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Senate Health, Education and Social Services Committee

Legislation Checklist

Bill number: SB 109
Sponsor: Josephson
Date referred to committee: 1/30/85
Synopsis completed: 1/30/85
Fiscal note:
Further referrals: Finance

CONTACTS:

- ✓ Bill Sumner 561-2488, 561-0843
- ✓ Dr. ^{John} Godfrey 563-4353 Pres, AK Chiro-
practor Assoc.
- ✓ Josephson
- ✓ Rod Petit, DHA SS 3355
Kim Barbara Bish

COMMITTEE REPORT SENATE

FURTHER: FINANCE

1/30/85

Date 1/30/85

Mr. President

The Committee on HESS considered SB 109

related to provision of chiropractic services under the medicaid program,

and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for SB 109
- new title
- same title and recommends _____
- and attached a "LETTER OF INTENT" NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

[Signature]

[Signature]

MEMBERS HAVING
OTHER RECOMMENDATIONS

[Signature]
Chairman

[Signature]
Chairman recommendation

TO: BETTYE
FROM: SANDRA

SB 109 PROVISION OF CHIROPRACTIC
SERVICES UNDER MEDICAID.

Josephson is sponsor; Bill Sumner requested the bill be heard.

ALLOWABLE SERVICES UNDER MEDICAID ARE ESTABLISHED BY FEDERAL GOV.
STATE HAS OPTION TO PARTICIPATE - REQUIRES THAT WE PASS LEGISLATION
TO DO SO. STATE CURRENTLY PARTICIPATES IN 18 SERVICES. COST OF
CARE IS SHARED ON A 50-50 BASIS WITH THE FED. GOV. STATE'S ANNUAL
BUDGET FOR MEDICAID (A NEEDS-BASED INSURANCE PROGRAM) IS ROUGHLY
\$68 MILLION. *(Standards set by feds.)*

DEPT. H&SS ESTIMATES CHIROPRACTIC COVERAGE WILL COST THE STATE
~~\$170,000~~ ^{\$87,000} ANNUALLY (THIS INCLUDES ADMINISTRATIVE COSTS). WHAT
THEIR FISCAL NOTE DOESN'T REFLECT IS THAT IF COVERAGE IS AVAILABLE,
PEOPLE MAY OPT FOR THE LESS EXPENSIVE CHIROPRACTIC CARE, THUS
REDUCING THE MEDICAID PAYMENTS TO STANDARD PHYSICIANS.

OUR STATUTE PRIORITIZES THE SERVICES COVERED. CHIROPRACTIC WOULD
BE PLACED AT THE BOTTOM (#19), SO IF FUNDING TO MEDICAID WAS
INADEQUATE, NO MONEY WOULD GO FOR CHIROPRACTIC SERVICES. THERE HAS
NEVER YET BEEN A NEED TO PRIORITIZE PAYMENTS.

ESTIMATED SAVINGS
TO STATE OF
\$1.5 MILLION. →
PHARMACISTS
OPPOSE.

THE GOVERNOR HAS INTRODUCED HB 209, WHICH WOULD ADD PRESCRIPTION
DRUGS TO THE MEDICAID PROGRAM. THE GOVERNOR'S COUNCIL ON THE GIFTED
AND HANDICAPPED WOULD LIKE TO SEE PERSONAL CARE SERVICES (AS AN
ALTERNATIVE TO INSTITUTIONALIZATION FOR DEVELOPMENTALLY DISABLED
PERSONS) ADDED TO THE MEDICAID PROGRAM (ESTIMATED COST \$1.2 MILLION).

CHIROPRACTORS ARE LICENSED UNDER CURRENT LAW, EVEN THOUGH THE
MEDICAL PROFESSION IS NOT COMPLETELY CONVINCED OF THEIR PROFESSIONALISM.

Alaska State Legislature

BETTYE FAHRENKAMP, Chairman
ARLISS STURGULEWSKI, Vice Chairman
JOE JOSEPHSON
PAUL FISCHER
EDNA ARMSTRONG-DE VRIES



POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99511
(907) 465-3834
(907) 465-3835

Senate Committee on Health, Education and Social Services

MEMORANDUM

TO: Members, Senate Committee on Health, Education and Social Services

FROM: Committee Staff

RE: Committee Meeting, February 28, 1985
TELECONFERENCE

DATE: February 26, 1985

On Thursday, February 28, at 1:30 pm in the Beltz Room, the Senate Committee on Health, Education and Social Services will hear the following bills:

SB 109, Provision of chiropractic services under the Medicaid program.

SB 109 would modify the state's Medicaid program to include chiropractic services. Medicaid eligibility is based on need. Allowable services are determined by the federal government with state participation provided through legislative approval. SB 109 provides that if funding in a fiscal year is inadequate to finance the total Medicaid program, chiropractic services would be the lowest priority for funding.

Legislation that would add pharmaceuticals to the Medicaid program currently rests in the House Committee on Health, Education and Social Services.

POSITION PAPER
Senate Bill No. 109

"An act relating to provision of chiropractic services under the Medical Assistance program".

I. Background

SB 109 would modify the Medicaid program to add chiropractic services. Currently, approximately 29 states include chiropractic services in their Medicaid program. In addition, many major private insurance programs also include chiropractic coverage. Generally, chiropractors and advocates of their services contend that chiropractic services are an alternative to other, potentially more costly medical treatments.

If chiropractic services are added to Medicaid, they should be limited to the two services covered under federal Medicaid rules i.e., manual manipulation of the spine and x-rays necessary for treatment. The added FY86 costs to include chiropractic services if limited to these two services is anticipated to be \$174.0, (\$87.0 in state funds).

II. Departmental Position:

Chiropractic services would be a good addition to the medical services currently offered under Medicaid, but the added cost associated with this new service is not affordable at the present time. However, if SB 109 is adopted it should be modified to limit chiropractic services to manual manipulation of the spine and x-ray.

Recommended By: Rod Betit
Rod Betit, Director
Division of Medical Assistance

Date: 2/6/85

Approved By: John R. Pugh
John R. Pugh, Commissioner
Department of Health & Social
Services

Date: 2/14/85

**STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE**

Revision Date: _____

REQUEST

Bill/Resolution No.: SB109
 Title: An Act relating to provision of chiropractic services under Med.
 Sponsor: Josephson, Abood, Fahrenkamp
 Requestor: _____
 Date of Request: 2/6/85

FISCAL DETAIL

Agency Affected: Health & Social Services
 Program Category Affected: _____
 BRU, Program or Subprogram(s) Affected: Medical Assistance

EXPENDITURES/REVENUES: (Thousands of Dollars)

| | FY 85 | FY 86 | FY 87 | FY 88 | FY 89 | FY 90 |
|------------------------|-------|-------|-------|-------|-------|-------|
| OPERATING | | | | | | |
| 100 PERSONAL SERVICES | | | | | | |
| 200 TRAVEL | | | | | | |
| 300 CONTRACTUAL | -0- | 20.0 | -0- | -0- | -0- | -0- |
| 400 SUPPLIES | | | | | | |
| 500 EQUIPMENT | | | | | | |
| 600 LAND & STRUCTURES | | | | | | |
| 700 GRANTS, CLAIMS | -0- | 154.0 | 160.0 | 166.4 | 173.0 | 180.0 |
| 800 MISCELLANEOUS | | | | | | |
| TOTAL OPERATING | -0- | 174.0 | 160.0 | 166.4 | 173.0 | 180.0 |
| CAPITAL | | -0- | -0- | -0- | -0- | -0- |
| REVENUE | | -0- | -0- | -0- | -0- | -0- |

FUNDING: (Thousands of Dollars)

| | | | | | | |
|---------------|--|-------|-------|-------|-------|-------|
| GENERAL FUND | | 87.0 | 80.0 | 83.2 | 86.5 | 90.0 |
| FEDERAL FUNDS | | 87.0 | 80.0 | 83.2 | 86.5 | 90.0 |
| OTHER | | | | | | |
| TOTAL | | 174.0 | 160.0 | 166.4 | 173.0 | 180.0 |

POSITIONS:

| | | | | | | |
|-----------|-----|-----|-----|-----|-----|-----|
| FULL-TIME | -0- | -0- | -0- | -0- | -0- | -0- |
| PART-TIME | -0- | -0- | -0- | -0- | -0- | -0- |
| TEMPORARY | -0- | -0- | -0- | -0- | -0- | -0- |

ANALYSIS: Attach a separate page if necessary

Please see attached analysis for method used to determine FY86 cost of \$174.0. A 4% inflator was used to estimate cost for FY87 and each year thereafter.

