

SB

264

5-0793B ✓
 Utermohle
 4/27/88

Original sponsors: Josephson, Abood,
 and Fischer

1 IN THE SENATE

BY THE HEALTH, EDUCATION AND
 SOCIAL SERVICES COMMITTEE

2 HOUSE CS FOR SENATE BILL NO. 264 (HESS)
 3 IN THE LEGISLATURE OF THE STATE OF ALASKA
 4 FIFTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the practice of chiropractic; and
 7 providing for an effective date."

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

9 * Section 1. FINDINGS. The legislature finds that chiropractic is a
 10 separate and distinct branch of the healing arts and that doctors of chiro-
 11 practic are skilled and highly trained primary health care providers de-
 12 serving of the same degree of responsibility, authority, and respect as
 13 other health care professionals.

14 * Sec. 2. AS 08.20.055 is amended to read:

15 Sec. 08.20.055. BOARD REGULATIONS. The board shall adopt sub-
 16 stantive regulations necessary to effect the provisions of this chap-
 17 ter, including regulations establishing standards for

18 (1) continuing education; and

19 (2) the application, performance, and evaluation of chiro-
 20 practic core methodology.

21 * Sec. 3. AS 08.20.100 is amended to read:

22 Sec. 08.20.100. PRACTICE OF CHIROPRACTIC [WITHOUT LICENSE PRO-
 23 HIBITED]. A person may not practice chiropractic or use chiropractic
 24 core methodology in the state without a license.

25 * Sec. 4. AS 08.20.100 is amended by adding new subsections to read:

26 (b) A person licensed under this chapter may

27 (1) analyze, diagnose, or treat the chiropractic condition
 28 of a patient by chiropractic core methodology or by ancillary method-
 29 ology;

- 1 (2) accept referrals for chiropractic treatment;
- 2 (3) consult on chiropractic matters;
- 3 (4) refer patients to other health care professionals;
- 4 (5) sign

5 (A) certificates of physical examinations for children
6 before they enter school;

7 (B) reports for excuses from employment and from
8 attendance at school or participation in sports activities; and

9 (C) authorizations for sick leave;

10 (6) perform preemployment and workplace health examina-
11 tions;

12 (7) provide disability and physical impairment ratings; and

13 (8) provide retirement health and disability authorizations
14 and recommendations.

15 (c) A person licensed under this chapter is not authorized to
16 sign affidavits exempting school children from immunization require-
17 ments under AS 14.30.125 or to administer or interpret the results of
18 infectious disease tests required by statute or regulation.

19 * Sec. 5. AS 08.20.120(a) is repealed and reenacted to read:

20 (a) An applicant shall be issued a license to practice chiro-
21 practic if the applicant

22 (1) has a high school education or its equivalent;

23 (2) has successfully completed at least two academic years
24 of study in a college of liberal arts or sciences or has engaged in
25 the active licensed practice of chiropractic for three of the four
26 years preceding the filing of the application;

27 (3) is a graduate of a school or college of chiropractic
28 that requires the completion of a minimum of 4,000 hours of formal
29 education and training in order to graduate, including

1 (A) 150 hours of chiropractic philosophy or princi-
2 ples;

3 (B) 1200 hours of basic sciences, including anatomy,
4 chemistry, physiology, and pathology;

5 (C) 1400 hours of preclinical technique, including
6 diagnosis, chiropractic technique, and x-ray; and

7 (D) 700 hours of clinical training;

8 (4) completes 120 hours of formal training in physiological
9 therapeutics;

10 (5) passes an examination given by the board; and

11 (6) passes, to the satisfaction of the board, the parts of
12 the examination of the National Board of Chiropractic Examiners re-
13 quired by the board.

14 * Sec. 6. AS 08.20.120(a) is repealed and reenacted to read:

15 (a) An applicant shall be issued a license to practice chiro-
16 practic if the applicant

17 (1) has a high school education or its equivalent;

18 (2) has successfully completed at least two academic years
19 of study in a college of liberal arts or sciences or has engaged in
20 the active licensed practice of chiropractic for three of the four
21 years preceding the filing of the application;

22 (3) is a graduate of a school or college of chiropractic
23 that

24 (A) is accredited by or a candidate for accredita-
25 tion by the Council on Chiropractic Education or a successor
26 accrediting agency recognized by the board; or

27 (B) if an accrediting agency under (A) of this
28 paragraph does not exist, requires the completion of a minimum of
29 4,000 hours of formal education and training in order to

1 graduate, including

2 (i) 150 hours of chiropractic philosophy or
3 principles;

4 (ii) 1200 hours of basic sciences, including
5 anatomy, chemistry, physiology, and pathology;

6 (iii) 1400 hours of preclinical technique, includ-
7 ing diagnosis, chiropractic technique, and x-ray; and

8 (iv) 700 hours of clinical training;

9 (4) completes 120 hours of formal training in physiological
10 therapeutics;

11 (5) passes an examination given by the board; and

12 (6) passes to the satisfaction of the board those parts of
13 the examination of the National Board of Chiropractic Examiners re-
14 quired by the board.

15 * Sec. 7. AS 08.20 is amended by adding a new section to read:

16 Sec. 08.20.155. PROFESSIONAL DESIGNATION. Notwithstanding the
17 provisions of AS 08.02.010 relating to specialist designations, a
18 person licensed under this chapter may not designate a specialty
19 unless the person has completed a postgraduate specialty program at an
20 accredited school approved by the board and the person has passed a
21 certification exam for the specialty approved by the board. All
22 specialty designations must include the term "chiropractic."

23 * Sec. 8. AS 08.20.170(a) is amended to read:

24 (a) The board may, after a hearing, impose a disciplinary sanc-
25 tion on a person licensed under this chapter when the board finds that
26 the licensee

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

29 (2) engaged in deceit, fraud, or intentional

1 misrepresentation in the course of providing professional services or
2 engaging in professional activities;

3 (3) advertised professional services in a false or mislead-
4 ing manner;

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

8 (5) intentionally or negligently engaged in or permitted
9 the performance of patient care by persons under the licensee's super-
10 vision which does not conform to minimum professional standards estab-
11 lished by regulation regardless of whether actual injury to the pa-
12 tient occurred;

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

15 (7) continued to practice after becoming unfit due to

16 (A) professional incompetence;

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

19 (C) physical or mental disability;

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

22 (9) failed to satisfy continuing education requirements
23 adopted by the board.

24 * Sec. 9. AS 08.20 is amended by adding a new section to read:

25 Sec. 08.20.230. PRACTICE OF CHIROPRACTIC. The practice of
26 chiropractic

27 (1) addresses ramifications of health and disease with a
28 special emphasis on biomechanical analysis, interpretation and treat-
29 ment of the structural and functional integrity of skeletal joint

1 structures, and the physiological efficiency of the nervous system as
2 these matters relate to subluxation complex; and

3 (2) involves the diagnosis, analysis, or formulation of a
4 chiropractic diagnostic impression regarding the chiropractic condi-
5 tions of the patient to determine the appropriate method of chiro-
6 practic treatment.

7 * Sec. 10. AS 08.20 is amended by adding a new section to read:

8 Sec. 08.20.900. DEFINITIONS. In this chapter

9 (1) "ancillary methodology" means employing within the
10 chiropractic practice those methods, procedures, modalities, devices,
11 and measures commonly used by trained and licensed health care pro-
12 viders and includes

13 (A) physiological therapeutics; and

14 (B) counseling on dietary regimen, sanitary measures,
15 physical and mental attitudes affecting health, personal hygiene,
16 occupational safety, lifestyle habits, posture, rest, and work
17 habits that enhance the effects of chiropractic adjustment;

18 (2) "chiropractic" is the clinical science of human health
19 and disease that focuses on the detection, correction, and prevention
20 of the subluxation complex and the employment of physiological thera-
21 peutic procedures preparatory to and complementary with the correction
22 of the subluxation complex for the purpose of enhancing the body's
23 inherent recuperative powers, without the use of surgery or prescrip-
24 tion drugs; the primary therapeutic vehicle of chiropractic is chiro-
25 practic adjustment;

26 (3) "chiropractic adjustment" means the application of a
27 precisely controlled force applied by hand or by mechanical device to
28 a specific focal point of the anatomy for the express purpose of
29 creating a desired angular movement in skeletal joint structures in

1 order to eliminate or decrease interference with neural transmission
2 and correct or attempt to correct subluxation complex; "chiropractic
3 adjustment" utilizes, as appropriate, short lever force, high velocity
4 force, short amplitude force, or specific line-of-correction force to
5 achieve the desired angular movement, as well as low force neuro-
6 muscular, neuro-vascular, neuro-cranial, or neuro-lymphatic reflex
7 technique procedures;

8 (4) "chiropractic core methodology" means the treatment and
9 prevention of subluxation complex by chiropractic adjustment as indi-
10 cated by a chiropractic diagnosis and includes the determination of
11 contra-indications to chiropractic adjustment, the normal regimen and
12 rehabilitation of the patient, and patient education procedures;
13 chiropractic core methodology does not incorporate the use of pre-
14 scription drugs, surgery, needle acupuncture, obstetrics, or x-rays
15 used for therapeutic purposes;

16 (5) "chiropractic diagnosis" means a diagnosis made by a
17 person licensed under this chapter based on a chiropractic examina-
18 tion;

19 (6) "chiropractic examination" means an examination of a
20 patient conducted by or under the supervision of a person licensed
21 under this chapter for the express purpose of ascertaining whether
22 symptoms of subluxation complex exist and consisting of an analysis of
23 the patient's health history, current health status, results of diag-
24 nostic procedures including x-ray and other diagnostic imaging de-
25 vices, and postural, thermal, physical, neuro-physical, and spinal
26 examinations that focuses on the discovery of

27 (A) the existence and etiology of disrelationships of
28 skeletal joint structures; and

29 (B) interference with normal nerve transmission and

1 expression;

2 (7) "manipulation" means an application of a resistive
3 movement by applying a nonspecific force without the use of a thrust,
4 that is directed into a region and not into a focal point of the
5 anatomy for the general purpose of restoring movement and reducing
6 fixations;

7 (8) "physiological therapeutics" means the therapeutic
8 application of forces and substances that induce a physiologic re-
9 sponse and use or allow the natural processes of the body to return to
10 a more normal state of health; physiological therapeutics encompasses
11 the diagnosis and treatment of disorders of the body, utilizing

12 (A) manipulation;

13 (B) the natural healing forces associated with air,
14 cold, heat, electricity, exercise, light, massage, water, nutri-
15 tion, sound, rest, and posture;

16 (C) thermotherapy, cryotherapy, high frequency cur-
17 rents, low frequency currents, interferential currents, hydro-
18 therapy, exercise therapy, rehabilitative therapy, meridian
19 therapy, vibratory therapy, traction and stretching, bracing and
20 supports, trigger point therapy, and other forms of therapy;

21 (9) "subluxation complex" means a biomechanical or other
22 disrelation or a skeletal structural disrelationship, misalignment, or
23 dysfunction in a part of the body resulting in aberrant nerve trans-
24 mission and expression.

25 * Sec. 11. AS 14.30.070(a) is amended to read:

26 (a) The governing body of each school district shall provide for
27 and require a physical examination of every child attending school in
28 the district. The examination shall be made when the child enters
29 school or, in areas where no physician resides, as soon thereafter as

1 is practicable, and thereafter at regular intervals considered advis-
2 able by the governing body of the district. For purposes of this
3 subsection, physical examinations may be conducted by a chiropractor.

4 * Sec. 12. AS 14.30.120 is amended to read:

5 Sec. 14.30.120. CERTIFICATE OF PHYSICAL EXAMINATION. The school
6 board, when physical examinations are made, shall deliver to the
7 parent, guardian, or other person having the responsibility for or
8 control of the child a report signed by the physician or nurse making
9 the examination, specifying the findings with respect to the health
10 and physical well-being of the child. For purposes of this subsec-
11 tion, physician examinations may be conducted by a chiropractor.

12 * Sec. 13. AS 08.20.220 is repealed.

13 * Sec. 14. Section 6 of this Act takes effect four years after the ef-
14 fective date of sec. 5 of this Act.

