$0	\$0	\$0	0.00%

### Cost Recovery

The BCE seeks reimbursement of all costs incurred during the investigation and prosecution of a disciplinary case up to the date of the administrative hearing, including expert consultant expenses and charges by the Attorney General’s office.<sup>31</sup> Under BPC § 125.3, all DCA boards have the authority to recover costs from licensees related to enforcement activities. If a case proceeds to an administrative hearing, the administrative law judge from the Office of Administrative Hearings may reduce or eliminate cost recovery as part of their proposed decision.<sup>32</sup> In addition, when negotiating stipulated settlements or surrenders, the BCE may agree to reduce the amount of cost recovery upon a showing of financial hardship or other mitigating circumstances.<sup>33</sup>

During the past four fiscal years, the BCE ordered an average of \$11,144 in cost recovery per disciplinary case.<sup>34</sup> This is a \$4015 per-case increase from the 2017-2021 sunset review cycle where the BCE averaged \$7,129 in cost recovery per-case.<sup>35</sup>

Cost recovery is an insignificant source of revenue for the BCE (approximately 1%). The BCE reports the following cost recovery data since FY 2020-21:

<b>Cost Recovery</b> (list dollars in thousands)				
	<b>FY 2021/22</b>	<b>FY 2022/23</b>	<b>FY 2023/24</b>	<b>FY 2024/25</b>

<sup>31</sup> CCR § 317.5.

<sup>32</sup> *Id.*

<sup>33</sup> *See id.*

<sup>34</sup> *See BCE, Sunset Review Report 2026*, at 49.

<sup>35</sup> *See id.*

Total Enforcement Expenditures	\$2,635	\$1,874	\$1,728	\$2,485
Potential Cases for Recovery *	41	37	25	14
Cases Recovery Ordered	27	28	20	11
Amount of Cost Recovery Ordered	\$410.5	\$197.9	\$260.8	\$89.2
Amount Collected	\$73.5	\$34.9	\$98.0	\$97.5
* “Potential Cases for Recovery” are those cases in which disciplinary action has been taken based on violation of the license practice act.				

## Licensing

In general, licensing programs serve to protect consumers of professional services and the public from undue risk of harm. The programs require anyone who wishes to practice a licensed profession to demonstrate a minimum level of competency through education, examinations, and experience. The requirements for chiropractic licensure and the scope of chiropractic practice are detailed in the BCE’s rules and regulations.<sup>36</sup>

The BCE’s Licensing Committee proposes policies and standards regarding chiropractic colleges, DCs, satellite offices, and corporation registration. Before the creation of the Licensing Committee in 2022, its functions and responsibilities were carried out by the Licensing and Continuing Education Committee.

The BCE issues three license/certificate types—DC licenses, chiropractic corporation certificates, and satellite certificates.

The BCE reports the following license data since FY 2020-21:

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<sup>36</sup> See CCR, tit. 16 §§ 300-390.

**Licensee Population**

		<b>FY 2021/22</b>	<b>FY 2022/23</b>	<b>FY 2023/24</b>	<b>FY 2024/25</b>
Doctor of Chiropractic	Active <sup>37</sup>	11,000	10,810	10,551	10,763
	Out of State	634	542	413	405
	Out of Country	20	18	11	15
	Delinquent/Expired	1,772	1,777	1,739	1,540
	Inactive	860	888	1,068	854
Chiropractic Corporation	Active	1,207	1,237	1,253	1,306
	Out of State	5	3	0	1
	Out of Country	0	0	0	0
	Delinquent/Expired	666	740	836	884
	Other	0	0	0	0
Satellite Certificate (SAT)	Active	3,958	4,194	5,091	5,213
	Delinquent/Expired	3,973	4,478	5,878	5,560

Note: ‘Out of State’ and ‘Out of Country’ are two mutually exclusive categories. A licensee should not be counted in both.

*Doctor of Chiropractic (DC) Licensing Requirements.* Each applicant for a DC license must fulfill the following requirements: complete pre-chiropractic education, graduate from an approved chiropractic college, submit fingerprints for a background check, and pass a national examination and state-specific jurisprudence examination.<sup>38</sup> The national examination consists of the NCBE parts I, II, III, IV, and Physiotherapy.<sup>39</sup> The state-specific examination, the California Chiropractic Law Examination (CCLE), tests applicants’ knowledge of state-specific laws, regulations and ethical requirements which govern chiropractic practice.<sup>40</sup> The primary subject areas covered by the CCLE are: recordkeeping, billing and reporting; office management and workplace conduct; advertising, discounts and referrals; professional practice; and professional responsibilities.<sup>41</sup>

DCs licensed in another state may obtain certification in California under roughly the same education, residency, and background check requirements.<sup>42</sup> Specifically, to be eligible for licensure as a DC in California through interstate reciprocity, an applicant must: have graduated

<sup>37</sup> Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

<sup>38</sup> See California Department of Consumer Affairs, Office of Professional Examination Services, *Occupational Analysis of the Chiropractic Profession* (Sacramento: California Board of Chiropractic Examiners, August 2024), 55-61.

<sup>39</sup> See *id.*

<sup>40</sup> See *id.* at 54.

<sup>41</sup> *Id.*

<sup>42</sup> See *id.*

from a BCE-approved chiropractic college and completed the minimum number of hours and subjects as were required by California law at the time the applicant's license was issued; completed equivalent successful examination in each of the subjects examined in California in the same year as the applicant was issued a license in the state from which they are applying; hold a valid and up-to-date license in the state from which they are reciprocating and that state must reciprocate with California; have five years of licensed chiropractic practice; take and pass the California Chiropractic Law Examination; and pay the application fee and initial license fee.<sup>43</sup> If an applicant cannot meet these requirements for interstate reciprocity, they must apply through the standard licensing process.<sup>44</sup>

*DC Scope of Practice.* DCs in California are issued a "license to practice chiropractic," by the BCE, which authorizes "the holder thereof to practice chiropractic in the State of California as taught in chiropractic schools or colleges; and, also, to use all necessary mechanical, and hygienic and sanitary measures incident to the care of the body, but shall not authorize the practice of medicine, surgery, osteopathy, dentistry or optometry, nor the use of any drug or medicine now or hereafter included in *Materia medica*."<sup>45</sup> According to the scope of practice codified in the California code of regulations, "A duly licensed chiropractor may manipulate and adjust the spinal column and other joints of the human body and in the process thereof a chiropractor may manipulate the muscle and connective tissue related thereto."<sup>46</sup> Additionally, DCs are authorized to diagnose patients, as long as the diagnosis and treatment is consistent with, and not exceeding the legal scope of chiropractic practice.<sup>47</sup> However, a chiropractic license in CA does not authorize the holder to: "(A) to practice surgery or to sever or penetrate tissues of human beings, including, but not limited to severing the umbilical cord; (B) to deliver a human child or practice obstetrics; (C) to practice dentistry; (D) to practice optometry; (E) to use any drug or medicine included in *Materia medica*; (F) to use a lithotripter; (G) to use ultrasound on a fetus for either diagnostic or treatment purposes; or (H) to perform a mammography."<sup>48</sup> Finally, although DCs are prohibited from the prescription of medicine contained within the *Materia medica*, DCs "may employ the use of vitamins, food supplements, foods for special dietary use, or proprietary medicines, if the above substances are also included in [pharmacy law]."<sup>49</sup>

## **Education**

The Chiropractic Act establishes the BCE's authority to approve chiropractic schools and colleges whose graduates may apply for licenses in California.<sup>50</sup> The California Code of Regulations (CCR) contains specific regulations concerning the BCE's approval and oversight of chiropractic

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<sup>43</sup> *See id.*

<sup>44</sup> *See id.*

<sup>45</sup> Chiropractic Act § 7.

<sup>46</sup> CCR, tit. 16, § 302(a)(1).

<sup>47</sup> CCR, tit. 16, § 302(a)(4).

<sup>48</sup> *Id.*

<sup>49</sup> CCR, tit. 16, § 302(a)(5); BPC § 4057.

<sup>50</sup> Chiropractic Act § 4(g).

schools.<sup>51</sup> The purpose of BCE approval is to ensure that school curricula meet the minimum requirements for licensure. As such, applicants for licensure must have attended a BCE-approved school.<sup>52</sup>

*Chiropractic Medical Schools & Colleges.* BCE regulations define the requirements needed to approve schools.<sup>53</sup> Schools need to demonstrate that they meet the following requirements: supervision, financial management, records, catalog, calendar, faculty, student faculty ratio, faculty organization, scholastic regulations, curriculum, physical facilities, and quality of instruction.<sup>54</sup> The Bureau for Private Postsecondary Education (BPPE) does not play a role in approving the BCE schools, and the BCE does not coordinate with BPPE in the program approval process.<sup>55</sup> BCE's regulation states that no school shall be approved until it has been inspected by the Council on Chiropractic Education (CCE), which is the agency recognized by the U.S. Secretary of Education for accreditation of programs and institutions offering the DC degree.<sup>56</sup> There are 20 BCE-approved chiropractic schools, and they are located across the United States and Canada.

Through its regulations, the BCE's has authority to revoke approval of any chiropractic program that fails to meet the BCE's standards or if the quality of instruction does not satisfy the objectives outlined in the Chiropractic Act and the BCE's regulations.<sup>57</sup> The BCE states that its Licensing Committee and staff actively monitor the accreditation decisions and activities of the CCE.<sup>58</sup> The committee reviews the accreditation actions taken by CCE at their biannual meetings, including the outcomes of site visits and progress reports. When CCE takes adverse action against a BCE-approved chiropractic program, the committee evaluates the basis for that action and may recommend action by the board. In addition, BCE staff and the committee chair also communicate directly with the affected chiropractic program about the status of the adverse action and its corrective action plan. The BCE also monitors proposed revisions to CCE's accreditation standards and engages with CCE to communicate the BCE's position on those changes.