Prepared By: Rod Betit, Director
 Division: Medical Assistance

Phone: 465-3355
 Date: 2/6/85

Approved by Commissioner: J. A. P.
 Agency: DEPT. OF HEALTH & SOCIAL SERVICES

Date: 2/14/85 JCC

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget

Cost Analysis for Chiropractic Services

Additional Contractual Costs

The Alaska Medical Payments System will require modification to pay chiropractors as a new services. The contractual costs include the following: provider manuals, training, a new claims form, tables included in the system for chiropractic services, computer programming, computer reports, the addition of collocation codes, the provision of notice to providers, provider relations, and a computer system test.

Additional Grants/Claims Costs

These figures were adjusted by an inflation factor of 4%. This is the average percent increase experienced during the past two years in chiropractic services. These costs are for only manual manipulation of the spine and the x-rays necessary for diagnosis. Again, these are the only chiropractic services for which federal reimbursement is available. The federal match for Medicaid is 50%.

We did not develop a fiscal note for the full range of chiropractic services included in SB 109. We used the following formula to develop our cost estimates:

$$\left(\frac{\# \text{Recipients}}{\text{Month}} \times \frac{\# \text{Services}}{\text{Month}} \times \frac{\text{Cost/Service}}{\text{Month}} + \frac{\# \text{Recipients}}{\text{mth}} \times \frac{\# \text{X-Rays}}{\text{Month}} \times \text{Cost/X-Ray} \times 12 \text{ mths} \right)$$

$$[50 \times \$30 \times 2] + [\$65 \times 50 \times 3] \times 12 = \$154.0 + 1 \text{ time Administrative Cost } \$20 = \$174.0$$

Assumption #1:

Alaska's ratio of recipients to eligibles is similar to the ratio of recipients to eligibles in Idaho.

Idaho averaged 75 chiropractic recipients and 30,000 eligibles per month. Therefore we estimate Alaska would average 50 chiropractic recipients out of 20,000 eligibles per month.

Assumption #2:

Services would be limited to 2 visits per month per recipient.

Assumption #3:

X-rays would be limited to three x-ray per month per recipient.

Assumption #4:

Manual manipulation of the spine costs \$30. An x-ray costs \$65.55.

ANCHORAGE CENTER FOR CHIROPRACTIC, INC.
KENNETH O. KETZ, D.C., AND ASSOCIATES
3126 SEWARD HIGHWAY
ANCHORAGE, ALASKA 99503
PHONE 274-7621

To date there are twenty-eight states which have chiropractic care covered in their medicaid programs, and one state pending.

They are as follows:

- | | |
|---------------|--------------------------|
| 1. Arkansas | 15. New Hampshire |
| 2. California | 16. New Nersey |
| 3. Kentucky | 17. North Carolina |
| 4. Idaho | 18. North Dakota |
| 5. Illinois | 19. Ohio |
| 6. Indiana | 20. Oregon |
| 7. Iowa | 21. Pennsylvania |
| 8. Kansas | 22. South Carolina |
| 9. Louisiana | 23. South Dakota |
| 10. Maine | 24. Texas |
| 11. Michigan | 25. Utah |
| 12. Minnesota | 26. Washington |
| 13. Nebraska | 27. West Virginia |
| 14. Nevada | 28. Wisconson |
| | * 29. New York - Pending |

More information will be forwarded to you as I receive and segregate it.

Sincerely,

Francis L. Corbin D.C.

F. L. (Butch) Corbin, D.C.

FLC/dh

2259 (File Nos. 4163, 4176), 623 P.2d 291 (1981).

Chapter 20. Chiropractors.

Article

1. Board of Chiropractic Examiners (§§ 08.20.010 — 08.20.090)
2. Licensing and Regulation (§§ 08.20.100 — 08.20.190)
3. Unlawful Acts and Penalties (§§ 08.20.200 — 08.20.210)
4. General Provisions (§ 08.20.220)

NOTES TO DECISIONS

Cited in Allison v. State, Sup. Ct. Op. No. 1703 (File No. 3716), 583 P.2d 813 (1978).

Collateral references. — 61 Am. Jur. 2d, Physicians, Surgeons and Other Healers. §§ 19, 23, 41.
 70 C.J.S., Physicians and Surgeons, §§ 1, 8-15.
 Constitutionality of statute prescribing

conditions of practicing medicine as affected by discrimination against chiropractors. 37 ALR 680; 54 ALR 600.
 Kind or character of treatment which may be given by one licensed as chiropractor. 86 ALR 630.

Article 1. Board of Chiropractic Examiners.

Section

10. Creation and membership of Board of Chiropractic Examiners
20. Members of board
25. Removal of board members
30. Members' terms; vacancies
40. Organization of board

Section

50. Power of officers to administer oaths and take testimony
55. Board regulations
60. Power of board to adopt seal
- 70 — 80. [Repealed]
90. Quorum of board

Sec. 08.20.010. Creation and membership of Board of Chiropractic Examiners. There is created the Board of Chiropractic Examiners consisting of five members appointed by the governor. (§ 35-3-23 ACLA 1949; am § 2 ch 102 SLA 1976)

Cross references. — As to notes to AS 09.55.536 and Alas. Const., constitutionality of ch. 102, SLA 1976, see art II, § 14.

Sec. 08.20.020. Members of board. Four members of the board shall be licensed chiropractic physicians who have practiced chiropractic in this state not less than two years. One member of the board shall be a person with no direct financial interest in the health care industry. Each member serves without pay but is entitled to per diem and travel expenses allowed by law. (§§ 35-3-23, 35-3-30 ACLA 1949; am § 3 ch 102 SLA 1976; am § 2 ch 162 SLA 1980)

§ 08.20.

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TO: BETTYE
FROM: SANDRA
RE: SB 109 - CHIROPRACTIC (JOSEPHSON)
DATE: APRIL 2, 1985

BILL WOULD ADD CHIROPRACTIC SERVICES TO THOSE COVERED BY MEDICAID (50-50 MATCH WITH FEDERAL GOVERNMENT). ADDED AT BOTTOM OF PRIORITY LIST, WHICH MEANS THAT IN THE EVENT OF A FUNDING SHORTFALL, CHIROPRACTIC WOULD BE THE FIRST SERVICE DELETED FROM THE STATE PROGRAM. THE DEPT. INTERPRETS THIS PRIORITIZATION LANGUAGE IN A LONG TERM, FUTURE BUDGETING PERSPECTIVE -- NOT DAILY AS MEDICAL BILLS COME IN FOR PAYMENT. DEPARTMENT IS OPPOSED TO BILL UNLESS FUNDING IS PROVIDED, BECAUSE THEIR CURRENT BUDGET IS BASED ON THE SERVICES THEY ANTICIPATED PROVIDING AT THE TIME THEIR BUDGET REQUEST WAS SUBMITTED. THE ANTICIPATED SERVICES DID NOT INCLUDE CHIROPRACTIC.