A M E N D M E N T #1

Offered in the HOUSE

TO: SB 264

Page 9, after line 8:

Insert the following new bill sections to read:

"* Sec. 13. AS 14.30.070(a) is amended to read:

(a) The governing body of each school district shall provide for and require a physical examination of every child attending school in the district. The examination shall be made when the child enters school or, in areas where no physician or chiropractor resides, as soon thereafter as is practicable, and thereafter at regular intervals considered advisable by the governing body of the district.

* Sec. 14. AS 14.30.070(c) is amended to read:

(c) Examinations shall be made by a competent physician or chiropractor, except that if the services of a physician or chiropractor cannot be obtained or if authorized by the commissioner of health and social services examinations may be made by a nurse.

* Sec. 15. AS 14.30.120 is amended to read:

Sec. 14.30.120. CERTIFICATE OF PHYSICAL EXAMINATION. The school board, when physical examinations are made, shall deliver to the parent, guardian, or other person having the responsibility for or control of the child a report signed by the physician, chiropractor, or nurse making the examination, specifying the findings with respect to the health and physical well-being of the child."

Renumber the following bill sections accordingly.

A M E N D M E N T #2

Offered in the HOUSE

TO: SB 264

Page 6, line 8:

Delete "health care providers"

Insert "chiropractors"

A M E N D M E N T

#3

Offered in the HOUSE

TO: SB 264

Page 5, line 24:

Delete "all"

Delete "but"

A M E N D M E N T #1

Offered in the HOUSE

TO: SB 264

Page 4, line 11:

Delete "(a)"

Page 4, lines 18 - 19:

Delete all material.

A M E N D M E N T #5

Offered in the HOUSE

TO: SB 264

Page 2, line 20, after "active":

Insert "licensed"

Page 3, line 15, after "active":

Insert "licensed"

A M E N D M E N T #6

Offered in the HOUSE

TO: SB 264

Page 2, line 13, after "retirement":

Insert "health and disability"

A M E N D M E N T #7

Offered in the HOUSE

TO: SB 264

Page 2, line 5:

Delete all material.

Reletter the following subparagraphs accordingly.

A M E N D M E N T # 8

Offered in the HOUSE

TO: SB 264

Page 2, line 8:

Delete "gymnastics"

Insert "participation in sports activities"

A M E N D M E N T #9

Offered in the HOUSE

TO: SB 264

Page 1, lines 22 - 23:

Delete "WITHOUT LICENSE PROHIBITED"

Insert "[WITHOUT LICENSE PROHIBITED]"

Page 1, line 25:

Delete "a new subsection"

Insert "new subsections"

Page 2, after line 13:

Insert the following new subsection to read:

"(c) A person licensed under this chapter is not authorized to make

(1) determinations regarding the presence or absence of communicable diseases; or

(2) affidavits exempting school children from immunization requirements under AS 14.30.125."

OFFERED BY CHIROPRACTORS
Language suggested by Dills/Vermont

A M E N D M E N T #1

Offered in the House

TO: SB 264

Page 9, after line 8:

Insert the following new bill sections to read:

** Sec. 13. AS 14.30.070 is amended to read:

(a) The governing body of each school district shall provide for and require a physical examination of every child attending school in the district. The examination shall be made when the child enters school or, in areas where no physician resides, as soon thereafter is practicable, and thereafter at regular intervals considered advisable by the governing body of the district. For purposes of this subsection, physician shall mean medical doctor or chiropractor.

** Sec 15. As 14.30.120 is amended to read:

Sec. 14.30.120. CERTIFICATE OF PHYSICAL EXAMINATION. The school board, when physical examinations are made, shall deliver to the parent, guardian, or other person having the responsibility for or control of the child a report signed by the physician or nurse making the examination, describing the findings with respect to the health and physical well-being of the child. For purposes of this subsection, physician shall mean medical doctor or chiropractor.

Suggested by Chiropractors

A M E N D M E N T #2

Offered in the House

TO: SB 264

Page 6, line 8:

Insert "employing within the chiropractic practice" between
"means -- those."

A M E N D M E N T #9

Offered in the House

TO: SB 264

Page 1, lines 22 - 23:

Delete "WITHOUT LISCENSE PROHIBITED"

Insert "[WITHOUT LICENSE PROHIBITED]"

Page 1, line 25:

Delete "a new subsection"

Insert "new subsections"

Page 2, after line 13:

Insert the following new subsection to read:

"(c) A person licensed under this chapter is not authorized to sign affidavits exempting school children from immunization requirements under AS 14.30.125, nor to administer or interpret the results of infectious disease tests required by statute or regulation."

A M E N D M E N T #10

Offered in the House

TO: SB 264

Page 2, line 6:

Delete all material

Insert "Certificates of school physical examinations as required
by AS 14.30.070⁽²⁾."

A M E N D M E N T #11

Offered in the House

TO: SB 264

Page 8, line 24:

Delete "as defined in AS 08.20.90J."

Page 8, line 25:

Delete "as"

Page 8, line 25:

Insert "or occupational therapy." after therapy.

Page 8, line 26:

Delete all material.

OFFERED BY CHIROPRACTORS
Language suggested by D1155/Uttermore

A M E N D M E N T #1

Offered in the House

TO: SB 264

Page 9, after line 8:

Insert the following new bill sections to read:

** Sec. 13. AS 14.30.070 is amended to read:

(a) The governing body of each school district shall provide for and require a physical examination of every child attending school in the district. The examination shall be made when the child enters school or, in areas where no physician resides, as soon thereafter is practicable, and thereafter at regular intervals considered advisable by the governing body of the district. For purposes of this subsection, physician shall mean medical doctor or chiropractor.

** Sec 15. As 14.30.120 is amended to read:

Sec. 14.30.120. CERTIFICATE OF PHYSICAL EXAMINATION. The school board, when physical examinations are made, shall deliver to the parent, guardian, or other person having the responsibility for or control of the child a report signed by the physician or nurse making the examination, specifying the findings with respect to the health and physical well-being of the child. For purposes of this subsection, physician shall mean medical doctor or chiopractor.

Suggested by Chiropractors

AMENDMENT #2

Offered in the House

TO: SB 264

Page 6, line 8:

Insert "employing within the chiropractic practice" between
"means -- those."

A M E N D M E N T #9

Offered in the House

TO: SB 264

Page 1, lines 22 - 23:

Delete "WITHOUT LISCENSE PROHIBITED"

Insert "[WITHOUT LICENSE PROHIBITED]"

Page 1, line 25:

Delete "a new subsection"

Insert "new subsections"

Page 2, after line 13:

Insert the following new subsection to read:

"(c) A person licensed under this chapter is not authorized to sign affidavits exempting school children from immunization requirements under AS 14.30.125, nor to administer or interpret the results of infectuous disease tests required by statute or regulation."

A M E N D M E N T #10

Offered in the House

TO: SB 264

Page 2, line 6:

Delete all material

Insert "Certificates of school physical examinations as required
by AS 14.30.070⁽²⁾."

A M E N D M E N T #11

Offered in the House

TO: SB 264

Page 8, line 24:

Delete "as defined in AS 08.20.900."

Page 8, line 25:

Delete "as"

Page 8, line 25:

Insert "or occupational therapy." after therapy.

Page 8, line 26:

Delete all material.



ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES
RESEARCH AGENCY

P.O. Box Y, State Capitol
Juneau, Alaska 99811-3100
Mail Stop 3100
(907) 465-3991

April 26, 1988

MEMORANDUM

TO: Representative Niilo Koponen

ATTN: Lisa McLaren

FROM: Patricia Brawley *pb*
Legislative Analyst

RE: Chiropractic--Scope of Practice and Acceptance in Other States
Research Request 88-248

You asked this agency to provide a limited survey on the scope of practice of chiropractors in other states. You wished to know if employment and school physical examinations are explicitly included in the scope of practice or law, and if chiropractors are allowed to administer immunizations.

I spoke with the Executive Director of the Federation of Chiropractic Licensing Boards, as well as individual state Chiropractic Board of Examiners and Board of Education representatives for Utah, Oregon, California, New Hampshire, and Illinois. There is little consistency in the scope of practice for chiropractors in these states.

The Utah statute is considered very broad and difficult to interpret, administer, and monitor, according to Ann Petersen, Licensing Coordinator, Utah Division of Occupational and Professional Licensing. The statute allows for examination, diagnosis and prescription in regard to muscular-skeletal issues only. Prohibited activities include major and minor surgery, prescription or administration of drugs (including vaccines), cancer treatments, obstetrics, and prescription and administration of x-ray therapy. There is no specific language in the statute dealing with school physical examinations; however, there is implied authority to sign-off on muscular-skeletal, or non-medical, examinations. Doug Bates, attorney for the Utah Department of Education concurred that examinations by chiropractors would not be accepted as medical examinations.

Oregon statute, according to Betty Tower, Administrative Assistant for the Oregon Board of Chiropractic Examiners, defines the practice in such a way that chiropractors may utilize all accepted chiropractic diagnoses, minor surgery, and procedures (i.e., lab work), as well as the implementation of all rational, therapeutic measures "as taught in approved chiropractic colleges." Chiropractors cannot prescribe or administer drugs except food, water and nutritional supplements taken orally. They can puncture the skin for diagnostic purposes, but not for therapeutic purposes. (Administration of vaccines is thereby prohibited.) The law is considered vague and has required opinions from the Office of the Attorney General on specific matters, such as the practice of obstetrics, which is now allowed. Chiropractors in Oregon are also allowed to do minor surgery; proctology; obstetrics; gynecology; diagnostic x-ray; and physio-, electro-, and hydro-therapy. They are not allowed to sign physical examinations which are required by state statute; they may have the authority to sign for physical examinations not required by state law, but acceptance is at the discretion of individual school districts and employers.

In California, chiropractors "can practice Chiropractic as taught in Chiropractic schools and colleges." Chiropractors are taught, among other things, pathology, diagnosis of diseases, childbirthing, minor surgery, and emergency procedures, as well as whatever drug administration is required within these procedures. There is no specific language about chiropractors and school physical examinations, other than that chiropractors are specifically mentioned in the Administrative Code as qualified to provide scoliosis screening. Jackie Smith, Department of Education, indicated that school physical examinations are generally interpreted to mean examinations given by medical doctors. According to Ed Hoefling, Administrator for the California Chiropractic Board of Examiners, chiropractors are authorized to do everything a medical doctor is authorized to do, except perform surgery and administer drugs. Chiropractors are, therefore, "qualified" to provide health examinations for schools and employers, but individual school districts and employers determine acceptability. In either case, chiropractors are not allowed to administer vaccines. This law is "vague and ambiguous," according to Dr. Cynthia Preiss, Executive Director of the Federation of Chiropractic Licensing Boards. It is also unique in that California is the only state in which change must be accomplished by ballot.

The recently passed New Hampshire law states that chiropractors "may utilize procedures currently being taught in chiropractic schools and colleges at the time of their matriculation." Edward J. O'Malley, D.C. and past secretary for the New Hampshire Board of Examiners, indicated that chiropractors are allowed to provide physical examinations for employers and schools, by implication rather than by specific language. Chiropractors are not, however, authorized to administer vaccines in schools.

Representative Koponen

April 26, 1988

Page 3

Dr. Preiss indicated that most people in the profession consider Illinois to have the best (most liberal) law on this subject. The Illinois Board of Examiners is composed of one Doctor of Osteopathy, one Doctor of Chiropractic, and five Doctors of Medicine. Unlike in most states, chiropractic is not defined by separate statute, but is provided for in the General Medical Practice Act, the statute for licensing. This provision states that chiropractors "can treat human ailments without the use of drugs or medicines and without operative surgery." This allows for inclusion of new procedures and techniques without amendments to the law. There is no specific language concerning school physical examinations. According to Gary Anderson, attorney for the Illinois Board of Education, physical examinations are required by law for children beginning school, and beginning first, fifth, and ninth grades. These examinations--like immunizations--must be provided by medical doctors; however, exemptions from physical education are acceptable with letters from parents, guardians, or individuals licensed under the Medical Practice Act (i.e., chiropractors). Chiropractors may provide examinations prior to activities and excuses from attendance in school at the discretion of the individual school districts

As you can see, there is wide variation among the states. The scope of practice for Chiropractors, as defined by state licensing and regulating agencies, varies, but beyond that, other agencies--such as school districts--exert control by recognition and acceptance (or the lack thereof) of that authority.

I hope you find this information useful. If you have further questions, please contact this agency.