The BCE cannot approve an international chiropractic program until it has been in operation for at least two years, has met institutional and programmatic accreditation standards, and has demonstrated its compliance with the BCE's regulations.<sup>59</sup> Currently, there is only one international chiropractic program that has been approved by the BCE—Canadian Memorial Chiropractic College in Toronto, Ontario.

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<sup>51</sup> CCR, tit. 16, §§ 330-331.16.

<sup>52</sup> Chiropractic Act § 5.

<sup>53</sup> See CCR, tit. 16, §§ 330-331.16.

<sup>54</sup> See *id.*

<sup>55</sup> See *id.*

<sup>56</sup> Chiropractic Act § 4(g).

<sup>57</sup> CCR, tit. 16, §§ 330-331.16.

<sup>58</sup> BCE, *Sunset Review Report 2026*, at 35.

<sup>59</sup> CCR, tit. 16, § 331.1.

## Examination

As discussed above, DCs who have completed education from an approved program must pass a licensing examination before being issued a license. The national examinations required for licensure as a DC in California include Parts I through IV (Basic Sciences; Clinical Sciences; Clinical Competency; Chiropractic Technique and Case Management) and Physiotherapy of the national examination administered by the National Board of Chiropractic Examiners (NBCE).<sup>60</sup> Applicants must also complete the California Chiropractic Law Examination (CCLE) that was developed by the BCE, in conjunction with the DCA's Office of Professional Examination Services.<sup>61</sup> These examinations are only offered in English.<sup>62</sup> The weighted average overall passage rate for the CCLE from 2021/22 through 2024/25 is 81.4%. For the CCLE, 70% of applicants passed the examination on their first attempt and 86% passed a reexamination. The overall passage rate for the NBCE from 2021/22 through 2024/25 are: 84% for part one - Basic Sciences; 88% for part two - Clinical Sciences; 79% for part three - Clinical Competency; 90% for part four - Chiropractic Technique and Case Management; and 90% for Physiotherapy.<sup>63</sup>

BCE utilizes computer-based testing for the CCLE, which is administered throughout the year in various locations throughout the United States by PSI Services LLC.<sup>64</sup> The NBCE national examination Parts I, II, III, and physiotherapy are administered via computer every year in various locations throughout the United States, including two sites in California: Hayward, and Whittier.<sup>65</sup> Part IV of the NCBE examination is administered in person, at campus based testing sites, and at the NCBE Assessment Center in Greenly, Colorado.<sup>66</sup>

## Continuing Education

Professions and practices can change over time. For instance, new technology, research, or ethical requirements may increase the level of minimum competence needed to protect consumers. Therefore, some licensing boards require licensees to complete additional training or classes to maintain minimum competence post-licensure. This is usually accomplished through continuing education (CE) or continuing competence requirements at the time of renewal.

The BCE's CE requirements state that in order to renew the DC license in active status, licensees must complete 24 hours of CE, including.<sup>67</sup>

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<sup>60</sup> BCE, *Sunset Review Report 2026*, at 32.

<sup>61</sup> BCE, *Sunset Review Report 2026*, at 32; CCR, tit. 16, § 349(b)(4).

<sup>62</sup> BCE, *Sunset Review Report 2026*, at 32.

<sup>63</sup> *Id.* at 33.

<sup>64</sup> See California Board of Chiropractic Examiners. "California Chiropractic Law Examination (CCLE) Examination Information." California Department of Consumer Affairs. Accessed February 25, 2026. <https://www.chiro.ca.gov/applicants/examinfo.shtml>.

<sup>65</sup> See BCE, *Sunset Review Report 2026*, at 32.

<sup>66</sup> "Part IV Exam." National Board of Chiropractic Examiners. Accessed February 25, 2026. <https://www.mynbce.org/part-iv-exam/>.

<sup>67</sup> CCR, tit. 16, § 361.

- 2 hours minimum on Ethics and Law
- 4 hours in any one of, or a combination of, the following subject areas:
  - History Taking and Physical Examination Procedures
  - Chiropractic Adjustive Techniques or Chiropractic Manipulation Techniques
  - Proper and Ethical Billing and Coding.

The remaining 18 hours of CE may be met by taking BCE-approved courses in any subject areas and/or completing courses that are approved by the California Department of Industrial Relations, Division of Workers Compensation, or any healing arts board or bureau within Division 2 of the Business and Professions Code, or approved by any organization authorized to approve CE by any healing arts board or bureau.<sup>68</sup> In addition, licensees may only complete a maximum of 12 hours of CE through distance learning (i.e., computer, Internet, digital video, etc.).<sup>69</sup>

*CE Requirement Compliance Monitoring.* The BCE states that it verifies completion of CE through random audits of license renewal applications.<sup>70</sup> The BCE sends notices to the licensees who have been randomly selected for the CE audit requesting that they provide the BCE with a copy of their certificates of completion for the coursework they completed in the previous renewal period. Licensees who fail to complete the required CE or fail to respond to the audit are referred to BCE's Enforcement Unit for appropriate action. In addition, the online renewal application available to licensees through the BCE's Connect system allows licensees to upload their CE certificates of completion and attach them to their application for staff review. In the event a licensee fails a CE audit, the BCE's Enforcement Unit typically issues letters of admonishment or citations and fines to licensees who fail CE audits. However, egregious cases, such as those involving the falsification of documentation or repeat offenders, are referred to the Attorney General's office for disciplinary action.

During the past four fiscal years, the BCE has audited approximately 10% of the licensee population. Unlike during the 2022 sunset review cycle, the BCE currently does not have complete data on the passage rate for the 4,500+ audits that are still being processed. The BCE has stated that this data will be available at the completion of the 2026 sunset review cycle. These audits are discussed further on page 31 under Current Sunset Review Issues, Issue #3: Continuing Education Audits.

*CE Course and Provider Approval:* The BCE approves CE the courses taken by its licensees.<sup>71</sup> The BCE's regulations require a board-approved CE provider to pay an application fee and provide an hourly breakdown of the course, a final copy of the syllabus, a copy of any promotional material to be used, and a current curriculum vitae for each instructor.<sup>72</sup> Staff reviews the course application and documentation for compliance with the regulations and issues a decision approving or denying

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<sup>68</sup> *Id.*

<sup>69</sup> *Id.*

<sup>70</sup> BCE, *Sunset Review Report 2026*, at 37.

<sup>71</sup> Chiropractic Act § 4(b); CCR, tit. 16, § 362.

<sup>72</sup> *Id.*

the course. Providers may appeal the denial of a course to an office conference with the BCE's executive officer and to a formal hearing before the board.<sup>73</sup>

The BCE states that CE provider applications are reviewed for completion and approved by staff. Approved provider applications are then ratified by the board at its quarterly meetings. During the past four fiscal years, BCE received and approved 66 CE provider applications. In this timeframe, BCE received and approved over 6,000 CE courses, including over 26,500 hours of course content.<sup>74</sup>

According to the BCE, the board audits CE providers randomly and in response to complaints. As part of the audit process, an expert reviewer or a designee appointed by BCE inspects and audits CE provider and course documentation, attends the course, and prepares a report detailing their findings. If any violations of BCE's regulations are found through the audit, the CE provider is educated on BCE's regulations and requirements. In addition, the CE provider and/or course approval may be withdrawn by the BCE.

## **Enforcement**

The BCE is responsible for enforcing the Chiropractic Act.<sup>75</sup> The purpose of enforcement is to ensure that licensees adhere to licensing requirements and protect the public from the licensees and unlicensed practitioners who do not.

The BCE's Enforcement Unit typically receives consumer complaints with allegations of unprofessional conduct, negligence, fraud, sexual misconduct, inaccurate billings, and failure to provide records upon request. The Enforcement Unit also initiates internal complaints against licensees based on failed continuing education audits, arrests, convictions, discipline by another agency, and malpractice settlement notifications.

*BCE's Cite and Fine Authority.* The BCE has authority to issue citations containing an order to pay a fine between \$100 and \$5,000 and an order of abatement to licensees for any violation of the Act, BCE regulations, or any laws governing the practice of chiropractic.<sup>76</sup> The BCE may also issue citations against unlicensed individuals who are acting in the capacity of a licensee and are not otherwise exempt from licensure.<sup>77</sup> The BCE uses its cite and fine authority to address violations of the Chiropractic Act or BCE regulations that do not warrant formal disciplinary action.

The BCE increased its maximum fine amount to the \$5,000 statutory limit in 2008.<sup>78</sup> During the 2026 sunset review cycle, the BCE has updated its citation regulations and the board states that

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<sup>73</sup> *Id.*

<sup>74</sup> BCE, *Sunset Review Report 2026*, at 38.

<sup>75</sup> Chiropractic Act § 4.

<sup>76</sup>CCR, tit. 16, § 390(a).

<sup>77</sup>CCR, tit. 16, § 390.3.

<sup>78</sup>BCE, *Sunset Review Report 2026*, at 47.

these updates will improve procedural efficiency and for compliance with statutory requirements. Effective January 1, 2026, the BCE amended CCR, title 16, sections 390.4 and 390.5 to:<sup>79</sup>

- Extend the deadline to request an informal conference from 14 days after service of a citation to 30 days from the date of issuance, aligning it with the timeframe for requesting a formal administrative hearing.
- Clarify that payment of a fine does not constitute an admission of the violation charged, as required by BPC section 125.9, subdivision (b)(4).
- Add a provision requiring full amount of any unpaid fine to be added to the license renewal fee, pursuant to BPC section 125.9, subdivision (b)(5).