HESS, C.S.

AMENDS DEFINITION OF "CHIROPRACTIC" (AND HENCE THE SERVICES THAT WILL BE COVERED) TO INCLUDE ONLY SERVICES PROVIDED BY A CHIROPRACTOR LICENSED BY THE STATE AND CONSISTING OF MANUAL MANIPULATION OF THE SPINE AND X-RAYS NECESSARY FOR TREATMENT.

draft

Introduced: 1/30/85
Referred: Health, Education and
Social Services and
Finance

See p. 3, line 23

1 IN THE SENATE

BY JOSEPHSON, ABOOD
AND FAHRENKAMP

2

CS SENATE BILL NO. 109 (HESS)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6

For an Act entitled: "An Act related to provision of chiropractic services
under the medicaid program."

7

8

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9

* Section 1. AS 47.07.030 is amended to read:

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Sec. 47.07.030. MEDICAL SERVICES TO BE PROVIDED. Medical ser-

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vices to be offered to eligible persons include inpatient hospital,

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outpatient hospital, rural health clinic, outpatient surgical care

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centers, laboratory and X-ray, refractions and eye examinations by

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ophthalmologists or optometrists, eyeglasses prescribed by a physician

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skilled in diseases of the eye or by an optometrist, inpatient psy-

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chiatric hospital for persons age 65 or older and persons under age

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21, skilled and intermediate nursing home, physician, nurse midwife,

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home health care services, early periodic screening diagnosis and

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treatment of persons under 21 years of age, clinic services, treatment

20

of speech, hearing and language disorders, physical therapy, occupa-

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tional therapy, chiropractic services, prosthetic devices and medical

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supplies, long-term care noninstitutional services, and reasonable

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transportation to and from the point of medical care. Additional

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services may not be provided unless approved by the legislature.

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* Sec. 2. AS 47.07.035 is amended to read:

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Sec. 47.07.035. PRIORITY OF SERVICES. If the funding in a

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fiscal year is inadequate to finance the total medical assistance

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program under this chapter, the department shall, to the extent that

29

federal law and funding permits, provide medical assistance in the

1 following order:

2 (1) aged, blind, or disabled persons who

3 (A) do not receive supplemental security income under
4 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act) because
5 they do not meet income and resources requirements; and

6 (B) are eligible to receive an optional state supple-
7 mentary payment;

8 (2) persons in a medical or intermediate care facility

9 (A) whose income while in the facility does not exceed
10 300 percent of the supplemental security income benefit rate
11 under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act);
12 and

13 (B) who would not be eligible for an optional state
14 supplementary payment if they left the facility;

15 (3) persons under 21 years of age

16 (A) who are under the supervision of the department;

17 (B) whose maintenance is paid in whole or in part from
18 public funds; and

19 (C) who are in foster homes or private child-care
20 institutions;

21 (4) persons under 21 years of age who

22 (A) receive treatment in a psychiatric hospital; and

23 (B) are financially eligible as determined by the
24 standards of 42 U.S.C. 601 - 615 (Title IV-A, Social Security
25 Act, Aid to Families with Dependent Children);

26 (5) persons under 21 years of age who are

27 (A) in an institution designated by the department as
28 an intermediate care facility for the mentally retarded; and

29 (B) financially eligible as determined by the

1 standards of the federal aid to families with dependent children
2 program;

3 (6) women who are pregnant;

4 (7) persons under 21 years of age who do not qualify for
5 benefits under the federal aid to families with dependent children
6 program because they are not dependent children;

7 (8) intermediate nursing home services;

8 (9) eye examinations by an ophthalmologist or optometrist;
9 or eyeglasses prescribed by a physician skilled in the diseases of the
10 eye or by an optometrist;

11 (10) treatment of speech, hearing, or language disorders;

12 (11) physical or occupational therapy;

13 (12) care at an intermediate care facility for the mentally
14 retarded;

15 (13) care at an inpatient psychiatric facility;

16 (14) community mental health clinic services;

17 (15) surgical care center services;

18 (16) nurse midwife services;

19 (17) medical supplies and equipment;

20 (18) long-term care noninstitutional services;

21 (19) chiropractic services.

22 * Sec. 3. AS 47.07.900 is amended by adding a new paragraph to read:

23 (7) "chiropractic" [has the meaning given in AS 08.20.220.]

services" include only services that are provided by a chiropractor, ^{licensed} under AS 08.20, and consists of treatment by means of manual manipulation of the spine and X-rays necessary for treatment.

2259 (File Nos. 4163, 4176), 623 P.2d 291 (1981).

Chapter 20. Chiropractors.

Article

- 1. Board of Chiropractic Examiners (§§ 08.20.010 — 08.20.090)
- 2. Licensing and Regulation (§§ 08.20.100 — 08.20.190)
- 3. Unlawful Acts and Penalties (§§ 08.20.200 — 08.20.210)
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NOTES TO DECISIONS

Cited in Allison v. State, Sup. Ct. Op. No. 1703 (File No. 3716), 583 P.2d 813 (1978).

Collateral references. — 61 Am. Jur. 2d, Physicians, Surgeons and Other Healers, §§ 19, 23, 41.
 70 C.J.S., Physicians and Surgeons, §§ 1, 8-15.
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conditions of practicing medicine as affected by discrimination against chiropractors. 37 ALR 680; 54 ALR 600.
 Kind or character of treatment which may be given by one licensed as chiropractor. 86 ALR 630.

Article 1. Board of Chiropractic Examiners.

Section

- 10. Creation and membership of Board of Chiropractic Examiners
- 20. Members of board
- 25. Removal of board members
- 30. Members' terms; vacancies
- 40. Organization of board

Section

- 50. Power of officers to administer oaths and take testimony
- 55. Board regulations
- 60. Power of board to adopt seal
- 70 — 80. [Repealed]
- 90. Quorum of board

Sec. 08.20.010. Creation and membership of Board of Chiropractic Examiners. There is created the Board of Chiropractic Examiners consisting of five members appointed by the governor. (§ 35-3-23 ACLA 1949; am § 2 ch 102 SLA 1976)

Cross references. — As to notes to AS 09.55.536 and Alas. Const., constitutionality of ch. 102, SLA 1976, see art. II, § 14.

Sec. 08.20.020. Members of board. Four members of the board shall be licensed chiropractic physicians who have practiced chiropractic in this state not less than two years. One member of the board shall be a person with no direct financial interest in the health care industry. Each member serves without pay but is entitled to per diem and travel expenses allowed by law. (§§ 35-3-23, 35-3-30 ACLA 1949; am § 3 ch 102 SLA 1976; am § 2 ch 162 SLA 1980)

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Effect of amendments. — The 1980 amendment substituted "Four" for "Three," at the beginning of the first sentence, and "One member" for "Two members," and "a person" for "persons" in the second sentence.

Sec. 08.20.025. Removal of board members. A member of the board may be removed from office by the governor for cause. The board may by regulation provide that unexcused absences from meetings constitute cause for removal. (§ 3 ch 162 SLA 1980)

Sec. 08.20.030. Members' terms; vacancies. (a) Members serve for staggered terms of four years. Vacancies on the board shall be filled for the unexpired term.

(b) A member who has served two successive four-year terms may not be reappointed until four years after the expiration of the second term. (§ 35-3-23 ACLA 1949; § 4 ch 102 SLA 1976; am § 4 ch 162 SLA 1980)

Effect of amendments. — The 1980 amendment, in present subsection (a), substituted "four" for "three," and deleted the former second sentence, which read: "The terms of the public members of the board may not expire at the same time," and added subsection (b).