STATE OF ALASKA
THE LEGISLATURE

FOUCH Y STATE CAPITOL
JUNEAU ALASKA 99811
907 465 3800

LEGISLATIVE AFFAIRS AGENCY

MEMORANDUM

March 26, 1987

SUBJECT: Section-By Section Analysis of Work Order No. 15-0793A; relating to the practice of chiropractic

TO: Senator Joe Josephson

FROM: George Utermohle *GU*
Legislative Counsel

RECEIVED
MAR 26 1987

The following is the section-by-section analysis of Work Order No. 15-0793, requested by Mark Stephenson of your staff.

A section-by-section analysis or summary of a bill should not be considered an authoritative interpretation of a bill, and the bill itself is the best statement of its contents.

Section 1. Section 1 of the bill states the findings of the Legislature.

Section 2. Section 2 of the bill adds new language to AS 08.20.055 to clarify the authority of the Board of Chiropractic Examiners to adopt regulations relating to continuing education requirements for chiropractors and to chiropractic core methodology.

Section 3. Section 3 of the bill adds new language to AS 08.20.100 to make it unlawful for a person other than a chiropractor to use chiropractic core methodology.

Section 4. Section 4 of the bill adds a subsection to AS 08.20.100 listing some of those actions that a chiropractor may undertake as a licensed professional.

Subsection 5. Section 5 of the bill repeals and reenacts AS 08.20.120(a) relating to the qualifications necessary for a person to receive a license to practice chiropractic. This section takes effect on the effective date of this bill and remains in effect for four years.

Section 6. Section 6 of the bill repeals and reenacts AS 08.20.120(a) relating to the qualification necessary for a person to receive a license to practice chiropractic. Four years after the effective date of this bill the language in Section 6 replaces the language of AS 08.20.120(a) contained in Section 5.

Section 7. Section 7 of the bill adds a new section to AS 08.20 to provide for the use of specialty designations by chiropractors.

Section 8. Section 8 of the bill amends AS 08.20.170(a) to provide that the failure of a chiropractor to satisfy continuing education requirements of the board is grounds for disciplinary action.

Section 9. Section 9 of the bill adds a new section to AS 08.20 that defines the practice of chiropractic.

Section 10. Section 10 of the bill amends AS 08.20 by adding a new section containing definitions of "ancillary methodology", "chiropractic", "chiropractic adjustment", "chiropractic core methodology", "chiropractic diagnosis", "chiropractic examination", "physiological therapeutics", "skeletal joint structures", and "subluxation complex."

Section 11. Section 11 of the bill makes a technical amendment to AS 08.84.160 in order to conform with Section 10 and 15.

Section 12. Section 12 of the bill amends AS 09.55.536 by adding a new subsection to establish special procedures for appointment of an expert advisory panel in civil suits involving personal injury or death attributed to the application of chiropractic core methodology by a chiropractor.

Section 13. Section 13 of the bill makes a change to AS 18.50.230(c) to allow a chiropractor to sign a death certificate if the chiropractor was in charge of a patient's care for the illness or condition that resulted in the death.

Section 14. Section 14 of the bill amends AS 18.50.230(d) to allow the Department of Health and Social Services to provide for the signing of the medical certification when death occurs without medical attendance in cases involving a chiropractor.

Senator Josephson
March 26, 1987
Page 3

Section 15. Section 15 of the bill repeals AS 08.20.220 which is the former definition section in AS 08.20.

Section 16. Section 16 of the bill delays the effective date of Section 6 of the bill until four years after Section 5 of the bill takes effect.

GU:csh
c7/104

Revised Position Paper: May 11, 1987

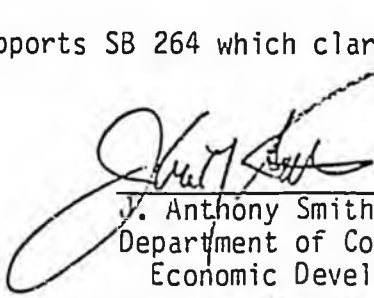
SB 264: An Act relating to the practice of chiropractic; and providing for an effective date.

SB 264 amends the chiropractic statutes, AS 08.20, by increasing regulation responsibilities of the board, revising requirements for licensure, adding a new provision allowing specialty designations and further defining the practice of chiropractic.

Previously, the department expressed two concerns regarding the requirements for licensure in Section 5(3) in that the specific curriculum requirements may be too restrictive for experienced chiropractors who were licensed many years ago in another state; and Section 7 regarding specialty designations. Since expressing these concerns, the department has obtained additional information which has satisfied both issues. In addition, the provision of specialty designations will not impact the department's zero fiscal note.

Physical Therapists have expressed concern of the possibility that this bill may limit the practice of physical therapists. Section 11 of the bill provides physical therapists the authority to practice their profession as defined in the physical therapy statutes. Therefore, the department feels that this bill does not restrict or limit the practice of physical therapy in any way.

In summary, the department supports SB 264 which clarifies the practice of chiropractic.


J. Anthony Smith, Commissioner
Department of Commerce and
Economic Development

Date: 5/12/87

STATISTICS PERTAINING TO INDIVIDUAL STATE LAWS

	Good Samaritan law?	Child Abuse Reporting Law?	D.C. responsible for reporting communicable diseases?	D.C. responsible for reporting disabling conditions, e.g., Epilepsy, to department issuing driver's license?	D.C.'s report for school children's examination accepted?	D.C.'s report for excuses from school, gym, etc., accepted?	D.C. authorized to sign death certificates?	Insurance equality?	If YES on Insurance equality, does it include Blue Shield?
Alabama	X		X		X	X		X	
Alaska	X	X			3	3		X	
Arizona	X	X	X		3	3		X	
Arkansas	X	X	X		X	X	X	X	
California	X	X	X	X	X	X	X		
Colorado		X					X		
Connecticut	X		X			X		X	
Delaware	X	X	X	X	7	X		4	
Dist. of Col.		X	X	X	X	X			
Florida	X	X	X	X	X	X		5	
Georgia	X	X	X	X	X	X		X	
Hawaii	X	X	X			X			
Idaho	X	X	X		X	X	X		
Illinois					X	X	X		
Indiana	7	X	X			3		X	
Iowa	7	X	X			3	X		
Kansas	X	X	X		X	X	X	X	
Kentucky	X	X	X		X	X	X		
Louisiana	7	7	7		7	X			
Maine	X	X	X		X	X		X	
Maryland	X	X	X			X		X	
Massachusetts		X	X				X	X	
Michigan		X	X		X	X		X	
Minnesota	X	X	X		X	X	X	X	
Mississippi	7	7	X			X		X	
Missouri	X	X	X			X	X		
Montana	7	X	X		X	X	X	X	
Nebraska	X	X	X			X	X		
Nevada	X	X	X		X	X		X	
New Hampshire	X	X	X	X	X	X	X		
New Jersey	X	X	X		X	X		X	
New Mexico		X	X		X	X	X		
New York		X			1	X			
No. Carolina	X	X	X			X		X	
No. Dakota	X	X	X		X	X	X		

Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
Washington
West Virginia
Wisconsin
Wyoming

1 =
2 =
3 =
4 =

STATISTICS PERTAINING TO INDIVIDUAL STATE LAWS

State	Good Samaritan law?	Child Abuse Reporting Law?	D.C. responsible for reporting communicable diseases?	D.C. responsible for reporting disabling conditions, e.g., Epilepsy, to department issuing driver's license?	D.C.'s report for school children's examination accepted?	D.C.'s report for excuses from school, gym, etc., accepted?	D.C. authorized to sign death certificates?	Insurance equality?	If YES on Insurance equality, does it include Blue Shield?
Ohio	X	X	X		X	X	X	X	X
Oklahoma	X	X	X		X	X	X	X	X
Oregon	X	X	X		X	X	X	X	X
Pennsylvania	X	X	X		X	X	X	X	X
Puerto Rico	X	X	X		X	X	X	X	X
Rhode Island	X	X	X		X	X	X	X	X
So. Carolina	X	X	X		X	X	X	X	X
So. Dakota	X	X	X		X	X	X	X	X
Tennessee	X	X	X		X	X	X	X	X
Texas	X	X	X		X	X	X	X	X
Utah	X	X	X		X	X	X	X	X
Vermont	X	X	X	X	X	X	X	X	X
Virginia	X	X	X	X	X	X	X	X	X
Washington	X	X	X		X	X	X	X	X
W. Virginia	X	X	X		X	X	X	X	X
Wisconsin	X	X	X		X	X	X	X	X
Wyoming	X	X	X		X	X	X	X	X

44

33

'8

- 1 - By Individual Dr. of Chiropractic
- 2 - Questionable
- 3 - Depends Upon Indiv. School Policy
- 4 - Only State Employees

- 5 - By Patient Request
- 6 - Exclusive Of Vaccination
- 7 - Unknown
- 8 - Determined By Type of Contract

1985-86

Official Directory

of

Chiropractic

Examining Boards

With

Licensure & Practice Statistics



Published by
FEDERATION OF CHIROPRACTIC LICENSING BOARDS

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Richard R. Strohmeier, M.D.
Orthopedic Surgery
561 S. Denali Street, Suite E
Palmer, Alaska 99645

April 6, 1988

Representative Johnny Ellis
Alaska State Legislature
House of Representatives
P.O. Box V
Juneau, Alaska 99811

Dear Representative and Member of Health, Education and Social Services Committee:

As a health care provider, I am very surprised to see that the status of SB264 has gotten as far as it has, i.e., the fact that it has been passed by the Senate and recommended by Senate Health, Education and Social Services to be passed. I also was surprised to see that in the House of Representatives SB264 has been recommended by the seven members to pass the bill in the House of Representatives.

My first experience with reading the bill was quite recent and there are several points that I cannot help but feel that Representatives and Senators, so far, have been unable to see in perspective as presented by the bill. The areas that I think need more examination and closer scrutiny prior to House action are:

- 1) Sec. 1, Lines 11-13 accord chiropractors "the same degree of responsibility and authority of other health care professionals". That would imply, although it does not specifically say, that a Doctor of Chiropractic has the same authority and the same responsibility as a Doctor of Medicine or as a Doctor of Osteopathy which I think we all recognize is not the case. The chiropractic art is very different and often times diametrically opposed to the science of Medicine and to afford it a place equal to the science of Medicine, I think, would be a large and irresponsible mistake. Chiropractors certainly have their place as ancillary health care providers and they certainly are capable of making some diagnoses and treating some conditions. Few would argue that. However, to give them legislatively the same responsibility and authority as physicians, osteopaths, etc., seems inconsistent with the public welfare. If on Line 13 we are to interpret "other health care professionals" as physical therapists, technicians, etc., then I think the section has some credibility; however, the bill does not specifically say with whom chiropractors are being compared.

Letter to Rep. Ellis
April 6, 1988
Page Two

2) Lines 22-24 of Section 3 seem to imply that physicians, osteopaths, and physical therapists who choose to use manipulation therapy are doing so illegally if the bill passes. There are many conditions for which I, as an Orthopedic Surgeon, manipulate joints and I know that the Doctors of Osteopathy manipulate the spine for certain conditions. Making this methodology legal for only chiropractors to use would be harmful and it would be in many ways interpreted as a restraint of trade.

3) Section 4, Page 2, Lines 1-14 I find objectionable in that these provisions would allow a person with admittedly limited training to provide evaluations requiring a broad scope of knowledge such as school physicals, pre-employment and work place health examinations, disability and physical impairment ratings and retirement authorizations and recommendations. These evaluations require analysis of specialized x-rays, lab tests, electrocardiograms and conditions which chiropractors are not trained to recognize or evaluate.

4) Section 9, Page 5, Line 24, defines chiropractic as addressing all ramifications of health and disease. I find this contradictory to other sections of the bill which limit their ability to address anything but "chiropractic diagnoses".

I hope that the responsible members of the Senate, Health, Education and Social Service Committee will take a very close look at the implications of the bill and take a very close look at the relationship of chiropractic to the remainder of the health care community. I urge that the bill not be passed in its present form.

Sincerely,

Richard R. Strohmeyer, M.D.