The BCE commonly issues citations for failed continuing education audits, record keeping violations, failure to maintain patient records, and unprofessional conduct.

The five most common violations for which citations are issued are:

1. Failure to include the required content in chiropractic patient records or make those records available to the Board<sup>80</sup>
2. Conduct that endangered the health, welfare, or safety of the public<sup>81</sup>
3. Unlicensed practice or use of title by unlicensed persons<sup>82</sup>
4. Failure to ensure accurate billings<sup>83</sup>
5. Repeated acts of simple negligence<sup>84</sup>

During the past four fiscal years, the average pre-appeal fine amount was \$3,333 and the average post-appeal fine was \$2,833.<sup>85</sup>

*Enforcement Timelines.* Consumers, licensees, and the public benefit from the expedient resolution of investigations and disciplinary proceedings. The DCA's Consumer Protection Enforcement Initiative (CPEI), establishes performance measures and set target cycle timelines for the boards it regulates, with the aim of resolving investigations and disciplinary proceedings in a timely manner.

The CPEI timelines track statistics for every stage of the enforcement process, including the following statistics quarterly:

- Performance Measure (PM) 1—Case Volume: the total number of complaints and conviction or arrest notices received within the specified period.
- PM 2—Intake: New complaint intake and the average number of days to close a complaint or assign it for an investigation (target average of 30 days)

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<sup>79</sup>CCR, tit. 16, §§ 390.4, 390.5.

<sup>80</sup>CCR, tit. 16, § 318(a).

<sup>81</sup>CCR, tit. 16, § 317(e).

<sup>82</sup>CCR, tit. 16, § 310.2.

<sup>83</sup>CCR, tit. 16, § 318(b).

<sup>84</sup>CCR, tit. 16, § 317(b).

<sup>85</sup> BCE, *Sunset Review Report 2026*, at 48.

- PM 3—Investigations: Investigation cases completed and the average number of days to complete an investigation without formal discipline (target average of 360 days).
- PM 4—Formal Disciplinary Actions: the number of formal disciplinary actions completed and the average number of days to complete a disciplinary action (target average of 540 days).

In conjunction with these DCA PMs, the BCE has established the following internal performance targets for its Enforcement Program:<sup>86</sup>

- Complaint intake: 10 days from receipt of a complaint to assignment for investigation or closure at intake. (PM 1,2)
- Investigations: 120 days from receipt of a complaint to completion of an investigation. (PM 3)
- Formal Discipline: 540 days from receipt of a complaint to the effective date of the disciplinary action. (PM 4)

The number of complaints received annually by the BCE has been trending downward compared to the 2021 sunset review cycle. The average number of complaints received between FY 2018/19 and FY 2020-21 was 572, while the average number of complaints received between FL 2021/22 and FL 2024/25 was 448.<sup>87</sup> The BCE consistently meets its complaint intake target, averaging five days to complete the intake process during this review period. However, during the 2026 review cycle, the BCE has not met its performance targets for investigations and formal discipline. The BCE states that several factors contributed to these delays, some of which were outside of the BCE's control. These included tracking licensee arrests through the prosecution process, delays in obtaining documents and evidence from licensees, limited cooperation from complainants and witnesses, hearing availability with the Office of Administrative Hearings, and licensee requests for continuances. The BCE has been unable to meet its formal discipline timeline goals since 2022 sunset review cycle. However, the BCE stated that it will likely be able to being meeting its goals during the upcoming review cycle due to the recent changes to its enforcement programs. PM4 target timelines are discussed further on pages 35-36 under Current Sunset Review Issues, Issue #7: Enforcement Program Enhancements.

*Disciplinary Action Trends.* Since the last review, the number of disciplinary actions taken against licensees increased by approximately 27 percent. This BCE attributes this trend to the adjudication of a significant volume of complex cases that were referred to the Attorney General's Office during fiscal years 2020–21 and 2021–22. After clearing these cases, the BCE reduced its pending disciplinary caseload from 107 to 47, during the 2021/22-2025/26 review period. According to the BCE, pandemic-related delays in scheduling hearings and negotiating stipulated

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<sup>86</sup> California Department of Consumer Affairs, "Enforcement Data," accessed February 25, 2026, <https://www.dca.ca.gov/data/enforcement.html#Measure2>.

<sup>87</sup> See BCE, *Sunset Review Report 2026*, at 40.

settlements with respondents further contributed to the higher volume of disciplinary actions during FYs 2020/21-2021/22.

*Case Prioritization.* BCE's complaint prioritization policy is consistent with DCA's *Complaint Prioritization Guidelines for Health Care Agencies*. During the complaint intake process, cases are prioritized as "urgent", "high", or "routine".<sup>88</sup>

Examples of "urgent" cases include allegations of serious patient/consumer harm, injury, or death; mental or physical impairment with potential for public harm; practicing while under the influence of alcohol or drugs; sexual misconduct; and gross negligence or incompetence. The majority of patient complaints, allegations of unlicensed practice, and licensee arrest and conviction notifications are categorized as "high" priority. Cases involving failure to release patient records, general recordkeeping violations, communication issues, false advertising, discipline in another jurisdiction, practice with an expired license, and continuing education audits are categorized as "routine".

*Formal Disciplinary Process.* The BCE's disciplinary process is initiated upon receipt of a complaint or notification of an arrest, conviction, or disciplinary action by another agency that is substantially related to the practice of chiropractic.<sup>89</sup> According to the board, complaints are typically investigated by the BCE's special investigators and enforcement analysts, with support from contracted chiropractic expert consultants who evaluate whether the licensee met the applicable standard of care. If the investigation substantiates serious violations such as gross negligence, insurance fraud, sexual misconduct, or a criminal conviction, the matter is referred to the Attorney General's Office for formal disciplinary action.

Upon referral, a deputy attorney general reviews the evidence before preparing an accusation. The accusation is filed by the Board's executive officer and served on the licensee, who must file a notice of defense within 15 days to avoid a default decision revoking their license. If a notice of defense is filed, the deputy attorney general may work with the Board's executive officer to negotiate a stipulated settlement or license surrender, subject to Board approval. If settlement efforts are unsuccessful, the matter proceeds to an administrative hearing before an administrative law judge, where the deputy attorney general prosecutes the case. Following the hearing, the administrative law judge issues a proposed decision for the BCE to adopt, modify, or reject. Once the board issues its final decision, it is served on the licensee, and the disciplinary action generally becomes effective 30 days thereafter.

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<sup>88</sup>See California Department of Consumer Affairs, *Complaint Prioritization and Referral Guidelines for Professional Boards and Bureaus*, accessed February 12, 2026, [https://www.dca.ca.gov/enforcement/case\\_referral\\_guidelines\\_professional\\_boards\\_bureaus.pdf](https://www.dca.ca.gov/enforcement/case_referral_guidelines_professional_boards_bureaus.pdf).

<sup>89</sup>See Board of Chiropractic Examiners, *Disciplinary Guidelines and Model Disciplinary Orders*, accessed February 10, 2026, <https://www.chiro.ca.gov/enforcement/guidelines.pdf>.

During the past four years, 23 default decisions were issued, 77 cases were settled, and 17 cases resulted in an administrative hearing.<sup>90</sup> During the past four years, the Board settled 66% of disciplinary cases and 14% of cases resulted in a hearing. In addition, the Board issued default decisions in 20% of cases.<sup>91</sup>

The BCE does not have a statute of limitations for investigating complaints. However, licensees are only required to maintain patient records for five years from the last treatment date.<sup>92</sup> Therefore, when complaints are submitted over five years after the last treatment date, BCE is often limited in its ability to investigate the allegations, substantiate any violations, and take any action.

*Settlements and Settlement Reporting.* The BPC requires certain entities to report settlement amount over \$3,000 to the BCE.<sup>93</sup> The BPC also requires within 10 days after a judgment by a court of this state that a licensee has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount in excess of \$30,000 caused by the licensee's negligence, error, or omission in practice, or rendering unauthorized professional services, the clerk of the court that rendered the judgment shall report that fact to the board.<sup>94</sup> The BCE reports that is not aware of any problems receiving the required reports and receives them on a routine basis. In addition, it is the duty of every licensee to notify BCE of any violation of the Chiropractic Act or board regulations so the board may take appropriate disciplinary action.<sup>95</sup>

The average dollar amount of settlements reported to BCE during the last four fiscal years is \$217,240.<sup>96</sup>

*Unlicensed Practice and Underground Economic Activity.* The unlicensed practice of chiropractic and the use of the titles "chiropractor" and "D.C." by unlicensed individuals is prohibited.<sup>97</sup> The BCE uses cite and fine authority to address routine violations of statutory provisions such as use of titles in advertising or licensees who practiced on an expired license.<sup>98</sup> During the previous sunset review cycle from July 2017 through December 2021, 238 complaints of the 2,675 complaints the BCE received (8.9%) contained allegations of unlicensed practice. However, the majority of these complaints were against licensees who continued practicing after their license expired due to a late renewal and were resolved by issuing a letter of admonishment or warning to the licensee. During this timeframe, the BCE issued eight citations for the unlicensed advertising and/or practice of chiropractic. Egregious cases of unlicensed activity are referred to DCA's Division of Investigation or local law enforcement to pursue criminal action against the

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<sup>90</sup> *See id.*

<sup>91</sup> *See id.*

<sup>92</sup> CCR, tit. 16, § 318.

<sup>93</sup> BPC §§ 801-802.