Sec. 08.20.040. Organization of board. Every two years, the board shall elect from its membership a president, vice president and secretary. (§ 35-3-24 ACLA 1949)

Sec. 08.20.050. Power of officers to administer oaths and take testimony. The president and the secretary may administer oaths in conjunction with the business of the board. (§ 35-3-24 ACLA 1949)

Sec. 08.20.055. Board regulations. The board shall adopt substantive regulations necessary to effect the provisions of this chapter. (§ 1 ch 102 SLA 1966)

Sec. 08.20.060. Power of board to adopt seal. The board shall adopt a seal and affix it to all licenses issued. (§ 35-3-24 ACLA 1949)

Sec. 08.20.070 — 08.20.080. Secretary; records, reports and accounts of board.

Repealed by § 3 ch 59 SLA 1966.

Editor's notes. — The repealed sections derived from §§ 35-3-24 ACLA 1949.

Sec. 08.20.090. Quorum of board. A majority of the board constitutes a quorum for the transaction of business (§ 35-3-24 ACLA 1949)

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Article 2. Licensing and Regulation.

| Section | Section |
|--|---|
| 100. Practice of chiropractic without license prohibited | 150. Recording of license |
| 110. Application for license | 160. Temporary permits |
| 115. [Repealed] | 170. Grounds for suspension, revocation or refusal to issue a license |
| 120. Qualifications for license | 175. Disciplinary sanctions |
| 130. Examinations | 180. Fees |
| 135. Associate | 190. Disposition of fees |
| 140. Licensure by credentials | |

Sec. 08.20.100. Practice of chiropractic without license prohibited. A person may not practice chiropractic in the state without a license. (§ 35-3-21 ACLA 1949)

Cross references. — For professional designation requirements for chiropractors, see AS 08.02.010.

NOTES TO DECISIONS

Cited in Territory of Alaska v. Hawkins, 9 Alaska 573 (1939).

Sec. 08.20.110. Application for license. A person desiring to practice chiropractic shall apply in writing to the board. (§ 35-3-26 ACLA 1949)

Sec. 08.20.115. Malpractice insurance. Repealed by § 40 ch 177 SLA 1978.

Editor's notes. — The repealed section derived from § 5, ch. 102, SLA 1976. For purpose of repealing act, see § 1; ch. 177, SLA 1978 as amended by § 7, ch. 46, SLA 1982, in the 1982 Temporary and Special Acts and Resolves.

Sec. 08.20.120. Qualifications for license. (a) An applicant shall be issued a license to practice chiropractic if the applicant

- (1) Repealed by § 25 ch 245 SLA 1970.
- (2) has had a high school education or its equivalent;
- (3) has successfully completed at least two academic years of study in a college of liberal arts or sciences or has engaged in the active practice of chiropractic for three of the four years preceding the filing of the application;
- (4) is a graduate of a legally chartered accredited school or college of chiropractic, approved by the board, which requires for graduation a residence course of instruction of not less than four years of nine months each;
- (5) passes an examination given by the board;
- (6) Repealed by § 8 ch 32 SLA 1971.

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(7) passes to the satisfaction of the board Part I and Part II of the examination of the National Board of Chiropractic Examiners.

(b) The board may issue a license without examination to an applicant under AS 08.20.140. (§ 35-3-25 ACLA 1949; am § 1 ch 53 SLA 1955; am § 1 ch 91 SLA 1965; am § 25 ch 245 SLA 1970; am § 8 ch 32 SLA 1971; am § 1 ch 84 SLA 1972; am §§ 5, 6 ch 162 SLA 1980)

Effect of amendments. — The 1980 amendment added "or has engaged in the active practice of chiropractic for three of the four years preceding the filing of the application" at the end of paragraph (3) of subsection (a), and added subsection (b).

Editor's notes. — This section was redrafted by the revisor of statutes to remove personal pronouns in conformity

with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

Legislative committee reports. — Chapter 245, SLA 1970 (HCSSB 399 am H), was identical to CSHB 406 (Jud.). For report on CSHB 406 (Jud.), see 1970 House Journal Supplement No. 6. For report on ch. 32, SLA 1971 (HB 111 am), see 1971 House Journal, p. 138.

Sec. 08.20.130. Examinations. (a) Examinations for a license to practice chiropractic may be held in the time and manner fixed by the board.

(b) The examination may include practical demonstration and oral and written examination in those subjects usually taught in accredited chiropractic schools.

(c) A general average rating of 75 per cent is a passing grade on the examination.

(d) An applicant may take a re-examination within one year after failing the examination upon payment of a fee of \$10. (§ 35-3-27 ACLA 1949; am § 2 ch 91 SLA 1965)

Sec. 08.20.135. Associate. [Repealed effective July 1, 1983]. (a) A person who complies with AS 08.20.120(1), (2), (4), (5), and (6) shall, pending compliance with (3) of AS 08.20.120, be licensed to serve as an associate in an existing chiropractic clinic or office under the direct supervision of a licensed chiropractor for a period not to exceed three years.

(b) A license may not be issued under (a) of this section after July 1, 1980. (§ 3 ch 91 SLA 1965; am § 7 ch 162 SLA 1980)

Section repealed effective July 1, 1983. — Section 13, ch. 162, SLA 1980, repeals this section, effective July 1, 1983.

Effect of amendments. — The 1980 amendment added subsection (b).

Editor's notes. — AS 08.20.120(1) and (6), referred to in subsection (a), were repealed by § 25, ch. 245, SLA 1970 and § 8, ch. 32, SLA 1971, respectively.

Sec. 08.20.140. Licensure by credentials. The board may issue a license without examination to an applicant presenting satisfactory proof of the possession of a license or certificate of registration in good standing in a state or territory of the United States, or a foreign country, if the requirements for registration at the date of the applicant's license are essentially equivalent to those in this chapter. (§ 35-3-25 ACLA 1949; am § 1 ch 53 SLA 1955; am § 8 ch 162 SLA 1980)

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Effect of amendments. — The 1980 amendment inserted, "in good standing," substituted "essentially" for "considered by the board as," and deleted "and if the licensing jurisdiction extends the same privilege to those holding a license from this date" following "in this chapter" at the end of the section.

Editor's notes. — This section was redrafted by the revisor of statutes to remove personal pronouns in conformity with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

Sec. 08.20.150. Recording of license. Each licensee shall record the license with the clerk of the superior court in the judicial district in which the licensee is practicing chiropractic. (§ 35-3-28 ACLA 1949)

Editor's notes. — This section was redrafted by the revisor of statutes to remove personal pronouns in conformity with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

Sec. 08.20.160. Temporary permits. Temporary permits may be issued to persons apparently qualified until the next regular meeting of the board. (§ 35-3-28 ACLA 1949)

Sec. 08.20.170. Grounds for suspension, revocation or refusal to issue a license. (a) The board may, after a hearing, impose a disciplinary sanction on a person licensed under this chapter when the board finds that the licensee

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime which affects the licensee's ability to continue to practice competently and safely;

(5) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision which does not conform to minimum professional standards established by regulation regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) addiction or severe dependency on alcohol or a drug which impairs the licensee's ability to practice safely;

(C) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients.

(b) The Administrative Procedure Act (AS 44.62) applies to any action taken by the board for the suspension or revocation of a license.

(c) An two year board is r: nstate

(d) Tho license is ner. (§ 3: 162 SLA

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(c) Any person whose license is suspended or revoked may within two years from date of suspension apply for reinstatement, and if the board is satisfied that the applicant should be reinstated, it shall order reinstatement.

(d) The board shall adopt regulations which insure that renewal of license is contingent on proof of continued competency by a practitioner. (§ 35-3-29 ACLA 1949; am § 25 ch 177 SLA 1978; am §§ 9, 10 ch 162 SLA 1980)

Effect of amendments. — The 1978 amendment added the language beginning "including but not limited to" to the end of paragraph (3) of subsection (a).