RRS/cw



Official Business

Alaska State Legislature

Senate

P.O. BOX V
State Capitol
Juneau, Alaska 99811

LISA SB ~~246~~ ²⁶⁴
file

MEMORANDUM

TO: Representative Niilo Koponen, Co-Chairman
Health, Education & Social Services Committee

FROM: Senator Jay Kerttula *J*

DATE: March 23, 1988

SUBJECT: SB ~~246~~ ²⁶⁴, Practice of Chiropractic

The attached comments regarding SB ~~246~~ ²⁶⁴ were brought to my attention by a physician in my district and are being sent to you for consideration.

JK:jl

WOMEN & CHILDREN'S HEALTH ASSOCIATES

CAROLYN BROWN, M.D.
508 DAHLIA STREET
PALMER, AK . 99645

DEA. No. _____ TEL: (907) 745-4711

For Gay Age _____

Address _____

Rx Date 3-10-88

My comments attached.

I certainly could not support
this legislation in its
present form. Please
address the issues
raised.

REFILL 1 2 3 4 5 NR

LABEL PRN

Thanks -

SUBSTITUTION ALLOWED

DISPENSE AS WRITTEN

Carolyn

(Signature)

UOB 115528

1 IN THE SENATE

BY JOSEPHSON AND ABOOD

2

SENATE BILL NO. 264

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FIFTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6

For an Act entitled: "An Act relating to the practice of chiropractic; and

7

providing for an effective date."

8

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

9

* Section 1. FINDINGS. The legislature finds that chiropractic is a
10 separate and distinct branch of the healing arts and that doctors of chiro-
11 practic are skilled and highly trained primary health care providers de-
12 serving of the same degree of responsibility, authority, and respect as
13 other health care professionals;

14

* Sec. 2. AS 08.20.055 is amended to read:

15

Sec. 08.20.055. BOARD REGULATIONS. The board shall adopt sub-

16

stantive regulations necessary to effect the provisions of this chap-

17

ter, including regulations establishing standards for

18

(1) continuing education; and

19

(2) the application, performance, and evaluation of chiro-

20

practic core methodology.

21

* Sec. 3. AS 08.20.100 is amended to read:

22

Sec. 08.20.100. PRACTICE OF CHIROPRACTIC WITHOUT LICENSE PROHIB-

23

ITED. A person may not practice chiropractic or use chiropractic core

24

methodology in the state without a license.

*what kind of
license?*

25

* Sec. 4. AS 08.20.100 is amended by adding a new subsection to read:

26

(b) A person licensed under this chapter may

27

(1) analyze, diagnose, or treat the chiropractic condition

28

of a patient by chiropractic core methodology or by ancillary method-

29

ology;

*Does this mean that an M.D.
can't use chiropractic methods
without chiropractic license?*

I do not believe a chiropractor is trained to determine their health findings. Signing a permit or form is one thing. Doing the health assessment to determine health is quite another matter. CR

- 1 (2) accept referrals for chiropractic treatment;
- 2 (3) consult on chiropractic matters;
- 3 (4) refer patients to other health care professionals;
- 4 (5) sign
- 5 (A) health certificates;
- 6 (B) reports of examinations of school children;
- 7 (C) reports for excuses from employment and from
- 8 attendance at school or gymnastics; and
- 9 (D) authorizations for sick leave;
- 10 (6) perform preemployment and workplace health examina
- 11 tions;
- 12 (7) provide disability and physical impairment ratings; and
- 13 (8) provide retirement authorizations and recommendations.

14 * Sec. 5. AS 08.20.120(a) is repealed and reenacted to read:

15 (a) An applicant shall be issued a license to practice chiro-
16 practic if the applicant

- 17 (1) has a high school education or its equivalent;
- 18 (2) has successfully completed at least two academic years
19 of study in a college of liberal arts or sciences or has engaged in
20 the active practice of chiropractic for three of the four years pre-
21 ceding the filing of the application;

22 (3) is a graduate of a school or college of chiropractic
23 that requires the completion of a minimum of 4,000 hours of formal
24 education and training in order to graduate, including

25 (A) 150 hours of chiropractic philosophy or princi-
26 ples;

27 (B) 1200 hours of basic sciences, including anatomy,
28 chemistry, physiology, and pathology;

29 (C) 1400 hours of preclinical technique, including

- 1 diagnosis, chiropractic technique, and x-ray; and
2 (D) 700 hours of clinical training;
3 (4) completes 120 hours of formal training in physiological
4 therapeutics;
5 (5) passes an examination given by the board; and
6 (6) passes, to the satisfaction of the board, the parts of
7 the examination of the National Board of Chiropractic Examiners re-
8 quired by the board.

9 * Sec. 6. AS 08.20.120(a) is repealed and reenacted to read:

10 (a) An applicant shall be issued a license to practice chiro-
11 practic if the applicant

- 12 (1) has a high school education or its equivalent;
13 (2) has successfully completed at least two academic years
14 of study in a college of liberal arts or sciences or has engaged in
15 the active practice of chiropractic for three of the four years pre-
16 ceding the filing of the application;

17 (3) is a graduate of a school or college of chiropractic
18 that

19 (A) is accredited by or a candidate for accredita-
20 tion by the Council on Chiropractic Education or a successor
21 accrediting agency recognized by the board; or

22 (B) if an accrediting agency under (A) of this
23 paragraph does not exist, requires the completion of a minimum of
24 4,000 hours of formal education and training in order to gradu-
25 ate, including

26 (i) 150 hours of chiropractic philosophy or
27 principles;

28 (ii) 1200 hours of basic sciences, including
29 anatomy, chemistry, physiology, and pathology;

- 1 (iii) 1400 hours of preclinical technique, includ-
2 ing diagnosis, chiropractic technique, and x-ray; and
3 (iv) 700 hours of clinical training;
4 (4) completes 120 hours of formal training in physiological
5 therapeutics;
6 (5) passes an examination given by the board; and
7 (6) passes to the satisfaction of the board those parts of
8 the examination of the National Board of Chiropractic Examiners re-
9 quired by the board.

10 * Sec. 7. AS 08.20 is amended by adding a new section to read:

11 Sec. 08.20.155. PROFESSIONAL DESIGNATION. (a) Notwithstanding
12 the provisions of AS 08.02.010 relating to specialist designations, a
13 person licensed under this chapter may not designate a specialty
14 unless the person has completed a postgraduate specialty program at an
15 accredited school approved by the board and the person has passed a
16 certification exam for the specialty approved by the board. All
17 specialty designations must include the term "chiropractic."

18 (b) A person licensed under this chapter may use appropriate
19 designations for fellowships and honorary degrees received.

20 * Sec. 8. AS 08.20.170(a) is amended to read:

21 (a) The board may, after a hearing, impose a disciplinary sanc-
22 tion on a person licensed under this chapter when the board finds that
23 the licensee

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

26 (2) engaged in deceit, fraud, or intentional misrepresenta-
27 tion in the course of providing professional services or engaging in
28 professional activities;

29 (3) advertised professional services in a false or

SB 264

by calling themselves "doctors" and receiving
fees related to physical health, people may
have a false sense of having had a physician exam -

SB0264a

1 misleading manner;

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

*I do not think
these people are
qualified to
perform
physical
exams.
CB*

5 (5) intentionally or negligently engaged in or permitted
6 the performance of patient care by persons under the licensee's super-
7 vision which does not conform to minimum professional standards estab-
8 lished by regulation regardless of whether actual injury to the pa-
9 tient occurred;

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

12 (7) continued to practice after becoming unfit due to

13 (A) professional incompetence;

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

16 (C) physical or mental disability;

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

19 (9) failed to satisfy continuing education requirements
20 adopted by the board.

21 * Sec. 9. AS 08.20 is amended by adding a new section to read:

22 Sec. 08.20.230. PRACTICE OF CHIROPRACTIC. The practice of
23 chiropractic

24 (1) addresses all ramifications of health and disease but
25 with a special emphasis on biomechanical analysis, interpretation and
26 treatment of the structural and functional integrity of skeletal joint
27 structures, and the physiologic efficiency of the nervous system as
28 these matters relate to subluxation complex; and

29 (2) involves the diagnosis, analysis, or formulation of a

*This is too broad. I do not believe
these people are trained to do this.*

1 chiropractic diagnostic impression regarding the chiropractic condi-
2 tions of the patient to determine the appropriate method of chiro-
3 practic treatment.

4 * Sec. 10. AS 08.20 is amended by adding a new section to read:

5 Sec. 08.20.900. DEFINITIONS. In this chapter

6 (1) "ancillary methodology" means those methods, proce-
7 dures, modalities, devices, and measures commonly used by trained and
8 licensed health care providers and includes

9 (A) physiological therapeutics; and

10 (B) counseling on dietary regimen, sanitary measures,
11 physical and mental attitudes affecting health, personal hygiene,
12 occupational safety, lifestyle habits, posture, rest, and work
13 habits that enhance the effects of chiropractic adjustment;

14 (2) "chiropractic" is the clinical science of human health
15 and disease that focuses on the detection, correction, and prevention
16 of the subluxation complex and the employment of physiological thera-
17 peutic procedures preparatory to and complementary with the correction
18 of the subluxation complex for the purpose of enhancing the body's
19 inherent recuperative powers, without the use of surgery or prescrip-
20 tion drugs; the primary therapeutic vehicle of chiropractic is chiro-
21 practic adjustment;

22 (3) "chiropractic adjustment" means the application of a
23 precisely controlled force applied by hand or by mechanical device to
24 a specific focal point of the anatomy for the express purpose of
25 creating a desired angular movement in skeletal joint structures in
26 order to eliminate or decrease interference with neural transmission
27 and correct or attempt to correct subluxation complex; "chiropractic
28 adjustment" utilizes, as appropriate, short lever force, high velocity
29 force, short amplitude force, or specific line-of-correction force to

- which
are ?

This can mean
anything... and
nothing...

1 achieve the desired angular movement, as well as low force neuro-
2 muscular, neuro-vascular, neuro-cranial, or neuro-lymphatic reflex
3 technique procedures;

4 (4) "chiropractic core methodology" means the treatment and
5 prevention of subluxation complex by chiropractic adjustment as indi-
6 cated by a chiropractic diagnosis and includes the determination of
7 contra-indications to chiropractic adjustment, the normal regimen and
8 rehabilitation of the patient, and patient education procedures;
9 chiropractic core methodology does not incorporate the use of pre-
10 scription drugs, surgery, needle acupuncture, obstetrics, or x-rays
11 used for therapeutic purposes;

12 (5) "chiropractic diagnosis" means a diagnosis made by a
13 person licensed under this chapter based on a chiropractic examina-
14 tion;

15 (6) "chiropractic examination" means an examination of a
16 patient conducted by or under the supervision of a person licensed
17 under this chapter for the express purpose of ascertaining whether
18 symptoms of subluxation complex exist and consisting of an analysis of
19 the patient's health history, current health status, results of diag-
20 nostic procedures including x-ray and other diagnostic imaging de-
21 vices, and postural, thermal, physical, neuro-physical, and spinal
22 examinations that focuses on the discovery of

23 (A) the existence and etiology of disrelationships of
24 skeletal joint structures; and

25 (B) interference with normal nerve transmission and
26 expression;

27 (7) "manipulation" means an application of a resistive
28 movement by applying a nonspecific force without the use of a thrust,
29 that is directed into a region and not into a focal point of the

*I do not believe
these people are
trained to deal
with this*

1 anatomy for the general purpose of restoring movement and reducing
2 fixations;

3 (8) "physiological therapeutics" means the therapeutic
4 application of forces and substances that induce a physiologic re-
5 sponse and use or allow the natural processes of the body to return to
6 a more normal state of health; physiological therapeutics encompasses
7 the diagnosis and treatment of disorders of the body, utilizing

8 (A) manipulation;

9 (B) the natural healing forces associated with air,
10 cold, heat, electricity, exercise, light, massage, water, nutri-
11 tion, sound, rest, and posture;

12 (C) thermotherapy, cryotherapy, high frequency cur-
13 rents, low frequency currents, interferential currents, hydro-
14 therapy, exercise therapy, rehabilitative therapy, meridian
15 therapy, vibratory therapy, traction and stretching, bracing and
16 supports, trigger point therapy, and other forms of therapy;

17 (9) "subluxation complex" means a biomechanical or other
18 disrelation or a skeletal structural disrelationship, misalignment, or
19 dysfunction in a part of the body resulting in aberrant nerve trans-
20 mission and expression.