<sup>94</sup> BPC § 803.

<sup>95</sup> CCR, tit. 16, § 314

<sup>96</sup> *See BCE, Sunset Review Report 2026*, at 46.

<sup>97</sup> Chiropractic Act § 15; 16 CCR § 310.2.

<sup>98</sup> *See id.*

individuals. Of the 1,793 complaints the BCE received during FY 2021/22 through FY 2024/25, the current sunset review cycle, 255 complaints (14.2%) contained allegations of unlicensed practice.

### **Additional Background**

For additional information regarding the BCE's responsibilities, operations, and functions, please see the BCE's *Sunset Review Report 2026*. The report is available on the BCE's website at: [https://www.chiro.ca.gov/forms\\_pubs/2026\\_bce\\_sunset\\_report.pdf](https://www.chiro.ca.gov/forms_pubs/2026_bce_sunset_report.pdf).

## **PRIOR SUNSET REVIEWS: CHANGES AND IMPROVEMENTS**

The BCE was last reviewed in 2021/22. A total of 14 issues were raised by the Committees at that time. In the BCE's *Sunset Review Report 2026* and responses to the previous background paper, the BCE describes actions it has taken to address the recommendations made in the staff background paper for the review. The issues that have not been fully addressed or may still be of concern to the Committees are discussed under "Current Sunset Review Issues."

- **Prior Issue #1: (Board Composition) Does the BCE's board composition need to be updated to include additional members of the public or non-chiropractic medical professionals?** During this sunset review cycle, the Committees recommended that the BCE should discuss whether adding additional members of the public or non-chiropractic medical professionals to the Board could be beneficial to the Board, chiropractic patients, or the public. The Board discussed this possibility during the strategic planning session in August 2022. Pursuant to this discussion, the BCE believes that it is not necessary to add additional nonpublic members, because there are already two appointed to the Board, and there are various channels through which the Board can receive input outside the profession that do not require changing the Board's composition. The BCE also stated that, changing the Board's composition would pose significant procedural and fiscal challenges because a change to the composition of the Board would require modifying the Chiropractic Act.
- **Prior Issue #2: (Regulations) What is the current timeframe for BCE regulatory packages to be approved and finalized?** During the current review period, 2021/22 through 2025/26 the BCE stated its average timeframe for rulemaking was approximately two years. Since the last sunset review in 2021/22, there have been a number of events which have led to the increased efficiency of the BCE's rulemaking and regulatory proposal processes, which include: the creation of the Regulations Unit within the DCA's Office of Legal Affairs; the BCE's business modernization efforts, and reorganization of internal operations; and participation by BCE analysts and board management in formal rulemaking training, through the OAL. As a result of these efforts, the BCE anticipates that it will be able to clear its existing backlog of regulatory proposals and reduce overall rulemaking timeframes.

- **Prior Issue #3: (Strategic Plan) What is the status of BCE’s strategic plan? In addition, what will be the priorities for upcoming strategic planning sessions?** During this review period, the BCE worked with DCA’s SOLID training and planning solutions to develop its current strategic plan for 2022-2026, which was adopted in its original form in October 2022. The main goal of this plan was to develop objectives relating to: improvements in licensing and professional qualifications; enforcement, public relations and outreach; laws and regulations; and organizational development. The BCE adopted an amended plan in October 2024 which was focused on consumer protection via improvements in enforcement and continuing education; minimizing barriers to licensure; ensuring the BCE’s long term financial stability; and making improvements to the BCE’s rulemaking procedures. The BCE stated it has also begun the development of its 2027-2030 strategic plan with SOLID, in preparation for the upcoming strategic planning session, which is scheduled for April 2026.
- **Prior Issue #5: (Fee Increases and Barriers to Chiropractic Professionals) During this review cycle the BCE requested a new set of fee increases. Has BCE considered how to minimize the impact of these fee increases on early-career chiropractic professionals and underrepresented groups within the chiropractic profession?** According to the BCE, it has considered these questions and formulated the following responses. First, the BCE found that women and racial minorities are still underrepresented in the chiropractic profession in California. Additionally, the costs associated with chiropractic education and opening a chiropractic practice are some of the most significant barriers for early career chiropractic professionals.

With this data in mind, the BCE stated it has considered the following, with regards to easing the burden of increased fees. The most recent study performed by the BCE showed that efficiencies resulting from the use of the new Connect system have reduced the overall costs for obtaining initial licensure for DCs. As a result, the BCE stated it has decided to reduce the initial licensing fee for new applicants from \$557 to \$482. This fee decrease is intended to reduce the initial financial burden associated with obtaining licensure and lower the financial barrier for entry to early career professionals and people who belong to groups that are currently underrepresented in the chiropractic professions. Through this combination of a decrease in the initial license fee and an increase in other fees including license renewal, the BCE aims to both remedy the imbalance in its budget and decrease the financial burden on early career chiropractic professionals.

- **Prior Issue #6: (Reciprocal License Requirements) BCE requires applicants that hold active licenses from other states and are seeking license reciprocity in California to have completed training and evaluation equivalent to California requirements. How do California licensing requirements compare to other states? Has the BCE considered revising license reciprocity requirements for candidates holding chiropractic licenses in other states or allowing reciprocity with candidates who are licensed in other countries?** During this sunset review session, the BCE did an analysis of the interstate reciprocity

requirements and determined that California's requirements are generally comparable to other states. These requirements hold that applicants for licensure in California must: complete pre chiropractic education, graduate from an approved chiropractic college, submit fingerprints for a background check, and pass national examinations and a state specific jurisprudence examination. The BCE has stated that it recognizes that there is a compelling interest in pathways to support workplace mobility, while maintaining California's standards for chiropractic care. As a result, the BCE has decided that the best solution is to not reform the reciprocity requirements, but to instead create a temporary licensure tailored to out of state applicants. The BCE has designed a proposal for this temporary license pathway and discussed it at the board's January 2026 meeting. Additionally, at this time, the BCE has not pursued a pathway to international reciprocity due to significant variations in educational and regulatory standards across international jurisdictions.

- **Prior Issue #7: (Continuing Education) What accountability metrics are in place to ensure CE credit earned through distance learning programs is on par with the standards set by the BCE? Are licensees complying with CE requirements, and how does the BCE ensure compliance with these requirements?** The BCE has stated that it has been working to ensure that standards for quality are met during distance learning CE courses. The first way that the BCE maintains the quality of their distance learning CE courses is by reviewing the course content, and the content provider's background before approving a course, or a course provider. Additionally, the BCE conducts random audits of licensee compliance with CE requirements. The BCE paused the licensee audit process during the 2020-21 fiscal year but resumed these audits during 2022. In 2022, the BCE adopted the goal of achieving 100% compliance with the CE standards among the licensee population, as part of the BCE's business modernization project. Additionally, the BCE target for licensee CE audits is 10% of the licensee population each year. Data on these audits was not included in the 2026 sunset report, but the BCE has stated that this data will be available before the BCE's sunset review hearing, which is currently scheduled for March 2026.
- **Prior Issue #8: (Performance-Based Assessment of Licensee Competency) Has the BCE considered adding a performance-based assessment of licensee competency in addition to or in lieu of CE coursework?** The BCE has not yet adopted performance-based assessments as a substitute for continuing education requirements. The BCE first discussed the proposal to adopt performance-based assessments as an alternative to CE requirements during its August 2022 strategic planning session. At that time, the BCE determined it would complete its ongoing work to update the CE course regulations before revisiting whether to include performance-based assessments in the CE program. The BCE stated that since 2022, its committees have used competency-based concepts to shape the regulatory that they have developed. Additionally, the BCE stated that although it does not currently employ performance-based assessments as part of its CE program, it does assess licensee competency through its Enforcement Program when concerns arise, including through the use of ethics and boundaries assessments, post-licensure clinical competency examinations, and physical or

mental evaluations when appropriate. Finally, the BCE stated that it will discuss performance-based assessments further during its next strategic planning session on April 16, 2026.

- **Prior Issue #9: (Enforcement Disclosures) The Patient’s Right to Know Act requires BCE licensees to disclose their probationary status to patients. The BCE recommended in their report that two exemptions be removed from this Act (BPC § 1007 subdivision (c)) to strengthen consumer protection. Are there any additional measures that can be taken to ensure consumers are aware of the probationary status of licensees?** The legislature included these two changes mentioned above in the previous sunset bill.<sup>99</sup> As described in the 2026 sunset report, these changes strengthen consumer protections by eliminating the chance that patients would be allowed to visit a licensee without notice of their probationary status, in cases of “unscheduled visits” and when “the licensee is not known to the patient until immediately prior to the start of the visit.”<sup>100</sup> The BCE also created a dedicated web page, where consumers can check the probationary status of licensees. This webpage contains detail about a licensee’s probation status, a link to a licensee’s public profile, and a link to the DCA search license information system, where consumers can access the documents related to a licensee’s disciplinary history.
- **Prior Issue #10: (Practice Violations) Has the BCE sought additional enforcement measures to curb the spread of medical misinformation within the chiropractic community?** During the previous sunset review cycle the BCE has consistently recommended that licensees follow all public health guidelines issued by the Centers for Disease Control and Prevention, and the California Department of Health, particularly in light of the COVID-19 pandemic. Since March 2020, the BCE has received 132 complaints regarding misleading advertising or the spread of medical disinformation. The BCE has responded to all of these complaints and 14 are still under investigation. The BCE believes that its current statutes and regulations regarding the dissemination of medical misinformation are sufficient to address unprofessional conduct by its licensees. However, the BCE also plans to consider the development of new regulations and or guidance related to the use of social media by licensees at a Board meeting in 2026.
- **Prior Issue #10: (Impacts of the COVID-19 Pandemic) Since March 2020, there have been a number of waivers issued through Executive Orders that have impacted BCE operations, licensees, providers, and patients throughout the state. Do any of these waivers warrant an extension or other statutory changes? How has the BCE addressed issues resulting from the pandemic and how does the BCE aim to continue to address these issues as the pandemic endures?** Following the last sunset review, the BCE developed a regulatory proposal concerning the BCE’s regulations regarding the approval of chiropractic programs and educational standards. The goal of this proposal, according to the BCE, was to strike the correct balance between maintaining the educational standards set by the BCE, and

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<sup>99</sup>SB 1434 (Roth), Chapter 623, Statutes of 2022.