The 1980 amendment rewrote subsection (a), and added subsection (d).

Editor's notes. — This section was redrafted by the revisor of statutes to remove personal pronouns in conformity with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

For the purpose of the 1978 amendatory

act, see § 1, ch. 177, SLA 1978 as amended by § 7, ch. 46, SLA 1982, in the 1982 Temporary and Special Acts and Resolves.

Collateral references. — Cancellation or suspension irrespective of licensee's personal fault, validity of statute or rule making specified conduct or condition the ground for. 3 ALR2d 107.

Nolo contendere or non vult, statute authorizing revocation of license upon conviction as applicable to conviction based on plea of. 89 ALR2d 606.

Sec. 08.20.175. Disciplinary sanctions. (a) When it finds that a chiropractor is guilty of an offense under AS 08.20.170, the board may impose the following sanctions singly or in combination:

- (1) permanently revoke the chiropractor's license to practice;
- (2) suspend the chiropractor's license for a determinate period of time;
- (3) censure the chiropractor;
- (4) issue a letter of reprimand to the chiropractor;
- (5) place the chiropractor on probationary status and require the chiropractor to
 - (A) report regularly to the board upon matters involving the basis of probation;
 - (B) limit practice to those areas prescribed;
 - (C) continue professional education until a satisfactory degree of skill has been attained in areas determined by the board to need improvement;
- (6) impose limitations or conditions on the practice of the chiropractor.

(b) The board may withdraw probationary status of a chiropractor if it finds that the deficiencies which required the sanction have been remedied.

(c) The board may summarily suspend a chiropractor's license before final hearing or during the appeals process if the board finds that the chiropractor poses a clear and immediate danger to the public health and safety if the chiropractor continues to practice. A chiropractor whose license is suspended under this section is entitled to a hearing by the board no later than seven days after the effective date of the

order. The chiropractor may appeal the suspension after a hearing to a court of competent jurisdiction.

(d) The board may reinstate a license which has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with skill and safety.

(e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from earlier decisions involving similar situations shall be explained in findings of fact or orders. (§ 6 ch 102 SLA 1976; am § 11 ch 162 SLA 1980)

Effect of amendments. — The 1980 amendment rewrote the section.

Editor's notes. — This section was redrafted by the revisor of statutes to remove personal pronouns in conformity with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

Sec. 08.20.180. Fees. The board shall impose and collect the following fees:

- (1) upon the filing of an application for examination, \$50;
 - (2) upon application for re-examination, \$20;
 - (3) for issuance of temporary permit, \$50;
 - (4) initial and renewal license, due every four years, \$200.
- (§ 35-3-30 ACLA 1949; am § 1 ch 13 SLA 1968; am § 12 ch 162 SLA 1980)

Effect of amendments. — The 1980 amendment substituted "\$50" for "\$25" in paragraphs (1) and (3), "\$20" for "\$10" in paragraph (2), and "due every four years, \$200" for "\$50." in paragraph (4), deleted "biennial" following "initial and renewal" in paragraph (4), and deleted former paragraph (5), which read: "associate license, \$30."

Sec. 08.20.190. Disposition of fees. All fees collected by the board shall be paid into the general fund of the state. (§ 35-3-30 ACLA 1949)

Article 3. Unlawful Acts and Penalties.

Section

- 200. Unlicensed practice a misdemeanor
- 210. Fraudulent certificates

Sec. 08.20.200. Unlicensed practice a misdemeanor. A person who practices chiropractic in the state without a license in violation of AS 08.20.100 is guilty of a misdemeanor, and upon conviction is punishable by a fine of not more than \$1,000, or by imprisonment for not more than a year, or by both. In prosecutions under this section, evidence that the defendant has failed to file the defendant's certificate of registration with the board is prima facie evidence that the defendant is not a licensed chiropractor. (§ 3 ch 53 SLA 1955)

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Revisor's notes. — This section introduces a requirement which does not exist in this chapter, viz., filing a certificate with the board. It is the board's duty to keep a registry.

Editor's notes. — This section was redrafted by the revisor of statutes to remove personal pronouns in conformity

with AS 01.05.031(c) and § 4, Chapter 58, SLA 1982.

Collateral references. — Practicing medicine, surgery, dentistry, optometry, podiatry, or other healing arts without license as a separate or continuing offense. 99 ALR2d 654.

Sec. 08.20.210. Fraudulent certificates. Any person who obtains or attempts to obtain a chiropractic certificate by dishonest or fraudulent means, or who forges, counterfeits, or fraudulently alters any such certificate is punishable by a fine of not more than \$500, or by imprisonment for not more than six months, or by both. (§ 4 ch 53 SLA 1955)

Article 4. General Provisions.

Section

220. Chiropractic defined

Sec. 08.20.220. Chiropractic defined. Chiropractic is the science of locating and correcting interference with nerve energy transmission and expression within the human body, and the employment and practice of drugless therapeutics, including physiotherapy, hydrotherapy, mechanotherapy, phytotherapy, electrotherapy, chromotherapy, thermotherapy, thalmotherapy, correcting and orthopedic gymnastics, and dietetics which includes the use of foods and those biochemical tissue building products and cell salts found within the normal human body, without the use of drugs or surgery. (§ 35-3-22 ACLA 1949)

Opinions of Attorney General. — It is illegal and criminal for a chiropractor, without additional qualifications, to prescribe drugs or medicine to sick or injured persons. 1961 Op. Att'y Gen., No. 23.

Money cannot be expended from the fishermen's fund for the payment of charges for medicines prescribed by chiropractors. 1961 Op. Att'y Gen., No. 23.

Collateral references. — Chiropractors as within term "physician" in rule as to privileged communications. 68 ALR 177.

Kind or character of treatment which may be given by one licensed as chiropractic. 86 ALR 630.

Chapter 24. Collection Agencies.

Article

- 1. Collection Agency Board (§§ 08.24.011 — 08.24.031)
- 2. Powers and Duties of Department of Commerce and Economic Development (§ 1 — 08.24.071)
- 3. Licensing (§§ 08.24.090 — 08.24.380)

Revisor's notes. — The Collection Agency Board has been terminated under the provisions of AS 08.03 and AS 44.66.

AS 08.03.010(b)(3) established a termination date of June 30, 1980.



AMERICAN PUBLIC HEALTH ASSOCIATION

1015 Fifteenth Street, N.W., Washington, D.C. 20005 • (202) 789-5600

WILLIAM H. McBEATH, M.D., M.P.H., *Executive Director*

January 17, 1985

Copies to:
Kim
ogden
Connie

Mr. Rod Betit
Director
Division of Public Asst.
Dept. of Health & Social Svcs.
Pouch H-07
Juneau, AK 99811

Dear Mr. Betit:

At its 111th Annual Meeting, the American Public Health Association, representing a combined national and affiliate membership of more than 50,000 public health professionals and community health leaders adopted a resolution entitled, "The Appropriate Role of Chiropractic in Patient Care." A copy is enclosed for your information.

APHA believes that available scientific evidence makes it reasonable to assume that spinal manipulation performed by chiropractors can be a safe and effective service treatment in the clinical management of certain disorders of the neuro-musculo-skeletal system.

The Association also expressed its opinion that additional reliance upon chiropractic care as safe or potentially effective elements of personal health services is without supportive scientific evidence at this time. It calls on chiropractors, their professional organizations, and their colleagues to focus their practice exclusively upon those elements of clinical care objectively demonstrated and scientifically accepted as safe and efficacious.

The resolution further urges responsible licensure authorities to recognize qualified chiropractic professionals only as limited practitioners, with their clinical performance restricted by definition to scope and circumstances of service scientifically demonstrated safe and effective in their hands.