21 * Sec. 11. AS 08.84.160 is amended to read:

22 Sec. 08.84.160. PRACTICE OF LICENSED PHYSICAL THERAPIST. This
23 chapter does not authorize a [ANY] person to practice medicine, oste-
24 opathy, chiropractic as defined in AS 08.20.900 [AS 08.20.220], or
25 other method of healing, but only to practice physical therapy as
26 defined in AS 08.84.190(3).

27 * Sec. 12. AS 09.55.536 is amended by adding a new subsection to read:

28 (i) Notwithstanding (a) of this section, in an action for dam-
29 ages due to personal injury or death attributed to the application of

1 chiropractic core methodology by a person licensed under AS 08.20,
2 when the parties have not agreed to arbitration of the claim under
3 AS 09.55.535, the court shall appoint a three-person expert advisory
4 panel comprised of persons licensed under AS 08.20. The court shall
5 make the appointment within 20 days after filing of the answer to a
6 summons and complaint. This subsection does not apply if the court
7 decides that an expert advisory opinion is not necessary for a deci-
8 sion in the case.

9 * Sec. 13. AS 08.20.220 is repealed.

10 * Sec. 14. Section 6 of this Act takes effect four years after the ef-
11 fective date of sec. 5 of this Act.

Alaska Chiropractic Society

P.O. Box 111507 • Anchorage, Alaska 99511

May 3, 1987

Senator Paul Fischer
Chairman HESS Committee
Alaska State Senate
Pouch V
Juneau, AK 99811

RE: Senate Bill 264

Dear Senator Fischer:

I wish to summarize some facts regarding SB264 and chiropractic in general.

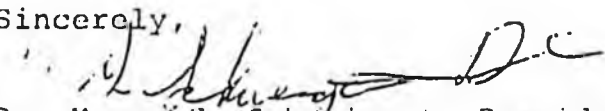
The Alaska Chiropractic Society which represents a majority of chiropractors in the state of Alaska, felt the need to update the current chiropractic law. We formed what we titled the "Blue Ribbon Committee" made up of all former presidents of the ACS, a current State Board of Chiropractic Examiners member, and the state representative from both the American Chiropractic Association and the International Chiropractic Association.

The primary reason to update the law was to clarify the difference between Physical Therapists, Naturopaths, Osteopaths and Chiropractors. The definitions of each sounded too similar and seemed to blend. It was too confusing legally to determine which profession was responsible for what kind of ailments and what procedures fall within their education.

The new law does not alter the entrance requirements and does not suppress new applicants for D.C. licensure nor does SB 264 restrict any current practicing chiropractors. It does not over-stake any territory that might be claimed by other professions. One point that may be of concern is the school physicals. Thirty-seven states already allow Doctors of Chiropractic to perform school examinations and forty-six states allow D.C.'s to issue excuses from school or gym.

Please find material attached which I'm sure will be of benefit to your committee.

Sincerely,


Dr. Myron G. Schweigert, President
Alaska Chiropractic Society

FACTS YOU SHOULD KNOW ABOUT CHIROPRACTIC

"ALASKA"

- Chiropractors are licensed as "PHYSICIANS" in the State of Alaska (AS 23.30.265 (18))
- Chiropractors are PRIMARY HEALTH CARE PROVIDERS.
- The Department of Health and Human Services (U.S.A.) classifies Doctors of Chiropractic (D.C.'s) as CATEGORY 1 PROVIDERS, such as Doctors of Medicine (M.D.'s), Doctors of Osteopathy (D.O.'s), and Doctors of Dental Science (D.D.S.'s).
- CHIROPRACTIC BENEFITS are provided for in health insurance policies of virtually every major insurance carrier and State Workers' Compensation. A substantial number of major international, national, and local labor unions provide Chiropractic services in their health and welfare plans as do many major industrial employers.
- MEDICAID (Alaska) and MEDICARE (Federal) recognize and include Doctors of Chiropractic as primary health care providers.
- Fees paid to Doctors of Chiropractic are ALLOWABLE DEDUCTIONS as expenses for "medical care" for Federal income tax purposes.
- Alaska law requires a minimum of SIX YEARS OF COLLEGE study and clinic internship prior to entering private Chiropractic practice. CONTINUING EDUCATION is also required to keep the doctor abreast of current knowledge and technology.
- The U.S. Department of Education officially recognizes the COUNCIL OF CHIROPRACTIC EDUCATION (C.C.E.) as the accrediting agency for Chiropractic Colleges.
- The "ALASKA CHIROPRACTIC PEER REVIEW COMMITTEE" was established in Alaska in 1983 with its basic purpose to protect the consumer.
- The Chiropractic profession has established a high standard of ETHICS and encourages its members to adhere to them; thereby insuring the consuming public of high professional standards.
- The Chiropractic profession has always insisted that a patient has the right to obtain health services from any licensed provider that they so choose. This right was guaranteed by Congress in Section 1802, "FREEDOM OF CHOICE".
- An INSURANCE EQUALITY LAW (SCSHB 403.AS 21.36 090 (d)) became effective in Alaska on January 1, 1984. The law prohibits discrimination by insurance companies (carriers) with reference to variously licensed health practitioners.

Facts You Should Know About Chiropractic

"NATIONAL"

- The chiropractic profession was established in 1895.
- Chiropractic is the second largest of the three primary health care providers in the U.S. in their order of size, based on number of practitioners and public utilization, they are allopathic or medical, chiropractic and osteopathic branches of the healing arts.
- There are approximately 25,000 doctors of chiropractic serving millions of patients. According to a study made by the American Chiropractic Association, there has been a 77% increase in utilization of chiropractic during the 10 year period of 1964-1974. The growth pattern indicates that the figures are substantially higher today.
- All 50 states, Puerto Rico, the District of Columbia, and the Virgin Islands have statutes recognizing and regulating the practice of chiropractic as an independent health service.
- Chiropractic is officially recognized, acknowledged or regulated in nine provinces of Canada, Switzerland, West Germany, New Zealand, Australia, Bolivia, the Scandinavian countries, France, Italy, The United Kingdom, South Africa, Rhodesia, Japan, Venezuela, and Peru.
- Board-qualified and licensed chiropractors are entitled by law to use the title "Doctor of Chiropractic," "D.C." and/or "Chiropractic Physician."
- Chiropractic health care is provided for in such federal programs as Medicare, the Government Employees Hospital Association Benefit Plan, The Mailhandlers Benefit Plan, and the Postmasters Benefit Plan.
- State Medicaid Acts in most states recognize and include doctors of chiropractic as primary health providers.
- Chiropractic benefits are provided for in health insurance policies of virtually every major insurance carrier, and State Workers' Compensation. A substantial number of major international, national and local labor unions provide chiropractic services in their health and welfare plans, as do many major industrial employers.
- All Federal agencies accept sick-leave certificate signed by doctors of chiropractic, and fees paid to doctors of chiropractic are allowable deductions as expenses for "medical care" for Federal income tax purposes.
- The doctor of chiropractic's training requires a minimum of six years of college study and clinic internship prior to entering private practice. The areas of scientific studies are those pertinent to health care of human beings, including anatomy, bacteriology, pathology, physiology, biochemistry, pediatrics, geriatrics, spinal manipulation, X-ray, nutrition, physical therapeutics and many other appropriate subjects.
- The professional accrediting agency for chiropractic colleges is the Commission on Accreditation of the Council on Chiropractic Education (CCE). The Accrediting Commission of the CCE is recognized by the U.S. Department of Education and the Council on Postsecondary Accreditation. It is included in the department list of nationally recognized accrediting agencies and associations.
- The G.I. Bill of Rights covers education in chiropractic colleges for qualified veterans.
- Peer review protects the consumer. Legislation passed in 1974 includes chiropractic review in the quality and efficiency of services ordered by members of the chiropractic profession.
- Wide acceptance and rapidly increasing population make the future of chiropractic a boundless one. There is approximately one chiropractor for every 12,000 persons in the United States. A more desirable ratio would be one D.C. for every 7500 persons. Career opportunities are unlimited for young men and women desiring to enter the healing arts.
- The chiropractic profession has a high standard of ethics. Members of both major national associations as well as state associations, attempt to educate their members to adhere to a code of ethics thereby insuring the consuming public of high professional standards.

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For additional information on chiropractic, write:

American Chiropractic Association
1916 Wilson Blvd.
Arlington, VA 22201

International Chiropractors Association
1901 L Street, N.W. — Suite 800
Washington, D.C. 20036

For information on chiropractic colleges and educational requirements:

Council on Chiropractic Education
3209 Ingersoll Avenue
Des Moines, IA 50312

For information on chiropractic licensing requirements:

Federation of Chiropractic Licensing Boards
501 F. California Ave.
Glendale, CA 91206

For information on chiropractic research:
Foundation for Chiropractic Education and Research
1916 Wilson Blvd.
Arlington, VA 22201

For information on chiropractic licensure examination:

National Board of Chiropractic Examiners
1610 20th Avenue, N.E.
Greeley, CO 80631

THE CHIROPRACTOR, PRIMARY CARE AND HIGH-LEVEL WELLNESS: CURRENT PERSPECTIVES, EXPENDITURES, AND DEMOGRAPHICS

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INTRODUCTION

The purpose of this paper is to document the role of the chiropractor as a primary care provider, functioning as an important health professional in the United States Health Care Delivery System. This documentation will be accomplished through an analysis of the following: the chiropractor's role in promoting high-level wellness; health care costs and the chiropractor; current perspectives regarding acceptance of chiropractic; demographic characteristics of chiropractors; and utilization patterns of chiropractic health services.

HIGH-LEVEL WELLNESS

The foundations of many primary care practitioners support, directly or indirectly, the concept of high-level wellness. In order to observe the relationship between the activities of primary care providers and the concept of high-level wellness it is important to consider these necessary components:

1.) A direction in progress forward and upward toward a higher potential of functioning.

2.) An open-ended and ever expanding tomorrow, with its challenge to live at a fuller potential.

3.) The integration of the whole being of the individual, of the total individual—his body, his mind, and his spirit—in the functioning process. (Dunn, 1980)

Any primary care provider supporting these components, in turn supports the concept of high-level wellness.

A group of primary care providers who endorses the concept of high-level wellness both in spirit and in practice is chiropractors. Increasingly, health care providers and consumers are becoming more aware of the holistic nature of chiropractic and have begun to seriously reconsider the chiropractor's role as a member of the primary health care team.

To this end, the American Medical Association and the American Public Health Association have recently revised their policies regarding chiropractic. Also, the American Chiropractic Association maintains working relationships

with associations representing other health professions, i.e. optometry, podiatry and psychology.

The policy of the Joint Commission on Accreditation of Hospitals no longer prohibits chiropractors from working in hospitals. While presently there are relatively few chiropractors actually working in hospitals, a number of hospitals do offer chiropractors staff privileges.

In addition, use of chiropractic services by health care consumers has increased in the 17 years between 1963 to 1980. Data from the National Health Interview Survey (NHIS) for visits to selected medical practitioners from July 1963 through June 1964 show that the average number of visits per year, per person with visits to chiropractors was 4.7. Data from the National Medical Care Utilization and Expenditure Survey (NMCUES) show that for 1980 the average number of visits per person with visits to chiropractors was 8.3. This represents a marked increase over the 1963-64 data, and perhaps supports the current popularity that chiropractic has among many health care consumers.

HEALTH CARE COSTS AND THE CHIROPRACTOR

According to the National Health Care Expenditure Study (NCHES, 1985), almost one-fourth of the noninstitutionalized civilian population in the United States had at least one contact with a provider of ambulatory care other than a physician in 1977. These data show that in 1977 \$3.9 billion dollars were spent on nonphysician health care providers for ambulatory services.

The aggregate expenditures and number of contacts by type of provider showed that (in rank order), the civilian population in 1977 used nurses, chiropractors, optometrists, physical therapists, podiatrists and psychologists for their nonphysician services. Nurses provided ambulatory care primarily through employment in physician offices, public health clinics and home health agencies. All other nonphysician practitioners usually were part of an independent or group practice(s).

In 1977, civilians who used chiropractors spent a total of \$606,277,000 which comprised 15.7% of all ambulatory non-physician health expenditures. Recent data show that in 1980 an estimated nine million persons made a total of 75 million visits to chiropractors. The total estimated charges for these visits are \$1.186 billion. This represents a significant increase in the total health care expenditures for those who visited chiropractors and their insurers. Thus, it is paradoxical that so much time and money is spent on chiropractic health care and yet, very little is known about chiropractors and chiropractic.