<sup>100</sup> BPC § 1007(c).

providing increased access to resources for licensees, through an evaluation of the format and delivery of chiropractic education in California. This proposal is anticipated to be released to the office of administrative law (OAL) for publication in the notice register in early 2026. Additionally, the BCE has developed a regulatory proposal which would narrow the definition of distance learning to just asynchronous coursework, thereby allowing licensees to receive live credit for synchronous online courses. This proposal was submitted to the OAL for review and approval on November 20, 2025, and approved by OAL on January 7, 2026. Finally, the BCE stated it is currently developing a new regulatory proposal to establish standards of practice for telehealth chiropractic care. This proposal will be presented to the board by the Licensing Committee in April 2026.

- **Prior Issue #11: (Technical Changes May Improve Effectiveness of BCE Operations)** There are amendments to BCE’s Practice Act that are technical in nature but may improve BCE operations and the enforcement of the Act. During the last sunset review, the Committees expressed an interest in potentially making technical amendments to the BCE’s Practice Act. The BCE stated that it included all of its recommendations for technical amendments to the act in SB 1434 (Roth), Chapter 623, Statutes of 2022 during the most recent sunset review. Additionally, the BCE’s new legislative requests are discussed in the current issues section of this report.
- **Prior Issue #12: (Regulatory Review) Review of the regulatory functions of the BCE.** During the previous sunset review, the Committees recommended that the BCE should be reviewed again at a future date to be determined. The BCE agreed with this proposal to extend the review deadline by four years.

## CURRENT SUNSET REVIEW ISSUES

This section covers new and unresolved issues relating to the BCE. It includes background information and Committee staff recommendations for each issue. Committee staff has provided this paper to the BCE and other interested parties, so that they may respond to the issues and recommendations.

## BUDGET ISSUES

**ISSUE #1: BUDGET AND FUND CONDITION.** *The BCE currently reports that its budget is structurally imbalanced, and without corrective action, there is a significant risk of insolvency by FY 2027/28. Should the BCE be authorized to make adjustments to its fee schedule, and if so, by how much?*

**Background:** Most of the BCE’s revenue is generated through the collection of fees.<sup>101</sup> If the BCE’s fee schedule, and the revenue it generates from the fees it collects, is out of alignment with

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<sup>101</sup> For detailed budget and fee data, see BCE, *Sunset Review Report 2026*, at 24–25.

its operating costs, its budget will be structurally imbalanced. If the BCE's budget is structurally imbalanced, the BCE will begin to deplete its reverse funds. 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.

*Recent Budget & Fee History.* 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.<sup>102</sup>

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.<sup>103</sup>

In 2022, the BCE stated that it determined this previous fee study and subsequent fee increase failed to account for a number of expenses incurred by the BCE, including: the personnel costs associated with restaffing vacant positions within the BCE; repayment of a 2.68 million dollar loan from the Bureau of Automotive Repair; the price of the Business Modernization IT Project; or the increase in legal fees for services provided by the state Attorney General's Office. These expenditures largely fall under the categories of operating and enforcement costs.

During FY 2021/22 to 2024/25 the BCE's reserve fund balance increased by 0.6 months. The BCE states that the fund's increase from was due staff vacancies, and fluctuations in enforcement costs. However, according to the BCE because these vacant positions have started to be restaffed, and enforcement costs have been on the rise since FY 2023/24, the fund's recent trend towards insolvency will continue if fees remain at their current level. Without an increase in revenue, BCE is projected to have a 2.4-month reserve balance at the end of FY 2025/26 and a 2.3-month reserve balance by the end of FY 2026/27.

*Current Budget and Fee Proposals.* Despite these two recent fee increases in 2018 and 2022, the BCE states that its budget is still structurally imbalanced. The BCE's current fiscal data shows a decline in fund reserves for FY 2024/25 and projects further declines for FY 2025/26 and FY 26/27.<sup>104</sup> 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 cycle, stating that an adjustment to the fee schedule could help avoid further depletion of the BCE's reserve funds and possible insolvency.

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<sup>102</sup> SB 1480 (Hill) Chapter 571, Statutes of 2018.

<sup>103</sup> SB 1434 (Roth) Chapter 623, Statutes of 2022.

<sup>104</sup> BCE, *Sunset Review Report 2026*, at 10.

The BCE has stated that, following the joint sunset review hearing scheduled for March 10, 2026, it will submit a detailed proposal regarding its recommendations for adjustments to the fee schedule in its written responses to the issues raised in this background paper.

**Staff Recommendation:** *The BCE should continue to update the Committees about whether the BCE believes it is necessary to raise fees for licensees, in order to ensure the long-term stability of the BCE's fund. Furthermore, the BCE should submit a detailed proposal concerning its recommendations for adjustments to the board's fee schedule to the Committees, as required by BPC section 1006.*

**ISSUE #2: FEE AUTHORITY FOR NEW LICENSE TYPE – CHIROPRACTIC FACILITY PERMIT.** *The BCE currently requires satellite certificates for licensees who have additional practice locations beyond their primary address of record. Should the BCE be authorized to issue fees for the issuance and renewal of chiropractic facility permits, and phase out the satellite certificate program?*

**Background:** The BCE currently requires licensees to obtain satellite certificates for every additional practice location that they operate, beyond their primary location of record. The purpose of the satellite certificate is to ensure that the BCE has up to date information about where licensees are providing chiropractic services. 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 first limitation of the satellite certificate is that it contains the physical address of a satellite practice, but not the name of the practice. According to the BCE, the satellite certificate's omission of the satellite practice's name makes it difficult for the BCE to quickly identify practice locations and prevents the public from being able to search for chiropractic practices through the BCE's online information system. Additionally, the BCE states that the satellite certificate creates costly administrative burdens for large corporations, which need a satellite certificate for each licensee at each practice location that they operate. Satellite certificates also only allow for one licensee per certificate, which creates problems in situations where two or more licensees are practicing at the same location.

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.

According to the BCE, this new system will greatly improve the efficiency of the BCE as well as of the businesses of its licensees. The BCE stated that this certificate program will also strengthen its consumer protection efforts by allowing it to provide more transparent and complete

information about licensees to members of the public. However, the BCE is unable to implement this new system without statutory authorization to establish fees which would cover the costs of issuing and renewing the facility permits. Therefore, the BCE has requested that the legislature considers codifying these two new fee requests in BPC section 1006.5.

**Staff Recommendation:** *The BCE should continue working with the legislature on a proposal to grant the BCE statutory authority to codify fees for chiropractic facility permit issuance and renewal.*

## EDUCATION ISSUES

**ISSUE #3: CONTINUING EDUCATION AUDITS.** *Continuing education (CE) audits are one of the main tools that the BCE employs to ensure the continuing competency of its licensees. Recently, the BCE has accrued a backlog of CE audits that it has yet to process and release data on. What steps should the BCE take to remedy this backlog of CE audits?*

**Background:** Continuing education is one of the main tools that the BCE utilizes to ensure the continuing competency and knowledge of its licensees. The BCE is responsible for regulating chiropractic CE programs in California and ensuring that its licensees comply with CE requirements. The BCE ensures compliance with CE requirements by auditing its licensees every year. These audits require DC licensees to submit proof that they have fulfilled their CE requirements.

According to the BCE, primary source verification of CE completion by licensees would increase the efficiency and efficacy of its CE auditing program. The BCE is not currently able to receive primary source verification of CE completion through the DCA's cloud or any other resource. However, as part of the BCE's Business Modernization Project, the BCE plans to integrate primary source verification into the CE provider dashboard. This functionality will allow BCE-approved CE providers to upload course completion information directly into the BCE's Connect system and automatically integrate that data into licensees' records in the system. The BCE plans to replace its manual, paper-based CE audits with an automated auditing process by the end of fiscal year 2026–27.

The BCE has stated that its goal is to audit 10% of the licensee population each year. In previous sunset review cycles, the BCE has released data regarding the outcome of these audits in the sunset review report. However, the BCE did not release this data in the *2026 Sunset Review Report*. The BCE stated that its backlog of CE audits will be processed and the data from these audits will be available by the date of its 2026 sunset review hearing.

**Staff Recommendation:** *The BCE should continue to process its backlog of CE audits and provide an update on the outcome of these audits to the Committees per the timeline provided.*

**ISSUE #4: NATIONAL EXAMINATIONS AND BPC § 139. *Should the BCE be required to conduct occupational analyses for national examinations?***

**Background:** To obtain a license from the BCE, applicants are required to complete six examinations, five national examinations administered by NBCE and a California-specific law and ethics examination. These examinations are only offered in English.

The objective of a license examination is to determine whether applicants meet minimum competency requirements. Consequently, examination reviews and occupational analyses are conducted to assess whether the examination appropriately evaluates the candidates' skill levels in carrying out tasks routinely performed by the profession in a safe and competent manner. BPC § 139 requires the DCA and programs within the Department to develop a policy to evaluate examinations and conduct occupational analyses, and define circumstances under which review is appropriate, standards for review of state and national examinations, and standards for determining appropriate costs of reviews, among other examination policy considerations.