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DIV. OF MEDICAL ASSISTANCE
OFFICE OF THE DIRECTOR

Mr. Rod Betit
January 17, 1985
page 2

The Association also asks those responsible for governmental medical care programs which either employ chiropractors as clinicians, or purchase their professional services, to work to assure that public funds expended for chiropractic patient care are strictly limited to those services, conditions, and circumstances with reasonable assurance of safety, efficiency, and quality.

Thank you for your consideration of this resolution.

Very truly yours,


William H. McBeath, MD, MPH
Executive Director

10. Tuberculous patients from medical surveillance. *Am Rev Respir Dis* 1976; 113:709-710.
5. Lowell AM, Edwards LB, Palmer CE. *Tuberculosis*. Cambridge, MA: Harvard University Press, 1969, 35.
 6. Dundey S. Current status of general hospital use for patients with tuberculosis in the United States. *Am Rev Respir Dis* 1982; 126:270-273.
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 9. Weg JG. *Treatment and control of tuberculosis*. New York: National Tuberculosis and Respiratory Disease Association, 1972.
 10. American Thoracic Society and Centers for Disease Control. Guidelines for short-course tuberculosis chemotherapy. *MMWR* 1980; 29:97-105.

ACKNOWLEDGMENTS

The authors gratefully acknowledge the many state and local tuberculosis control programs which have compiled and shared these data with us, and Dixie E. Snider, MD, for his constructive review of the manuscript.

Erratum: Association News

The following policy statement was inadvertently omitted from the APHA Policy Statements published in the March 1984 issue of the *Journal*. This policy statement was adopted by the APHA Governing Council at the 1983 Annual Meeting in Dallas.

8331: The Appropriate Role of Chiropractic in Patient Care

The American Public Health Association.

Considering that a substantial, and growing, number of American health care consumers continue to choose chiropractors' services for relief from selected complaints (particularly spinal manipulation for discomfort and/or dysfunction associated with or attributed to the back), without obvious widespread ill effect; and

Observing that all American states now license chiropractors as health care providers, some with significant (and often appropriate) practice restrictions; and

Acknowledging that several controlled clinical trials now reputedly published have seemingly demonstrated the relative safety and efficacy of manual manipulation of the spine at the hands of certain health practitioners in selected patients with back pain (and related neuro-musculo-skeletal complaints); but also

Noting that the practitioners involved in these studies have usually been allopathic or osteopathic physiatrists and physiotherapists, and only rarely chiropractors; and

Recognizing the need for further research; now therefore

Concludes that available scientific evidence makes it rea-

sonable to assume that spinal manipulation performed by chiropractors (and other licensed practitioners) can be a safe and effective service modality in the clinical management of certain disorders of the neuro-musculo-skeletal system, particularly low back pain; and

Shares the judgment that only in this restricted area of clinical care (i.e., manual spinal manipulation for back pain and related neuro-musculo-skeletal complaints) is it warranted to assume that chiropractic professional services have demonstrated potential for a positive contribution to the health care of Americans; and

Records our opinion that additional reliance upon chiropractic care as safe or potentially effective elements of personal health services is without the support of scientific evidence at this time; and

Calls upon chiropractors, their professional organizations, and their colleges to focus the practice of chiropractic exclusively upon those elements of clinical care objectively demonstrated and scientifically accepted as safe and efficacious; and

Urges responsible licensure authorities to recognize qualified chiropractic professionals only as limited practitioners, with their clinical performance restricted by definition to scope and circumstances of service scientifically demonstrated safe and effective in their hands; and

Asks those responsible for governmental medical care programs which either employ chiropractors as clinicians, or purchase their professional services, to work to assure that public funds expended for chiropractic patient care are strictly limited to those services, conditions, and circumstances with reasonable assurance of safety, efficacy, and quality; and

Acknowledges that this resolution supersedes resolution no. 6903.

(2) *Limits on ambulance transportation.* Medicare Part B pays for transportation by ambulance only if other means of transportation would endanger the beneficiary's health and if the beneficiary is transported—

(i) To an institution;

(ii) To his or her home from an institution; or

(iii) Round trip from a hospital or a Medicare-certified skilled nursing facility to another hospital or non-hospital treatment facility, such as a clinic, therapy center, or physician's office, to obtain medically necessary diagnostic or therapeutic services not available at the institution where the beneficiary is an inpatient.

(3) *Limits on payment.* Medicare payments for the ambulance services specified in paragraph (1)(2) of this section are limited to the payment which would have been made for each of the following types of transportation:

(i) To an institution in whose locality the beneficiary is located or, if the beneficiary is not in the locality of an institution that has appropriate facilities, to the nearest institution that does;

(ii) To the beneficiary's home from an institution in whose locality the home is located, or from the nearest institution with appropriate facilities; and

(iii) For a hospital inpatient or skilled nursing facility patient, round trip to the nearest hospital or non-hospital treatment facility capable of providing medically necessary diagnostic or therapeutic services not available at the institution where the beneficiary is an inpatient.

(j) *Outpatient speech pathology services.* There shall be excluded from the outpatient speech pathology services described in § 405.231(m) (1) and (2) any item or service which:

(1) Is furnished before January 1, 1973 (with respect to services furnished before such date—see § 405.231(c)); or

(2) Would not be included as inpatient hospital services if furnished to an inpatient of a hospital.

[36 FR 16647, Aug. 25, 1971, as amended at 40 FR 44321, Sept. 25, 1975; Redesignated at

42 FR 52826, Sept. 30, 1977, and amended at 43 FR 49722, Oct. 24, 1978; 46 FR 48554, Oct. 1, 1981; 46 FR 54744, Nov. 4, 1981; 45 FR 4429, Feb. 2, 1978; 43 FR 49722, Oct. 24, 1978; 47 FR 40300, Sept. 16, 1982]

§ 405.232a Physician defined.

(a) The term "physician," when used in connection with the performance of any function or action means:

(1) A doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action (including a physician within the meaning of section 1101(a)(7) of the Act);

(2) A doctor of dentistry or of dental oral surgery who is legally authorized to practice dentistry by the State in which he performs such function but only with respect to surgery related to the jaw or any structure contiguous to the jaw, or the reduction of any fracture of the jaw or any facial bone, or the certification required by section 1814(a)(2)(E) of the Act;

(3) Except for the purposes of section 1814(a), section 1835, and subsections (j), (k), (m), and (o) of section 1861 of the Act, a doctor of podiatry or surgical chiropody, but (unless paragraph (a)(1) of this section also applies to him) only with respect to functions which he is legally authorized to perform as such by the State in which he performs them;

(4) A doctor of optometry who is legally authorized to practice optometry by the State in which he performs such function, but only for the purpose of attesting to the necessity for prosthetic lenses; or

(5) A chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards set forth in § 405.232(b), but only for the purpose of sections 1861 (s) (1) and 1861 (s) (2) (A) of the Act and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation demonstrated by X-ray to exist) which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided.

(b) For the purposes of section 1862(a)(4) of the Act and subject to the limitations and conditions provided in paragraphs (a)(1) through (a)(5) of this section, the term "physician" includes a doctor of one of the arts, specified in paragraphs (a)(1) through (a)(5) of this section legally authorized to practice such art in the country in which the inpatient hospital services (referred to in such section 1862 (a) (4) of the Act) are furnished.

[39 FR 28624, Aug. 9, 1974. Redesignated at 42 FR 52826, Sept. 30, 1977]

§ 405.232b Chiropractors.

(a) *Licensure and authorization to practice.* A chiropractor must be licensed or legally authorized to furnish chiropractic services by the State or jurisdiction in which he provides them. Reimbursement may not be made for chiropractic services rendered in the State of Louisiana where the practice is not legal.