CURRENT PERSPECTIVES

Currently, all 50 states and the District of Columbia license and officially recognize chiropractic as a health profession (ACA, 1983). The federal government further recognizes chiropractic through the provision of both Medicare and Medicaid benefits (FCER, 1978). In addition, chiropractic care is also a medical deduction allowed by the Internal Revenue Service. Finally, the GI Bill of Rights covers education in chiropractic colleges (FCER, 1978).

Some other interesting points that reflect a national acceptance of chiropractors include the following: 36 states allow the chiropractor to be covered under the state's Good Samaritan Law; 45 states require that the chiropractor report communicable diseases; 37 states will accept the doctor of chiropractic's report for examining school children; 46 states will accept the doctor of chiropractic report for excuses from school or gym; and 25 states authorize the doctor of chiropractic to sign death certificates (FCLR, 1983).

DEMOGRAPHIC CHARACTERISTICS

There is a large amount of published material that deals with the effects of spinal manipulative therapy on a variety of conditions. Brennan (1982) put together a bibliography consisting of all available chiropractic literature from 1895 to 1981. This bibliography lists both negative and positive articles, and

research studies done at all levels. The major areas lacking in this bibliography as well as other chiropractic literature are information regarding demographic characteristics of chiropractors and utilization information about chiropractic health services. There are many local "in house" studies done of which the results have been somewhat interesting.

The ACA reports in the Chiropractic State of the Art Document (1985) the following profile of the "typical" doctor of chiropractic:

"The doctor is 37 years old, and has a 50% chance of living in a town or city with a population over 50,000. He or she has been in practice for about 9 years."

"Prior to entering chiropractic college, the doctor has attended a college or university for at least two years, majoring in premedicine, or the physical or biological sciences."

"The doctor was 27-years-old at graduation from chiropractic college."

"The majority of doctors of chiropractic are in solo practice, although those involved in some form of group practice now comprise more than 1/4 of the total."

"The typical doctor's office is located in a neighborhood district, has been there for 7 years and employs two assistants."

"The typical doctor practices an average of 4 1/2 days a week, 50.5 weeks a year."

"Each week the chiropractor attends to the needs of 115 patients."

"The doctor of chiropractic's income, lifestyle, and community standing are equivalent to those enjoyed by other primary health care providers."

Only one other related report at least in part helps to describe the demographic characteristics of the chiropractor. This study was conducted in 1978, along with chiropractic students and published by the FCER. Some of the key findings of this study showed that of all the chiropractic college students (ACA, 1983)

"93% are male."

"The mean age is 26.5."

"50% are married with one child."

"87% are United States citizens."

"64% were chiropractic patients."

"65% received information on chiropractic as a career from a doctor of chiropractic."

This data represents the only demographic information on chiropractors or chiropractic students. There have been

some community surveys that report demographic information on chiropractors in a particular local community but no study reports demographic data from a national random sample.

UTILIZATION PATTERNS OF CHIROPRACTIC HEALTH SERVICES

Studies focusing on utilization patterns of chiropractic health services have for the most part taken the form of local community surveys, public opinion polls or medical and consumer surveys. As with demographic information, there is a lack of national data regarding utilization patterns of chiropractic health services.

There is an abundance of chiropractic literature that documents the chiropractor as a primary health care provider. Hildebrandt (1980) summarizes this observation by stating in a position paper that "chiropractic physicians are primary health care providers who offer a highly beneficial, conservative approach to treatment of human ailments that is presently underlined in the nation's health care delivery system." From a position standpoint Hildebrandt builds a scholarly and interesting case but it is not supported by utilization pattern data from a national sample.

Data from the National Medical Care Utilization Survey (National Center for Health Statistics, 1980) revealed some interesting information about the utilization of chiropractic health service information. Some of the more pertinent findings of this survey revealed that of the 1980 United States population 17 years-of-age and older:

1.) 4% visited a chiropractor.

2.) Of all males, the 45-64 year-old age group reported using chiropractic services the most (6.1%).

3.) Of all females, the 25-44 year-old age group reported using chiropractic services the most.

4.) Whites (4.4%) used chiropractic health services more than blacks (1.5%) or Hispanics (2.7%).

5.) People with 17 years of education used chiropractic health services the most (6.2%).

6.) People with family incomes of \$10,000-\$14,999 used chiropractic health services the most (5.0%).

7.) People from the West used chiropractic health services the most (5.6%), followed by the North Central (5.3%), Northeast (3.9%), and South (2.5%).

Mugge (1980), through his analysis of the National Medical Care Utilization

and Expenditure Survey data, reported that "The percent of the population seeing a nonphysician practitioner at least once during the year varies according to the number of physician visits they had during the year" (p. 51). Mugge further states that "for persons with one or more visits to another practitioner, the average of such visits varies according to the number of times they visited physicians" (p. 51). The findings raise a question as to whether or not there is a supplement or substitute relationship between visits to physicians and nonphysicians.

Through his analysis Mugge concludes that the likelihood of visiting a non-physician increases with the increasing use of physicians. However, uses of chiropractors showed the weakest relationship of all nonphysicians. Also, 80 percent of all persons who saw chiropractors during the year also saw physicians. Therefore, physicians services and chiropractic services appear to be used in a complementary fashion. Unfortunately, access to services will not be examined in this study.

Yesalis et al. (1980) questioned whether chiropractic utilization was a substitute for less available medical services. In order to answer this question, subjects from a town in rural Iowa were surveyed to determine health service utilization patterns, perceived access to health care, and health status and attitudes. The researchers found that the level of access to physician services was not a significant predictor of chiropractic utilization. Therefore, it does not appear that chiropractic care can substitute for physician care but rather as Mugge (1980) suggested that the two are complementary services.

Kleiman's (1981) article entitled
Continued on Page 39

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From Page 37

"Utilization of Chiropractic in the United States" provides some general information regarding relatively minor points about chiropractic utilization patterns in the United States. It is interesting to note that this nondata based paper about utilization patterns of chiropractic in the United States was published in the *New Zealand Medical Journal*.

It is only recently that the federal government started collecting data on chiropractors. In this phase of public health, appropriately called the health promotion phase, it will be interesting to see the impact of health promotion on chiropractic utilization, since many chiropractors advertise health promotion related services.

SUMMARY

The chiropractor has an established role as a primary care provider in the United States Health Care Delivery System. This role is well-documented through analysis of such things as the chiropractor and high-level wellness, current perspectives, expenditures, and demographic characteristics. It appears that many traditional health care providers, as well as associations such as the American Medical Association and the American Public Health Association are rethinking their views on the role of chiropractic in the health care delivery system. ■

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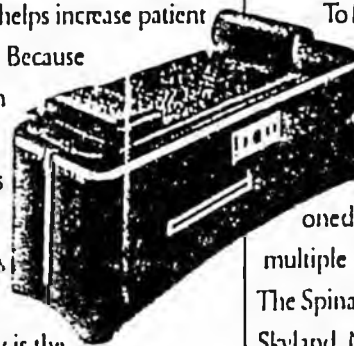
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STATE OF ALASKA
1988 LEGISLATIVE SESSION

NO. 2
BILL VERSION: SB 264
PUBLISH DATE: HOUSE 1/14/88

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: Commerce & Economic Dev.
Title: An Act relating to the practice of BRU: Occupational Licensing
chiropractic; and providing for an effective date.
Sponsor: Senators Josephson and Abood Components: _____
Requestor: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	0	0	0	0	0	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)

None.

Prepared by: Jennifer Strickler, Management Analyst Phone: 465-2144
Division: Occupational Licensing Date: 1/8/88

Approved by Commissioner: J. Anthony Smith Date: 1/11/88
Agency: Commerce and Economic Development

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

SB 264

Revised Position Paper: May 11, 1987

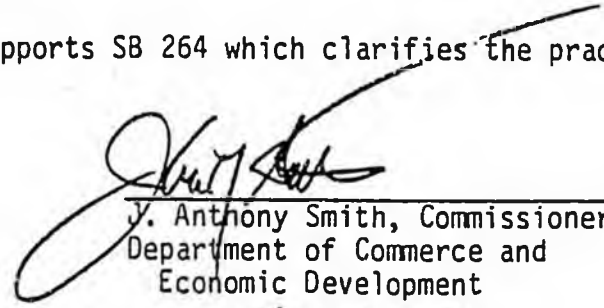
SB 264: An Act relating to the practice of chiropractic; and providing for an effective date.

SB 264 amends the chiropractic statutes, AS 08.20, by increasing regulation responsibilities of the board, revising requirements for licensure, adding a new provision allowing specialty designations and further defining the practice of chiropractic.

Previously, the department expressed two concerns regarding the requirements for licensure in Section 5(3) in that the specific curriculum requirements may be too restrictive for experienced chiropractors who were licensed many years ago in another state; and Section 7 regarding specialty designations. Since expressing these concerns, the department has obtained additional information which has satisfied both issues. In addition, the provision of specialty designations will not impact the department's zero fiscal note.

Physical Therapists have expressed concern of the possibility that this bill may limit the practice of physical therapists. Section 11 of the bill provides physical therapists the authority to practice their profession as defined in the physical therapy statutes. Therefore, the department feels that this bill does not restrict or limit the practice of physical therapy in any way.

In summary, the department supports SB 264 which clarifies the practice of chiropractic.



J. Anthony Smith, Commissioner
Department of Commerce and
Economic Development

Date: 5/12/87

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

Bill Version: SB 264
Publish Date: 4/17/87

REQUEST: _____

Revision Date: _____

Agency Affected: Commerce & Economic Dev.

Title: An Act relating to the practice of chiropractic; and providing for an effective date.

BRU: Occupational Licensing

Sponsor: Senators Josephson and Ahoon

Components: _____

Request: Senate HESS

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	0	0	0	0	0	0
---------	---	---	---	---	---	---

REVENUE	0	0	0	0	0	0
---------	---	---	---	---	---	---

FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	0	0	0	0	0	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)

Prepared by: Jennifer Strickler, Management Analyst

Phone: 465-2144

Division: Occupational Licensing

Date: 5/5/87

Approved by Commissioner: J. Anthony Smith

Date: 5/11/87

Agency: Commerce and Economic Development

Distribution (by preparer):

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- Requestor
- Office of Management and Budget
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- Senate Secretary

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

REQUEST: _____

Bill Version: SB 264
Publish Date:

Revision Date:
Title: An act relating to the practice of chiropractic
Sponsor: Josephson & Abood
Requestor: Sen. Fischer

Agency Affected: Alaska Court System
BRU: Trial Courts
Components:

EXPENDITURES/REVENUES:		(Thousands of Dollars)					
	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	
OPERATING							
Personal Services	••••	••••	••••	••••	••••	••••	
Travel	••••	••••	••••	••••	••••	••••	
Contractual	••••	••••	••••	••••	••••	••••	
Supplies	••••	••••	••••	••••	••••	••••	
Equipment	••••	••••	••••	••••	••••	••••	
Land & Structures	••••	••••	••••	••••	••••	••••	
Grants & Claims	••••	••••	••••	••••	••••	••••	
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	
CAPITAL	••••	••••	••••	••••	••••	••••	
REVENUE	••••	••••	••••	••••	••••	••••	

FUNDING:		(Thousands of Dollars)					
General Funds	0.0	0.0	0.0	0.0	0.0	0.0	
Federal Funds	••••	••••	••••	••••	••••	••••	
Other	••••	••••	••••	••••	••••	••••	
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	

POSITIONS:							
Full-time	••••	••••	••••	••••	••••	••••	
Part-time	••••	••••	••••	••••	••••	••••	
Temporary	••••	••••	••••	••••	••••	••••	

ANALYSIS: (Attach a separate page if necessary)

No fiscal impact.

Prepared by: Karla Forsythe, General Counsel
Division: Alaska Court System

Phone: 264-8228
Date: 5-5-87

Approved by: *Stephanie J. Cole*
Stephanie J. Cole, Deputy Director
Agency: Alaska Court System

Date: 5-5-87

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HOW WELL EDUCATED IS TODAY'S DOCTOR OF CHIROPRACTIC?

Have you ever wondered how much education your Doctor of Chiropractic is required to have compared to a medical doctor? Look at these basic educational requirements for graduates of both chiropractic colleges and medical schools. Each has his own specialties, but the hours are about the same.