National examinations provide many advantages to regulatory programs and licensees alike. For example, licensing entities are not required to develop and administer the examinations, which provides considerable cost and workload savings to the program. For license candidates, advantages include that a national examination provides increased portability, greater assurance that their education will prepare them to pass the examination, and increased availability of test taking dates and locations. However, there is rationale for a California-specific examination in some circumstances that must be considered on a case-by-case basis. For example, there are professions where the law and ethical standards in California deviate sharply from other states, seismic considerations for engineering and architecture that must be evaluated in California, professions that do not require licensure in other states, and professions for which there is not a national examination.

A key component of BPC § 139 is the legislative findings of subdivision (a), which state in relevant part, "It is the intent of the Legislature that the policy developed by the department pursuant to subdivision (b) be used by the fiscal, policy, and sunset review committees of the Legislature in their annual reviews of these boards, programs, and bureaus." During the legislative process and sunset review oversight, each program within DCA has established whether its examination for licensure is California-specific, a national examination, or a combination of both. A program can also move to adopt a national examination on its own volition if it is not mandated to require a specific examination.

The BCE notes in its 2025 Report to the Legislature that the DCA's Office of Professional Examination Services (OPES) conducted a comprehensive review of the five-part national chiropractic board examination on behalf of the Board. The purpose of the review was to ensure the national examination procedures meet professional and technical standards. Additionally, OPES performed a linkage study to identify any aspects of chiropractic practice in California that are not adequately measured by the national examination.

BPC § 139(c) states, “Every regulatory board and bureau, as defined in Section 22, and every program and bureau administered by the department, the Osteopathic Medical Board of California, and the State Board of Chiropractic Examiners, shall submit to the director on or before December 1, 1999, and on or before December 1 of each subsequent year, its method for ensuring that every licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation.” Given that programs are only required to provide a method for ensuring exams are periodically evaluated, and given that the BCE relies on a national examination that it may not have the ability to change or update just for California applicants, it is not clear why the BCE, as a program within DCA, would be required to routinely evaluate a national examination that is not administered by or under contract with a DCA program under the provisions of BPC § 139. It is also not clear what steps BCE would take in the event that an OPES routine evaluation, which BCE pays for, found that some element of the national examination is unable to measure aspects of chiropractic in California. Would California then require its own examination? Would patients and the public benefit from that?

Particularly given that BCE faces a structural imbalance and desire to increase fees, it would be helpful to understand the resources BCE has been required to expend on DCA’s review of a national examination and the plan moving forward since BCE still relies on national examinations to determine applicant readiness for licensure.

***Staff Recommendation:*** *The BCE should update the Committees on the status of OPES examination review, costs for this work, and any next steps the BCE plans to take.*

## ADMINISTRATIVE ISSUES

**ISSUE #5: DEVELOPMENT OF THE CONNECT PROGRAM.** *The BCE recently transitioned many of its IT functions to the DCA Connect system. What action, if any, is required of the BCE regarding this transition to the Connect system?*

**Background:** In 2018, the BCE joined the first cohort of DCA boards participating in the development of the Connect IT system. DCA Connect is a new application, licensing, and enforcement system, which is currently being utilized by the BCE as well as many other DCA boards. The Connect system is a replacement to the DCA BreEZe Program which itself was intended to address deficiencies in the DCA’s legacy system. After delays with the rollout of BreEZe, the BCE and other DCA boards were removed from the project, and subsequently added to DCA’s Connect program. The BCE has spent approximately \$2 million during FY 2019–20 through FY 2024–25 on the development, implementation, and maintenance of Connect. The annual cost of Connect’s maintenance, operations, and feature enhancement services is estimated to be \$138,549 for FY 2025–26 and FY 2026–27.

The BCE stated that it expects the Connect system to meet its current and future IT needs for licensing, continuing education and enforcement functions. The BCE is currently using the Connect system, but as with past systems, Connect is rolled out in phases and the complete transfer

of the BCE's IT needs to the Connect system is ongoing. The BCE has already implemented online license applications and renewals, address changes, cancellation of satellite certificates, online payment and submission of paper applications, a new online complaint form, and enforcement workflows including complaint intake, investigation, cite and fine, formal discipline, and probation monitoring. According to the BCE, future project phases will be focused on expanding the system functionality to include continuing education application, approval, and audit processes and additional enhancements to the user experience for consumers, applicants, and licensees.

**Staff Recommendation:** *The BCE should continue to develop the Connect system with DCA and other participating boards; and continue to update the Committees on its progress during the next sunset review cycle.*

**ISSUE #6: BCE STAFF POSITION VACANCIES.** *During the past two sunset review cycles, the BCE has averaged five staff vacancies. What action if any, is required by the BCE regarding these vacancies?*

**Background:** At the beginning of this review period, BCE had 19 authorized staff positions. The BCE staff includes an executive officer, appointed by the board, who serves as the executive, administrative, and operational officer. These employees are divided amongst the BCE's three units: the enforcement unit, the licensing and continuing education unit, and the administration unit. The BCE has averaged five staff vacancies over the past two sunset review cycles. These vacancies are primarily due to retirements, and internal and external promotions. However, the structural imbalance in the BCE's budget has also played a role in the continued vacancy of the boards available staff positions. The BCE currently has two staff vacancies—a Lead Administrative and Policy Analyst position, and an Enforcement Technician position. The BCE is in the process of filing the two vacant staff positions and has stated that the board will likely be fully staffed in the coming year.

**Staff Recommendation:** *The BCE should continue its effort to staff the two remaining vacant positions and continue to update the Committees on any issues that arise pursuant to these vacancies.*

**ISSUE #7: EMERGING TECHNOLOGY:** *Is the BCE prepared to address the impacts of emerging technology, such as AI, on the delivery of services to chiropractic patients and the public?*

**Background:** The rapid advancement of technology, and in particular, Artificial Intelligence (AI), has created opportunities to automate routine and common tasks that once needed humans to complete. As AI has incorporated increasingly complex algorithms that allow machine learning, the possibility of replacing less routine or mundane tasks has become an option. Consequently, proliferation of AI could lead to disruptions to industries that rely on analyzing data.

On September 6, 2023, the Governor issued Executive Order N-12-23, to address challenges and opportunities arising from the advancement of AI, which the order references as generative artificial intelligence (GenAI). Among the reasons for the state to take action, the EO states (in part):

GenAI can enhance human potential and creativity but must be deployed and regulated carefully to mitigate and guard against a new generation of risks; and

[T]he State of California is committed to accuracy, reliability, and ethical outcomes when adopting GenAI technology, engaging and supporting historically vulnerable and marginalized communities, and serving its residents, workers, and businesses in a transparent, engaged, and equitable way; and

[T]he State of California seeks to realize the potential benefits of GenAI for the good of all California residents, through the development and deployment of GenAI tools that improve the equitable and timely delivery of services, while balancing the benefits and risks of these new technologies...

The Governor's Executive Order includes direction for various state entities, including, "Legal counsel for all State agencies, departments, and boards subject to my authority shall consider and periodically evaluate for any potential impact of GenAI on regulatory issues under the respective agency, department, or board's authority and recommend necessary updates, where appropriate, as a result of this evolving technology."

There are no legal restrictions against using technology in healthcare delivery, provided that the services are rendered by licensed professionals in California. The standard of care remains consistent, whether care is provided in-person or via telehealth. DCs are required to adhere to the same responsibilities and patient privacy protections, regardless of the mode of interaction.

**Staff Recommendation:** *The BCE should inform the Committees of whether it is equipped to investigate misuse of AI or other technology. The BCE should discuss actions it has already taken, if any, to protect consumers, update regulations, and enable proper enforcement in cases using telehealth via AI, while simultaneously keeping up with changes in the safe delivery of services. Finally, the BCE should inform the Committees of whether it needs legislative authority to address any concerns stemming from the use of AI.*

## ENFORCEMENT ISSUES

**ISSUE #8: ENFORCEMENT TIMEFRAMES.** *During the 2026 sunset review cycle, the BCE has not been able to meet the target timeframes for investigation and formal discipline set by the BCE and DCA. Has the BCE considered implementing additional measures to reduce enforcement timeframes?*

**Background:** The BCE reports that while it is able to meet target cycle times for complaint intake, it faces challenges meeting investigation and discipline timeframes. This issue is continued from its 2022 sunset review. Target cycle timeframes for investigations that do not result in a referral to the Attorney General's office for disciplinary action are set by the BCE at 120 days, however the BCE reports that the actual investigation cycle time averaged 350 days in 2024/25. Target cycle time for discipline is 540 days from receipt of the complaint through the effective date of the disciplinary action, however the BCE reports that the actual discipline time averaged 1,046 days in 2024/25.

The BCE stated in its *2026 Sunset Review Report* that it has been unable to meet these targets due to obstacles such as the amount of time it takes for licensee arrests to eventually result in convictions, difficulty obtaining documents from licensees, hearing scheduling with the Office of Administrative Hearings, licensee requests for hearing continuances, and witness cooperation and availability for hearings.

According to the BCE stated that during the 2026 sunset review cycle, it has made progress in reducing its case completion timeframes, in large part due to the BCE's recent technological changes and reorganization of the BCE's enforcement unit. The BCE also stated that it has streamlined the disciplinary process through its implementation of the Connect system. Additionally, pursuant to the reorganization of the BCE's enforcement unit, its analysts have been separated into investigation, and case management sections, which the board has stated will allow for quicker case disposition. The BCE has stated that it continuously monitors the impacts of these changes and will continue to try and improve the average case disposition time over the coming review cycle.