(b) *Uniform minimum standards.* (1) Chiropractors licensed or authorized to practice prior to July 1, 1974, and those individuals who commence their studies in a chiropractic college before that date must meet all of the following minimum standards to render reimbursable services under the program:

(i) Preliminary education equal to the requirements for graduation from an accredited high school or other secondary school; and

(ii) Graduation from a college of chiropractic approved by the State's chiropractic examiners which included the completion of a course of study covering a period of not less than 3 school years of 6 months each year in actual continuous attendance covering adequate courses of study in the subjects of anatomy, physiology, symptomatology and diagnosis, hygiene and sanitation, chemistry, histology, pathology, and principles and practice of chiropractic, including clinical instruction in vertebral palpitation, nerve tracing and adjusting; and

(iii) Passage of an examination prescribed by the State's chiropractic examiners covering the subjects listed in paragraph (b)(1)(ii) of this section.

(2) Individuals commencing their studies in a chiropractic college after June 30, 1974, must meet all of the following *additional* requirements:

(i) Satisfactory completion of 2 years of pre-chiropractic study at the college level;

(ii) Satisfactory completion of a 4-year course of 8 months each year (instead of a 3-year course of 6 months each year) at a college or school of chiropractic which includes not less than 4,000 hours in the scientific and chiropractic courses specified in paragraph (b)(1)(ii) of this section plus courses in the use and effect of X-ray and chiropractic analysis; and

(iii) The practitioner must be over 21 years of age.

(c) *Coverage of chiropractic services.* Payment may be made only for the chiropractor's manual manipulation of the spine to correct a subluxation (demonstrated by X-ray to exist) which has resulted in a neuromusculoskeletal condition for which such manipulation is appropriate treatment. No reimbursement may be made for X-rays or other diagnostic or therapeutic services.

[39 FR 28624, Aug. 9, 1974. Redesignated at 42 FR 52826, Sept. 30, 1977]

§ 405.232c Optometrists.

The prescription or order of a doctor of optometry will be accepted as evidence of the medical need for prosthetic lenses. However, optometric examinations for any purpose are not covered.

[39 FR 28624, Aug. 9, 1974. Redesignated at 42 FR 52826, Sept. 30, 1977]

HOME HEALTH SERVICES

§ 405.233 Home health services; general.

Home health service benefits are provided under both the supplementary medical insurance plan described in this Subpart B and also under the hospital insurance benefits plan described in Subpart A of this part. Home health services qualify for payment under the supplementary medical insurance plan even though the individual has not been an inpatient of a hospital or skilled nursing facility. Payments for home health services for up to 100 visits (as defined in

§ 405.238) in a calendar year may be made under the supplementary medical insurance plan. This is entirely separate from the 100 health visits available (after the beginning of a spell of illness and before the beginning of the next) under the hospital insurance plan during the 1-year period after the individual's latest discharge from a qualifying inpatient stay.

§ 405.234 Home health services; conditions.

The items and services described in § 405.236 are "home health services" (unless excluded under § 405.237) and such items and services are furnished

(a) To an individual who is under the care of a physician (other than a doctor of podiatry or surgical chiropody) and confined to his home;

(b) By a participating home health agency (see Subpart L of this Part 405) or by others under arrangements with them made by such agency;

(c) Under a written plan designed for such individual, established by a physician (other than a doctor of podiatry or surgical chiropody) and periodically reviewed by a physician (other than a doctor of podiatry or surgical chiropody); and

(d) At a place as described in § 405.235.

§ 405.235 Home health services; places where items and services must be furnished.

To be considered "home health services," items and services described in § 405.236 must be:

(a) Furnished on a visiting basis to the individual in a place of residence used as his home. The term "home" does not include an institution which meets the requirements of section 1861(e)(1) or 1861(j)(1) of the Act (see §§ 405.1001 and 405.1101); or

(b) Provided on an outpatient basis at a hospital or skilled nursing facility or at a rehabilitation center if such items or services:

(1) Are furnished under arrangements made by a participating home health agency and such arrangements provide that payment to the agency discharges the liability of the patient

§ 440.50

nish skilled nursing facility services in the Medicare program; and

(iii) Ordered by and provided under the direction of a physician.

(2) Skilled nursing facility services includes services provided by any facility located on an Indian reservation and certified by the Secretary as meeting the requirements of Subpart K of Part 405 of this chapter.

(b) *EPSDT*. "Early and periodic screening and diagnosis and treatment" means—

(1) Screening and diagnostic services to determine physical or mental defects in recipients under age 21; and

(2) Health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered. (See Subpart B of Part 441 of this subchapter.)

(c) *Family planning services and supplies for individuals of child-bearing age*. [Reserved]

[43 FR 45224, Sept. 29, 1978, as amended at 47 FR 31532, July 20, 1982; 48 FR 12551, Mar. 25, 1983]

§ 440.50 Physicians' services.

"Physicians' services," whether furnished in the office, the recipient's home, a hospital, a skilled nursing facility, or elsewhere, means services provided—

(a) Within the scope of practice of medicine or osteopathy as defined by State law; and

(b) By or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy.

[43 FR 45224, Sept. 29, 1978, as amended at 47 FR 31532, July 20, 1982]

§ 440.60 Medical or other remedial care provided by licensed practitioners.

(a) "Medical care or any other type remedial care provided by licensed practitioners" means any medical or remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law.

(b) Chiropractors' services include only services that—

(1) Are provided by a chiropractor who is licensed by the State and meets standards issued by the Secretary under § 405.232b of this chapter; and

Title 42—Public Health

(2) Consists of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform.

§ 440.70 Home health services.

(a) "Home health services" means the services in paragraph (b) of this section that are provided to a recipient—

(1) At his place of residence, as specified in paragraph (c) of this section; and

(2) On his physician's orders as part of a written plan of care that the physician reviews every 60 days.

(b) Home health services include the following services and items. Those listed in paragraphs (b) (1), (2) and (3) of this section are required services; those in paragraph (b)(4) of this section are optional.

(1) Nursing service, as defined in the State Nurse Practice Act, that is provided on a part-time or intermittent basis by a home health agency as defined in paragraph (d) of this section, or if there is no agency in the area, a registered nurse who—

(i) Is currently licensed to practice in the State;

(ii) Receives written orders from the patient's physician;

(iii) Documents the care and services provided; and

(iv) Has had orientation to acceptable clinical and administrative record-keeping from a health department nurse.

(2) Home health aide service provided by a home health agency.

(3) Medical supplies, equipment, and appliances suitable for use in the home, and

(4) Physical therapy, occupational therapy, or speech pathology and audiology services, provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services. (See § 441.15 of this subchapter.)

(c) A recipient's place of residence, for home health services, does not include a hospital, skilled nursing facility, or intermediate care facility except for home health services in an intermediate care facility that are not required to be provided by the facility

Introduced: 2/28/84
Referred: Health, Education and
Social Services and
Finance

1 IN THE SENATE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2

SENATE BILL NO. 510

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

THIRTEENTH LEGISLATURE - SECOND SESSION

5

A BILL

6 For an Act entitled: "An Act related to provision of chiropractic services
7 under the medicaid program."

8 IT IS ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. AS 47.07.030 is amended to read:

10 Sec. 47.07.030. MEDICAL SERVICES TO BE PROVIDED. Medical ser-
11 vices to be offered to eligible persons include inpatient hospital,
12 outpatient hospital, rural health clinic, outpatient surgical care
13 centers, laboratory and X-ray, refractions and eye examinations by
14 ophthalmologists or optometrists, eyeglasses prescribed by a physician
15 skilled in diseases of the eye or by an optometrist, inpatient psy-
16 chiatric hospital for persons age 65 or older and persons under age
17 21, skilled and intermediate nursing home, physician, nurse midwife,
18 home health care services, early periodic screening diagnosis and
19 treatment of persons under 21 years of age, clinic services, treatment
20 of speech, hearing and language disorders, physical therapy, occupa-
21 tional therapy, chiropractic services, rosthetic devices and medical
22 supplies, long-term care noninstitutional services, and reasonable
23 transportation to and from the point of medical care. No additional
24 services may be provided unless approved by the legislature.