Basic Science Comparisons

Chiropractic Class Hours (Minimum)	Subject	Medical Class Hours (Minimum)
520	Anatomy	503
420	Physiology	326
271	Pathology	335
300	Chemistry	325
114	Bacteriology	130
370	Diagnosis	374
320	Neurology	112
217	X-ray	148
65	Psychiatry	144
65	Obstetrics & Gynecology	198
225	Orthopedics	156
2,887	Total Hours	2,756

Other required subjects for the
Doctor of Chiropractic:
adjusting techniques, principles of health and other
similar basic subjects related to his specialty.

Other required subjects for the
Doctor of Medicine:
pharmacology, immunology, general surgery,
and other similar basic subjects
related to his specialty.

Grand total class hours

4,485

Including Other
Basic Subjects

4,248

The early, formative years of chiropractic education, like those of medicine, may have left much to be desired. But this is true of nearly every science in its infancy.

Today's Doctors of Chiropractic must complete at least six years of highly specialized college training in order to graduate and earn licensure.

Chiropractors must meet stringent educational requirements, including approximately 600 hours of externship, which qualify them for licensure in all states and Canadian provinces.

They must pass a basic science examination (the same that is given to medical graduates) as well as a rigid chiropractic board examination. And in most states continuing educational seminars must also be completed for annual license renewal.

If you are in need of relief from any of a wide range of ailments, pain, or suffering, don't overlook the Doctor of Chiropractic. He or she has worked and studied many long hours to gain the necessary knowledge to help you feel well again. Give your chiropractor, and yourself, the chance you both deserve!



If you know others who are uninformed about chiropractors' education, why not share this information with them!

**REMEMBER, THEY, TOO, MAY BENEFIT
FROM TODAY'S SCIENTIFIC
CHIROPRACTIC CARE!**

Revised Position Paper: May 11, 1987

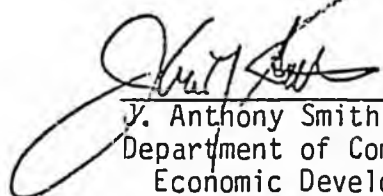
SB 264: An Act relating to the practice of chiropractic; and providing for an effective date.

SB 264 amends the chiropractic statutes, AS 08.20, by increasing regulation responsibilities of the board, revising requirements for licensure, adding a new provision allowing specialty designations and further defining the practice of chiropractic.

Previously, the department expressed two concerns regarding the requirements for licensure in Section 5(3) in that the specific curriculum requirements may be too restrictive for experienced chiropractors who were licensed many years ago in another state; and Section 7 regarding specialty designations. Since expressing these concerns, the department has obtained additional information which has satisfied both issues. In addition, the provision of specialty designations will not impact the department's zero fiscal note.

Physical Therapists have expressed concern of the possibility that this bill may limit the practice of physical therapists. Section 11 of the bill provides physical therapists the authority to practice their profession as defined in the physical therapy statutes. Therefore, the department feels that this bill does not restrict or limit the practice of physical therapy in any way.

In summary, the department supports SB 264 which clarifies the practice of chiropractic.



J. Anthony Smith, Commissioner
Department of Commerce and
Economic Development

Date: 5/12/87

Alaska Chiropractic Society

P.O. Box 111507 • Anchorage, Alaska 99511

May 3, 1987

Senator Paul Fischer
Chairman HESS Committee
Alaska State Senate
Pouch V
Juneau, AK 99811

RE: Senate Bill 264

Dear Senator Fischer:

I wish to summarize some facts regarding SB264 and chiropractic in general.

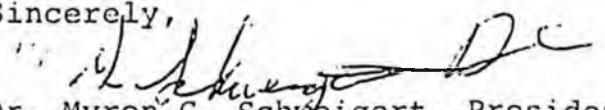
The Alaska Chiropractic Society which represents a majority of chiropractors in the state of Alaska, felt the need to update the current chiropractic law. We formed what we titled the "Blue Ribbon Committee" made up of all former presidents of the ACS, a current State Board of Chiropractic Examiners member, and the state representative from both the American Chiropractic Association and the International Chiropractic Association.

The primary reason to update the law was to clarify the difference between Physical Therapists, Naturopaths, Osteopaths and Chiropractors. The definitions of each sounded too similar and seemed to blend. It was too confusing legally to determine which profession was responsible for what kind of ailments and what procedures fall within their education.

The new law does not alter the entrance requirements and does not suppress new applicants for D.C. licensure nor does SB 264 restrict any current practicing chiropractors. It does not over-stake any territory that might be claimed by other professions. One point that may be of concern is the school physicals. Thirty-seven states already allow Doctors of Chiropractic to perform school examinations and forty-six states allow D.C.'s to issue excuses from school or gym.

Please find material attached which I'm sure will be of benefit to your committee.

Sincerely,


Dr. Myron G. Schweigert, President
Alaska Chiropractic Society

FACTS YOU SHOULD KNOW ABOUT CHIROPRACTIC

"ALASKA"

- Chiropractors are licensed as "PHYSICIANS" in the State of Alaska (AS 23.30.265 (18))
- Chiropractors are PRIMARY HEALTH CARE PROVIDERS.
- The Department of Health and Human Services (U.S.A.) classifies Doctors of Chiropractic (D.C.'s) as CATEGORY 1 PROVIDERS, such as Doctors of Medicine (M.D.'s), Doctors of Osteopathy (D.O.'s), and Doctors of Dental Science (D.D.S.'s).
- CHIROPRACTIC BENEFITS are provided for in health insurance policies of virtually every major insurance carrier and State Workers' Compensation. A substantial number of major international, national, and local labor unions provide Chiropractic services in their health and welfare plans as do many major industrial employers.
- MEDICAID (Alaska) and MEDICARE (Federal) recognize and include Doctors of Chiropractic as primary health care providers.
- Fees paid to Doctors of Chiropractic are ALLOWABLE DEDUCTIONS as expenses for "medical care" for Federal income tax purposes.
- Alaska law requires a minimum of SIX YEARS OF COLLEGE study and clinic internship prior to entering private Chiropractic practice. CONTINUING EDUCATION is also required to keep the doctor abreast of current knowledge and technology.
- The U.S. Department of Education officially recognizes the COUNCIL OF CHIROPRACTIC EDUCATION (C.C.E.) as the accrediting agency for Chiropractic Colleges.
- The "ALASKA CHIROPRACTIC PEER REVIEW COMMITTEE" was established in Alaska in 1983 with its basic purpose to protect the consumer.
- The Chiropractic profession has established a high standard of ETHICS and encourages its members to adhere to them; thereby insuring the consuming public of high professional standards.
- The Chiropractic profession has always insisted that a patient has the right to obtain health services from any licensed provider that they so choose. This right was guaranteed by Congress in Section 1802, "FREEDOM OF CHOICE".
- An INSURANCE EQUALITY LAW (SCSHB 403.AS 21.36 090 (d)) became effective in Alaska on January 1, 1984. The law prohibits discrimination by insurance companies (carriers) with reference to variously licensed health practitioners.

Facts You Should Know About Chiropractic

"NATIONAL"

- The chiropractic profession was established in 1895.
- Chiropractic is the second largest of the three primary health care providers in the U.S. in their order of size, based on number of practitioners and public utilization, they are allopathic or medical, chiropractic and osteopathic branches of the healing arts.
- There are approximately 25,000 doctors of chiropractic serving millions of patients. According to a study made by the American Chiropractic Association, there has been a 77% increase in utilization of chiropractic during the 10 year period of 1964-1974. The growth pattern indicates that the figures are substantially higher today.
- All 50 states, Puerto Rico, the District of Columbia, and the Virgin Islands have statutes recognizing and regulating the practice of chiropractic as an independent health service.
- Chiropractic is officially recognized, acknowledged or regulated in nine provinces of Canada, Switzerland, West Germany, New Zealand, Australia, Bolivia, the Scandinavian countries, France, Italy, The United Kingdom, South Africa, Rhodesia, Japan, Venezuela, and Peru.
- Board-qualified and licensed chiropractors are entitled by law to use the title "Doctor of Chiropractic," "D.C." and/or "Chiropractic Physician."
- Chiropractic health care is provided for in such federal programs as Medicare, the Government Employees Hospital Association Benefit Plan, The Mailhandlers Benefit Plan, and the Postmasters Benefit Plan.
- State Medicaid Acts in most states recognize and include doctors of chiropractic as primary health providers.
- Chiropractic benefits are provided for in health insurance policies of virtually every major insurance carrier, and State Workers' Compensation. A substantial number of major international, national and local labor unions provide chiropractic services in their health and welfare plans, as do many major industrial employers.
- All Federal agencies accept sick-leave certificates signed by doctors of chiropractic, and fees paid to doctors of chiropractic are allowable deductions as expenses for "medical care" for Federal income tax purposes.
- The doctor of chiropractic's training requires a minimum of six years of college study and clinic internship prior to entering private practice. The areas of science studies are those pertinent to health care of human beings, including anatomy, bacteriology, pathology, physiology, biochemistry, pediatrics, geriatrics, spinal manipulation, X-ray, nutrition, physical therapeutics and many other appropriate subjects.
- The professional accrediting agency for chiropractic colleges is the Commission on Accreditation of the Council on Chiropractic Education (CCE). The Accrediting Commission of the CCE is recognized by the U.S. Department of Education and the Council on Post-secondary Accreditation. It is included in the department's list of nationally recognized accrediting agencies and associations.
- The G.I. Bill of Rights covers education in chiropractic colleges for qualified veterans.
- Peer review protects the consumer. Legislation passed in 1974 includes chiropractic review in the quality and efficiency of services ordered by members of the chiropractic profession.
- Wide acceptance and rapidly increasing population make the future of chiropractic a boundless one. There is approximately one chiropractor for every 12,000 persons in the United States. A more desirable ratio would be one D.C. for every 7500 persons. Career opportunities are unlimited for young men and women desiring to enter the healing arts.
- The chiropractic profession has a high standard of ethics. Members of both major national associations, as well as state associations, attempt to educate their members to adhere to a code of ethics thereby insuring the consuming public of high professional standards.

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For additional information on chiropractic, write:
American Chiropractic Association
1916 Wilson Blvd.
Arlington, VA 22201
International Chiropractors Association
1901 L Street, N.W.—Suite 800
Washington, D.C. 20036
For information on chiropractic colleges and educational requirements:
Council on Chiropractic Education
3209 Ingersoll Avenue
Des Moines, IA 50312

For information on chiropractic licensing requirements:
Federation of Chiropractic Licensing Boards
501 E. California Ave.
Glendale, CA 91206
For information on chiropractic research:
Foundation for Chiropractic Education and Research
1916 Wilson Blvd.
Arlington, VA 22201
For information on chiropractic licensure examination:
National Board of Chiropractic Examiners
1610 29th Avenue Place
Greeley, CO 80631

THE CHIROPRACTOR, PRIMARY CARE AND HIGH-LEVEL WELLNESS: CURRENT PERSPECTIVES, EXPENDITURES, AND DEMOGRAPHICS

BY CHARLES R. BAFFI, PhD, ASST. PROF. and KERRY J. REDICAN, PhD, ASSOC. PROF.

Virginia Tech Blacksburg, VA 24060

AND LARRY K. OLSEN, PhD, PROF.

Pennsylvania State University

INTRODUCTION

The purpose of this paper is to document the role of the chiropractor as a primary care provider, functioning as an important health professional in the United States Health Care Delivery System. This documentation will be accomplished through an analysis of the following: the chiropractor's role in promoting high-level wellness; health care costs and the chiropractor; current perspectives regarding acceptance of chiropractic; demographic characteristics of chiropractors; and utilization patterns of chiropractic health services.

HIGH-LEVEL WELLNESS

The foundations of many primary care practitioners support, directly or indirectly, the concept of high-level wellness. In order to observe the relationship between the activities of primary care providers and the concept of high-level wellness it is important to consider these necessary components:

1.) A direction in progress forward and upward toward a higher potential of functioning.

2.) An open-ended and ever expanding tomorrow, with its challenge to live at a fuller potential.

3.) The integration of the whole being of the individual, of the total individual—his body, his mind, and his spirit—in the functioning process. (Dunn, 1980)

Any primary care provider supporting these components, in turn supports the concept of high-level wellness.