**Staff Recommendation:** *The BCE should continue working on decreasing its enforcement and formal discipline timeframes. Additionally, the BCE should continue to update the Committees on its progress regarding this issue.*

**ISSUE #9: DENIAL OF LICENSURE FOR FORMAL DISCIPLINE INVOLVING SEXUAL ABUSE OR MISCONDUCT. *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. Should BPC § 480 be amended to include DCs in the exception to the seven-year limitation on considering prior discipline, when the discipline would have constituted an act of sexual abuse, misconduct or relations with a patient?***

**Background:** BPC § 480(a) contains the grounds upon which the BCE may deny a license to practice chiropractic to applicants who have been convicted of a crime or subject to discipline by another licensing board.<sup>105</sup> The BCE can deny licensure to applicants that have been formally disciplined by a licensing board within the past seven years for professional misconduct that would have been cause for discipline by the BCE, and is substantially related to the chiropractic profession.<sup>106</sup> However, unlike in the case of physicians and surgeons in CA, the BCE cannot deny licensure to applicants for formal discipline based on sexual misconduct, that occurred more than seven years prior to the date of application.<sup>107</sup>

“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, often involving sensitive areas of the body. Due to this level of physical contact, any history of sexual abuse or misconduct by a DC poses a significant risk to public safety.”<sup>108</sup>

The BCE asserts that the BPC should be amended to allow the BCE to deny licensure if an applicant was subject to professional discipline for sexual misconduct that occurred longer than seven years before the date of application, because sexual abuse and misconduct or abuse are serious ethical violations that should be evaluated during the licensure process, no matter when they occurred. Additionally, the BCE states that this amendment should be made because of the significant consumer protection interests that are implicated by this issue.

**Staff Recommendation:** *The BCE should continue to work with the Committees on a proposal for legislation to change BPC section 480(a)(2).*

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<sup>105</sup> BPC § 480(a).

<sup>106</sup> BPC § 480(a)(2).

<sup>107</sup> BPC § 480(a)(2).

<sup>108</sup> BCE, *Sunset Review Report 2026*, at 73.

**ISSUE #10: ENFORCEMENT PROGRAM ENHANCEMENTS.** *During the current sunset review period, the BCE has made significant updates to its enforcement program. Should the legislature authorize the following proposals for statutory amendments concerning the BCE's enforcement program?*

**Background:** According to the BCE, the board made a number of changes to its enforcement program during the 2026 sunset review period. These changes are aimed at increasing the efficiency of the BCE's internal processes and the strength of its consumer protection functions. As a result of these changes, the BCE has requested several changes to the BPC which will allow the board to fully effectuate the recent updates to its enforcement program. These proposals include:

*Automatic License Revocation for Second Insurance Fraud Conviction.*

Currently, BPC section 1003, subdivision (b) mandates a minimum 10-year license revocation upon a second conviction for insurance fraud. However, the board must still initiate and complete the standard disciplinary process—including filing an accusation and scheduling an administrative hearing—to enforce this mandatory revocation. During this lengthy process, which can take one to two years, the licensee may continue practicing, undermining the intent of the law and exposing the public to additional financial harm.<sup>109</sup>

To remedy this, the BCE is seeking statutory authority to automatically revoke a license for a minimum of 10 years upon a second insurance fraud conviction as defined in BPC section 1003. Granting this authority would allow the BCE to immediately implement the penalty required by law, protect the public, and significantly reduce the legal expenses associated with carrying out this mandatory disciplinary action.

*Automatic License Revocation for Sex Offense Conviction*

The BCE stated in its 2026 *Sunset Review Report*, that “[c]hiropractic is an inherently hands-on profession that requires close physical contact, often involving sensitive areas of the body. The public reasonably expects that licensees convicted of sex offenses are immediately removed from practice to ensure patient safety and maintain trust in the board’s oversight of the profession. However, the current disciplinary process does not allow for swift action in these cases, creating a critical gap in public protection.”<sup>110</sup>

To address this concern, the BCE is requesting statutory authority to automatically revoke a license upon a conviction that requires registration as a sex offender, consistent with the authority already granted to the Medical Board of California under BPC section 2232.

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<sup>109</sup> BCE, *Sunset Review Report 2026*, at 78.

<sup>110</sup> *Id.*

### *Automatic License Suspension for Conviction of Serious Felony*

A conviction of a serious felony, as defined in Penal Code § 1192.7, represents an immediate and significant threat to public safety. Allowing licensees convicted of such crimes to continue practicing during the lengthy disciplinary process exposes patients and the public to unacceptable risk and is inconsistent with the public's expectation that these individuals are immediately removed from practice without delay.<sup>111</sup>

Currently, the BCE must initiate and complete the full administrative process—including filing an accusation and conducting a hearing—before imposing discipline. This process can take one to two years, leaving a dangerous gap in public protection. While interim suspension orders (ISOs) are available, they are costly, time consuming, and require additional legal resources and expenses.

To close this gap in the disciplinary process and eliminate the need for costly interim suspension procedures, the BCE is seeking statutory authority to automatically suspend a license upon a conviction of a serious felony until a final disciplinary decision is imposed.

### *Automatic Imposition of Chaperone Requirement for Pending Criminal or Administrative Proceedings Involving Sex Offense or Sexual Misconduct*

To protect patients during pending proceedings involving allegations of sexual abuse or misconduct, the BCE is requesting statutory authority to automatically impose a chaperone requirement when a licensee has been criminally charged with a sex offense or when the Board has filed an accusation against a licensee alleging sexual abuse, misconduct, or relations with a patient in violation of BPC section 726.

The ISO process under BPC § 494 is the primary mechanism for restricting practice during pending proceedings, but it presents significant challenges in sexual misconduct cases:

- **Accelerated Timelines:** Once an ISO is granted, the Board must file a formal accusation within 15 days, conduct an administrative hearing within 30 days of receipt of a notice of defense, and render a decision within 30 days of submission of the matter.
- **Evidentiary Complexity:** Sexual misconduct cases rely heavily, or even solely, on witness credibility and testimony. Victims often require time to process trauma before they can testify effectively. Compressing these proceedings under the ISO process risks retraumatizing victims, undermining evidence and testimony, and jeopardizing the Board's ability to prove its case.
- **Conflict with Criminal Proceedings:** In cases involving criminal charges, pursuing an ISO can compromise the prosecution because the BCE must disclose sensitive evidence, such as police

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<sup>111</sup> BCE, *Sunset Review Report 2026*, at 78.

reports and witness statements, before the criminal discovery phase. Further, any inconsistencies during an ISO hearing may irreparably damage the criminal case.

Additionally, obtaining immediate court-ordered practice restrictions under Penal Code section 23 has been increasingly difficult for the BCE, particularly for misdemeanor offenses where preliminary hearings do not occur.

“An automatic chaperone requirement provides a layer of consumer protection in all pending administrative or criminal proceedings involving sexual misconduct or sex offenses, ensuring licensees cannot engage in unchaperoned clinical encounters while their case is pending.”<sup>112</sup> This safeguard significantly strengthens consumer protection while preserving a licensee’s due process and avoiding the risks associated with the existing ISO process.

**Staff Recommendation:** *The BCE should continue to work with the Committees on analyses of and proposals for the statutory amendments described above.*

**ISSUE #11: EXPLICIT STATUTORY AUTHORITY TO CONDUCT STATE AND FEDERAL BACKGROUND CHECKS.** *The Federal Bureau of Investigation is working to implement a “rap back” service which would provide enhanced background check services to licensing boards. Should the legislature provide statutory authorization for the BCE to utilize these services, in the BCE’s 2026 sunset bill?*

**Background:** The Federal Bureau of Investigation (FBI) is working to implement federal “rap back” service for federal criminal history information relating to California license applicants and licenses. The service is the federal equivalent of the California Department of Justice’s subsequent arrest and disposition notification for applicants and licensees. To enroll in that federal service, state fingerprinting authorization statutes must meet specific federal criteria per Public Law 92-544 and FBI guidance: The statute must exist as a result of a legislative enactment; It must require the fingerprinting of applicants who are to be subjected to a national criminal history background check; It must, expressly or by implication, authorize the use of FBI records for the screening of applicants; It must identify the specific category of licensees falling within its purview, thereby avoiding overbreadth; It must not be against public policy; and it may not authorize the receipt of criminal history record information by a private entity.

Through SB 160 (Committee on Budget and Fiscal Review), Chapter 113, Statutes of 2025, the Legislature made the necessary statutory changes for the Medical Board of California, Osteopathic Medical Board of California, Board of Psychology, Board of Behavioral Sciences, and other DCA programs to meet these criteria. The BCE has requested that chapter two of the BPC be amended in the BCE’s sunset bill to grant this statutory authorization. However, there is a viable proposal for a bill to make similar statutory changes for other DCA boards, including the BCE, in the near future. This bill, which would include several of the other DCA boards that also seek statutory

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<sup>112</sup> BCE, *Sunset Review Report 2026*, at 79.

authorization to use the FBI background check services, is currently being considered because it has the potential to be a more streamlined solution than granting authorization every board individually, in the boards' sunset bills.

**Staff Recommendation:** *The BCE should continue to collaborate with the Committees during the upcoming sunset review cycle on a bill that will grant the BCE explicit statutory authorization to utilize FBI background check services.*

## PRACTICE ISSUES

**ISSUE #12: ANIMAL CHIROPRACTIC.** *Are updates to the law necessary to allow trained DCs additional pathways to safely provide services to animals? What is needed to clarify scope of practice, the veterinarian relationship, enforcement authority, and the minimum education and training requirements for DCs to provide chiropractic services on animal patients?*

**Background:** 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 California Veterinary Medical Board (CVMB) and other licensing boards, and discussed at regulatory board meetings.