25 * Sec. 2. AS 47.07.035 is amended to read:

26 Sec. 47.07.035. PRIORITY OF SERVICES. If the funding in a
27 fiscal year is inadequate to finance the total medical assistance
28 program under this chapter, the department shall, to the extent that
29 federal law and funding permits, provide medical assistance in the

following order:

(1) aged, blind, or disabled persons who

(A) do not receive supplemental security income under Title XVI of the Social Security Act because they do not meet income and resources requirements; and

(B) are eligible to receive an optional state supplementary payment;

(2) persons in a medical or intermediate care facility

(A) whose income while in the facility does not exceed 300 percent of the supplemental security income benefit rate under Title XVI of the Social Security Act; and

(B) who would not be eligible for an optional state supplementary payment if they left the facility;

(3) persons under 21 years of age

(A) who are under the supervision of the department;

(B) whose maintenance is paid in whole or in part from public funds; and

(C) who are in foster homes or private child-care institutions;

(4) persons under 21 years of age who

(A) receive treatment in a psychiatric hospital; and

(B) are financially eligible as determined by the standards of Part A of Title IV of the Social Security Act;

(5) persons under 21 years of age who are

(A) in an institution designated by the department as an intermediate care facility for the mentally retarded; and

(B) financially eligible as determined by the standards of the federal aid to families with dependent children program;

- 1 (6) women who are pregnant;
- 2 (7) persons under 21 years of age who do not qualify for
3 benefits under the federal aid to families with dependent children
4 program because they are not dependent children;
- 5 (8) intermediate nursing home services;
- 6 (9) eye examinations by an ophthalmologist or optometrist;
7 or eyeglasses prescribed by a physician skilled in the diseases of the
8 eye or by an optometrist;
- 9 (10) treatment of speech, hearing, or language disorders;
- 10 (11) physical or occupational therapy;
- 11 (12) care at an intermediate care facility for the mentally
12 retarded;
- 13 (13) care at an inpatient psychiatric facility;
- 14 (14) community mental health clinic services;
- 15 (15) surgical care center services;
- 16 (16) nurse midwife services;
- 17 (17) medical supplies and equipment;
- 18 (18) long-term care noninstitutional services;
- 19 (19) chiropractic services.

20 * Sec. 3. AS 47.07.900 is amended by adding a new paragraph to read:

- 21 (7) "chiropractic" has the meaning given in AS 08.20.220.

ADOPTED
Conf Comm

file

Chapter 26
SLA 86

STATE OF ALASKA 1986 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: 2/11/86

REQUEST

Bill/Resolution No.: CS8B109 (HESS)
Title: An Act relating to provision
of chiropractic services under Med.
Asst.
Sponsor: Josephson, Abood, Fahrenkamp
Requestor:
Date of Request: 2/86

FISCAL DETAIL

Agency Affected: Health & Social Services
BRU: Medical Assistance -
Non Facility
Components: Medicaid Non-Facility

EXPENDITURES/REVENUES : (Thousands of Dollars)

| OPERATING | FY 86 | FY 87 | FY 88 | FY 89 | FY 90 | FY 91 |
|-------------------|-------|-------|-------|-------|-------|-------|
| PERSONAL SERVICES | | | | | | |
| TRAVEL | | | | | | |
| CONTRACTUAL | -0- | 20.0 | -0- | -0- | -0- | -0- |
| SUPPLIES | | | | | | |
| EQUIPMENT | | | | | | |
| LAND & STRUCTURES | | | | | | |
| GRANTS, CLAIMS | -0- | 153.0 | 160.0 | 166.4 | 173.0 | 180.0 |
| MISCELLANEOUS | | | | | | |
| TOTAL OPERATING | -0- | 173.0 | 160.0 | 166.4 | 173.0 | 180.0 |
| CAPITAL | -0- | -0- | -0- | -0- | -0- | -0- |
| REVENUE | -0- | -0- | -0- | -0- | -0- | -0- |

FUNDING : (Thousands of Dollars)

| | | | | | | |
|---------------|-----|-------|-------|-------|-------|-------|
| GENERAL FUND | -0- | 86.5 | 80.0 | 83.2 | 86.5 | 90.0 |
| FEDERAL FUNDS | -0- | 86.5 | 80.0 | 83.2 | 86.5 | 90.0 |
| OTHER | | | | | | |
| TOTAL | -0- | 173.0 | 160.0 | 166.4 | 173.0 | 180.0 |

POSITIONS :

| | | | | | | |
|-----------|-----|-----|-----|-----|-----|-----|
| FULL-TIME | -0- | -0- | -0- | -0- | -0- | -0- |
| PART-TIME | -0- | -0- | -0- | -0- | -0- | -0- |
| TEMPORARY | -0- | -0- | -0- | -0- | -0- | -0- |

ANALYSIS : Attach a separate page if necessary

Please see attached analysis for method used to determine FY87 cost of \$173.0. A 4% inflator was used to estimate cost for FY88 and each year thereafter.

Prepared by: Rod Betit, Director
Division: DIVISION OF MEDICAL ASSISTANCE

Phone: 465-3355
Date:

Approved by Commissioner: [Signature]
Agency: Department of Health & Social Services

Date: 2/11/86

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

CSSB 109
Fiscal Note Attachment
Cost Analysis for Chiropractic Services

Additional Contractual Costs

The Alaska Medical Payments System will require modification to pay chiropractors as a new services. The contractual costs include the following: provider manuals, training, a new claims form, tables included in the system for chiropractic services, computer programming, computer reports, the addition of collocation codes, the provision of notice to providers, provider relations, and a computer system test.

Additional Grants/Claims Costs

These figures were adjusted by an inflation factor of 4%. This is the average percent increase experienced during the past two years in chiropractic services. These costs are for only manual manipulation of the spine and the x-rays necessary for diagnosis. Again, these are the only chiropractic services for which federal reimbursement is available. The federal match for Medicaid is 50%.

We did not develop a fiscal note for the full range of chiropractic services included in SB 109. We used the following formula to develop our cost estimates:

$$\left(\frac{\# \text{Recipients}}{\text{Month}} \times \frac{\# \text{Services}}{\text{Month}} \times \frac{\text{Cost/Service}}{\text{Month}} + \frac{\# \text{Recipients}}{\text{mth}} \times \frac{\# \text{X-Rays}}{\text{Month}} \times \frac{\text{Cost/X-Ray}}{\text{Month}} \times 12 \text{ mths} \right)$$

$$[50 \times 2 \times \$30) + (50 \times 3 \times \$65)] 12 = \$153.0 + 1 \text{ time Administrative Cost } \$20.0 = \$173.0$$

Assumption #1:

Alaska's ratio of recipients to eligibles is similar to the ratio of recipients to eligibles in Idaho.

Idaho averaged 75 chiropractic recipients and 30,000 eligibles per month. Therefore we estimate Alaska would average 50 chiropractic recipients out of 20,000 eligibles per month.

Assumption #2:

Services would be limited to 2 visits per month per recipient.

Assumption #3:

X-rays would be limited to three x-ray per month per recipient.

Assumption #4:

Manual manipulation of the spine costs \$30. An x-ray costs \$65.00.

This is all that's in the C.S.

*R. P. Allen
2/10/86*