### *California Laws Regarding DCs Providing Animal Chiropractic*

*Statutory Authority.* Currently, there are no statutes that specifically address animal chiropractic or other practices adapted for use in veterinary medicine. The Chiropractic Initiative Act is silent on the use of chiropractic on animal patients,<sup>113</sup> while the Veterinary Medicine Practice Act outright prohibits the practice of any aspect of veterinary medicine unless provided by a licensed veterinarian, a registered veterinary technician (RVT), or an unlicensed veterinary assistant under supervision.<sup>114</sup>

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

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<sup>113</sup> Chiropractic Act § 7; see also *People v. Fowler* (1938) 32 Cal.App.2d Supp. 737, 746–747.

<sup>114</sup> BPC §§ 4825, 4826, 4836.

practice on or treat human conditions based on any additional certifications specific to veterinarians.

The Veterinary Act does provide a handful of exemptions to the licensure requirement, such as for owners of animals, gratuitous care, or animal shelters. However, none are applicable to DCs providing animal chiropractic in a healthcare business setting.

*Regulatory Authority.* 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.<sup>115</sup>

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.<sup>116</sup>

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:
  - a) Examine the animal patient;
  - b) Have sufficient knowledge to make a diagnosis of the animal's medical condition;
  - c) 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;
  - d) 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
  - e) Obtain a signed acknowledgement from the owner or their authorized representative that MSM is considered to be an alternative (nonstandard) veterinary therapy.

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<sup>115</sup> Title 16, California Code of Regulations, §§ 2038.

<sup>116</sup> *Ibid.*

- 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.

### *Animal Chiropractic in Other States*

The adapted practices of licensed human healthcare professionals in animal care is regulated in varying degrees by other states as well:

#### **1) Direct Access**

- a) Arkansas exempts DCs certified by the American Veterinary Chiropractic Association (AVCA), or its equivalent, from the Veterinary Medical Practice Act and may perform animal chiropractic.
- b) Colorado authorizes unsupervised chiropractic on fully awake dogs and equids if the DC registers with the chiropractic board, completes a 210-hour educational program with a proficiency evaluation, complete a one-hour jurisprudence course on notification requirements for identification of contagious, infectious, and zoonotic diseases and an eight-hour course that covers recognition of early indicators and clinical signs of specified diseases in dog and equid patients, and complete 20 hours of CE per licensing period on the diagnosis and treatment of animals, including a two-hour course on contagious, infectious, and zoonotic diseases in Colorado and in other locations that might affect the licensee's animal patients. A DC who is not registered under may only perform animal chiropractic under the direct, on-premises supervision of a licensed veterinarian. Additionally, a licensee who provides animal chiropractic diagnosis and treatment in the same facility where human patients are treated must maintain a separate, noncarpeted room for the purpose of adjusting animals and cannot use the same table and equipment for animals and human patients.
- c) New Hampshire passed in 2025 a bill similar to a previously vetoed bill exempting DCs completing a nationally recognized animal chiropractic program from veterinary licensure.

- d) Ohio authorizes a DC who is certified by the AVCA, the International Veterinary Chiropractic Association (IVCA), or the College of Animal Chiropractors (CoAC) and registered with the chiropractic board as an “animal chiropractic practitioner” to practice animal chiropractic or represent themselves as an animal chiropractic practitioner. A DC who is not registered may only assist a veterinarian as an “allied medical support individual” under their direct supervision.
- e) Oklahoma, authorizes a DC to engage in the independent practice of animal chiropractic if certified by the chiropractic board. The DC may provide chiropractic treatment to an animal without being certified in animal chiropractic if the animal has been referred to the licensee in writing by a veterinarian. To be eligible for certification, a licensee must complete at least 210 hours of education and training in animal chiropractic diagnosis and treatment and at least 20 hours of AVCA CE per three-year licensing period.
- f) Tennessee exempts animal chiropractic from the definition of veterinary medicine if the DC meets the chiropractic board educational standards, which includes AVCA or similar certification.
- g) Utah exempts DCs who have been certified by the AVCA, or another substantially equivalent course, from the Veterinary Practice Act.

## **2) Conditional Access**

- a) Minnesota authorizes a DC to perform animal chiropractic if registered with the chiropractic board and upon a formal referral from the animal's veterinarian.
- b) Nebraska has one of the most comprehensive regulatory schemes for translational practice. It requires DCs as well as other similarly situated professions, such as physical therapists and acupuncturists, to meet specified education, training, and assessment requirements and obtain an animal therapist license. The owner of the animal must also present a prior letter of referral from a veterinarian that includes a veterinary medical diagnosis and evaluation within the preceding 90 days before the licensed animal therapist can treat the animal. Additionally, the licensed animal therapist must provide monthly reports to the referring veterinarian.
- c) Oregon authorizes animal chiropractic upon a formal referral or clearance from a veterinarian prior to treatment.
- d) Kentucky in 2025, like Nebraska, created a multi-disciplinary "allied animal health professional" license under the veterinary board that authorizes animal chiropractic and other adapted practices. For DCs, requires AVCA or IVCA certification and that the DC communicates their clinical findings to the patient's veterinarian within three days.

## **3) Supervised Access**

- a) Alabama treats DCs as an unlicensed veterinary assistant; veterinarian must establish veterinarian-client-patient-relationship and directly supervise.
- b) Alaska treats DCs as an unlicensed veterinary assistant; veterinarian must establish veterinarian-client-patient-relationship and directly supervise.
- c) Georgia treats DCs as an unlicensed veterinary assistant; veterinarian must be on premises and assume liability.
- d) Illinois provides no independent scope, manipulation is regulated under direct supervision under the veterinary practice act.
- e) Indiana uses a delegation and direct, onsite supervision model.
- f) Louisiana treats DCs as a veterinary assistant; veterinarian must establish veterinarian-client-patient-relationship and directly supervise.
- g) New Mexico requires the physical presence and oversight of a licensed veterinarian.
- h) Pennsylvania does not recognize animal chiropractic, must occur under veterinary delegation.
- i) South Carolina treats DCs as a veterinary assistant; veterinarian must establish veterinarian-client-patient-relationship and directly supervise.
- j) Texas authorizes DC to provide “alternative therapy” but veterinarian must establish veterinarian-client-patient-relationship.

#### **4) No Authority**

- a) New York actively prohibits DCs from practicing on animals. A veterinarian cannot delegate to or supervise a DC.

#### *Current Issues*

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.

***Staff Recommendation:*** *The BCE should advise the Committees on the number of licensees who may provide services to animal patients with or without advanced certification. The BCE should advise the Committees on its enforcement authority of DCs for unprofessional conduct on an animal patient. The BCE should advise the Committees on the limits, if any, in the practice act to authorize the treatment of animal patients.*

**ISSUE #13: LICENSEE POPULATION SIZE TRENDS.** *Over the past 15 years, the BCE's licensee population has decreased steadily. What is the cause of this decrease, and does the BCE need to take action on it?*

**Background:** Since 2010, the DC licensee population in California has decreased steadily. In FY 2012/13 there were 13,427 active DC licensees, in FY 2017/18 there were 13,075, in FY 2021/22 there were 11,000, and in FY 2024/25 there were 10,763.<sup>117</sup> Put another way, between FY 2012/13

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<sup>117</sup> See BCE, *Sunset Review Report 2016*; BCE, *Sunset Review Report 2021*; BCE, *Sunset Review Report 2026*.

and 2024/25, the licensee population decreased by 19.84%. Additionally, 27% of active licensees are 60 years of age or older, and nearly 20% of active licensees plan to retire in the next five years.

In response to these figures, the BCE stated that it recently studied the barriers to licensure and employment for chiropractic students and practitioners in California. The broad conclusion of this study was that most of the barriers to chiropractic licensure and employment are more connected to systemic factors than regulatory requirements. Some of these challenges include: high education costs and student loan debt for graduates; and the financial burden of opening and operating a chiropractic practice. Accordingly, the BCE stated that it has also researched what steps it could take to develop the licensee population, and reduce the burden of these systemic barriers. One such strategy that the BCE stated that it has employed to achieve this goal is restructuring the chiropractic clinical experience requirements. The BCE recently lowered the number of clinical hours required to earn a DC certificate from 4400 to 4200. The BCE determined that this reduction in clinical hours will reduce barriers to entry into the chiropractic profession. Additionally, the BCE recently proposed updates to chiropractic education standards that will allow chiropractic education to be delivered through hybrid and distance learning formats. According to the BCE, the goal of this proposal is to accommodate the changing needs of chiropractic students and facilitate increasingly accessible chiropractic education programs.

**Staff Recommendation:** *The BCE should continue to study the causes of the decrease in the licensee population. Additionally, the BCE should update the Committees if it determines that regulatory action could be a possible solution to this issue.*

## CONTINUED REGULATION OF THE PROFESSION

**ISSUE #14: SUNSET EXTENSION.** *Should the chiropractic profession in California continue to be regulated and licensed under the BCE?*

**Background:** The BCE and its staff have continued to work with the Legislature in implementing the board's consumer protection mission during the 2026 sunset review cycle. While the outstanding issues noted in this background paper still need to be addressed, the BCE and its staff are aware and communicating with the Committees and their staff on next steps.

**Staff Recommendation:** *The BCE's regulation of chiropractic should be continued and reviewed again on a future date to be determined.*