A group of primary care providers who endorses the concept of high-level wellness both in spirit and in practice is chiropractors. Increasingly, health care providers and consumers are becoming more aware of the holistic nature of chiropractic and have begun to seriously reconsider the chiropractor's role as a member of the primary health care team.

To this end, the American Medical Association and the American Public Health Association have recently revised their policies regarding chiropractic. Also, the American Chiropractic Association maintains working relationships

with associations representing other health professions, i.e. optometry, podiatry and psychology.

The policy of the Joint Commission on Accreditation of Hospitals no longer prohibits chiropractors from working in hospitals. While presently there are relatively few chiropractors actually working in hospitals, a number of hospitals do offer chiropractors staff privileges.

In addition, use of chiropractic services by health care consumers has increased in the 17 years between 1963 to 1980. Data from the National Health Interview Survey (NHIS) for visits to selected medical practitioners from July 1963 through June 1964 show that the average number of visits per year, per person with visits to chiropractors was 4.7. Data from the National Medical Care Utilization and Expenditure Survey (NMCUES) show that for 1980 the average number of visits per person with visits to chiropractors was 8.3. This represents a marked increase over the 1963-64 data, and perhaps supports the current popularity that chiropractic has among many health care consumers.

HEALTH CARE COSTS AND THE CHIROPRACTOR

According to the National Health Care Expenditure Study (NCHSR, 1985), almost one-fourth of the noninstitutionalized civilian population in the United States had at least one contact with a provider of ambulatory care other than a physician in 1977. These data show that in 1977 \$3.9 billion dollars were spent on nonphysician health care providers for ambulatory services.

The aggregate expenditures and number of contacts by type of provider showed that (in rank order), the civilian population in 1977 used nurses, chiropractors, optometrists, physical therapists; podiatrists and psychologists for their nonphysician services. Nurses provided ambulatory care primarily through employment in physician offices, public health clinics and home health agencies. All other nonphysician practitioners usually were part of an independent or group practice(s).

In 1977, civilians who used chiropractors spent a total of \$606,277,000 which comprised 15.7% of all ambulatory non-physician health expenditures. Recent data show that in 1980 an estimated nine million persons made a total of 75 million visits to chiropractors. The total estimated charges for these visits are \$1.186 billion. This represents a significant increase in the total health care expenditures for those who visited chiropractors and their insurers. Thus, it is paradoxical that so much time and money is spent on chiropractic health care and yet, very little is known about chiropractors and chiropractic.

CURRENT PERSPECTIVES

Currently, all 50 states and the District of Columbia license and officially recognize chiropractic as a health profession (ACA, 1983). The federal government further recognizes chiropractic through the provision of both Medicare and Medicaid benefits (FCER, 1978). In addition, chiropractic care is also a medical deduction allowed by the Internal Revenue Service. Finally, the GI Bill of Rights covers education in chiropractic colleges (FCER, 1978).

Some other interesting points that reflect a national acceptance of chiropractors include the following: 36 states allow the chiropractor to be covered under the state's Good Samaritan Law; 45 states require that the chiropractor report communicable diseases; 37 states will accept the doctor of chiropractic's report for examining school children; 46 states will accept the doctor of chiropractic report for excuses from school or gym; and 25 states authorize the doctor of chiropractic to sign death certificates (FCLB, 1983).

DEMOGRAPHIC CHARACTERISTICS

There is a large amount of published material that deals with the effects of spinal manipulative therapy on a variety of conditions. Brennan (1982) put together a bibliography consisting of all available chiropractic literature from 1895 to 1981. This bibliography lists both negative and positive articles, and

research studies done at all levels. The major areas lacking in this bibliography as well as other chiropractic literature are information regarding demographic characteristics of chiropractors and utilization information about chiropractic health services. There are many local "in house" studies done of which the results have been somewhat interesting.

The ACA reports in the Chiropractic State of the Art Document (1985) the following profile of the "typical" doctor of chiropractic:

"The doctor is 37 years old, and has a 50% chance of living in a town or city with a population over 50,000. He or she has been in practice for about 9 years."

"Prior to entering chiropractic college, the doctor has attended a college or university for at least two years, majoring in premedicine, or the physical or biological sciences."

"The doctor was 27-years-old at graduation from chiropractic college."

"The majority of doctors of chiropractic are in solo practice, although those involved in some form of group practice now comprise more than 1/4 of the total."

"The typical doctor's office is located in a neighborhood district, has been there for 7 years and employs two assistants."

"The typical doctor practices an average of 4 1/2 days a week, 50.5 weeks a year."

"Each week the chiropractor attends to the needs of 115 patients."

"The doctor of chiropractic's income, lifestyle, and community standing are equivalent to those enjoyed by other primary health care providers."

Only one other related report at least in part helps to describe the demographic characteristics of the chiropractor. This study was conducted in 1978, dealt with chiropractic students and published by the FCER. Some of the key findings of this study showed that of all the chiropractic college students (ACA, 1983)

"93% are male."

"The mean age is 26.5."

"50% are married with one child."

"87% are United States citizens."

"64% were chiropractic patients."

"65% received information on chiropractic as a career from a doctor of chiropractic."

This data represents the only demographic information on chiropractors or chiropractic students. There have been

some community surveys that report demographic information on chiropractors in a particular local community but no study reports demographic data from a national random sample.

UTILIZATION PATTERNS OF CHIROPRACTIC HEALTH SERVICES

Studies focusing on utilization patterns of chiropractic health services have for the most part taken the form of local community surveys, public opinion polls or medical and consumer surveys. As with demographic information, there is a lack of national data regarding utilization patterns of chiropractic health services.

There is an abundance of chiropractic literature that documents the chiropractor as a primary health care provider. Hildebrandt (1980) summarizes this observation by stating in a position paper that "chiropractic physicians are primary health care providers who offer a highly beneficial, conservative approach to treatment of human ailments that is presently underlined in the nation's health care delivery system." From a position standpoint Hildebrandt builds a scholarly and interesting case but it is not supported by utilization pattern data from a national sample.

Data from the National Medical Care Utilization Survey (National Center for Health Statistics, 1980) revealed some interesting information about the utilization of chiropractic health service information. Some of the more pertinent findings of this survey revealed that of the 1980 United States population 17 years-of-age and older:

1.) 4% visited a chiropractor.

2.) Of all males, the 45-64 year-old age group reported using chiropractic services the most (6.1%).

3.) Of all females, the 25-44 year-old age group reported using chiropractic services the most.

4.) Whites (4.4%) used chiropractic health services more than blacks (1.5%) or Hispanics (2.7%).

5.) People with 17 years of education used chiropractic health services the most (6.2%).

6.) People with family incomes of \$10,000-\$14,999 used chiropractic health services the most (5.0%).

7.) People from the West used chiropractic health services the most (5.6%), followed by the North Central (5.3%), Northeast (3.9%), and South (2.5%).

Mugge (1980), through his analysis of the National Medical Care Utilization

and Expenditure Survey data, reported that "The percent of the population seeing a nonphysician practitioner at least once during the year varies according to the number of physician visits they had during the year" (p. 51). Mugge further states that "For persons with one or more visits to another practitioner, the average of such visits varies according to the number of times they visited physicians" (p. 51). The findings raise a question as to whether or not there is a supplement or substitute relationship between visits to physicians and nonphysicians.

Through his analysis Mugge concludes that the likelihood of visiting a non-physician increases with the increasing use of physicians. However, uses of chiropractors showed the weakest relationship of all nonphysicians. Also, 80 percent of all persons who saw chiropractors during the year also saw physicians. Therefore, physicians services and chiropractic services appear to be used in a complementary fashion. Unfortunately, access to services will not be examined in this study.

Yesalis et al. (1980) questioned whether chiropractic utilization was a substitute for less available medical services. In order to answer this question, subjects from a town in rural Iowa were surveyed to determine health service utilization patterns, perceived access to health care, and health status and attitudes. The researchers found that the level of access to physician services was not a significant predictor of chiropractic utilization. Therefore, it does not appear that chiropractic care can substitute for physician care but rather as Mugge (1980) suggested that the two are complementary services.

Kleiman's (1981) article entitled
Continued on Page 39

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BAFFI, REDICAN AND OLSEN

From Page 37

"Utilization of Chiropractic in the United States" provides some general information regarding relatively minor points about chiropractic utilization patterns in the United States. It is interesting to note that this nondata based paper about utilization patterns of chiropractic in the United States was published in the *New Zealand Medical Journal*.

It is only recently that the federal government started collecting data on chiropractors. In this phase of public health, appropriately called the health promotion phase, it will be interesting to see the impact of health promotion on chiropractic utilization, since many chiropractors advertise health promotion related services.

SUMMARY

The chiropractor has an established role as a primary care provider in the United States Health Care Delivery System. This role is well-documented through analysis of such things as the chiropractor and high-level wellness, current perspectives, expenditures, and demographic characteristics. It appears that many traditional health care providers, as well as associations such as the American Medical Association and the American Public Health Association are rethinking their views on the role of chiropractic in the health care delivery system.

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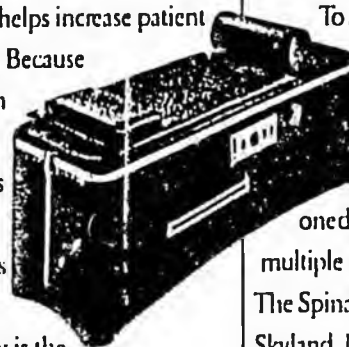
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INTRODUCTION OF BILLS, (Senate, cont'd)

SB 263, (cont'd)

major part of my Administration's efforts to improve the auditing functions of the state and to assure that the public's money is properly handled.

Chiropractic
(regulating)

SENATE BILL NO. 264, by Senators Josephson and Abood.

Would require the Board of Chiropractic Examiners to adopt regulations establishing standards for continuing education and the application, performance and evaluation of chiropractic core methodology. The bill's "findings" section says that the legislature finds that "chiropractic is a separate and distinct branch or the healing arts and that doctors of chiropractic are skilled and highly trained primary health care providers deserving of the same degree of responsibility, authority, and respect as other health care professionals."

Would prohibit a person from practicing chiropractic or from using chiropractic core methodology in the state without a license. Adds a new subsection relating to the practice of chiropractic outlining what kinds of treatment a person licensed under provisions relating to chiropractic may administer.

Rewrites AS 08.20.120 (Qualifications for license) so that in order to receive a license, an applicant must be a graduate of a school or college of chiropractic that requires the completion of a minimum of 4,000 hours of formal education and training in order to graduate (lists course work that must be completed). The graduate must also have completed 120 hours of formal training in physiological therapeutics, pass an exam given by the board, and pass, to the satisfaction of the board, the parts of the exam of the National Board of Chiropractic Examiners required by the board.

Four years after the new requirements for formal education and training outlined in the paragraph above take effect, further educational requirements would be necessary. The applicant would be required to be a graduate of a school or college of chiropractic that is accredited by or a candidate for accreditation by the Council on Chiropractic Education; or if an accrediting agency does not exist, the completion of a minimum of 4,000 hours of formal education and training would be required (lists course work).

Adds a new section prohibiting a person from designating a specialty unless the person has completed a postgraduate specialty program at an accredited school approved by the board. The person must also have passed a certification exam for the specialty approved by the board.

Adds new language allowing the board, after a hearing, to impose disciplinary sanctions on a licensee, when the board finds that the person has failed to satisfy continuing education requirements adopted by the board.

Adds a new section outlining what the practice of chiropractic involves. Adds new section of definitions of terms used in relation to chiropractic.

Amends AS 09.55.536 (Code of Civil Procedures. Special Actions and

INTRODUCTION OF BILLS, (Senate, cont'd)

SB 264, (cont'd)

Proceedings. Malpractice Actions. Expert Advisory Panel), requiring the court to appoint a three-person expert advisory panel comprised of licensed chiropractors in an action for damages due to personal injury or death attributed to the application of chiropractic core methodology when the parties have not agreed to arbitration of the claim.

Repeals AS 08.20.220 (Chiropractic Defined).

Introduced April 17 and referred to Health, Education & Social Services.

INTRODUCTION OF RESOLUTIONS, (Senate)

Irradiated
Food
(labeling of)

SPONSOR SUBSTITUTE FOR SENATE JOINT RESOLUTION NO. 33, by Senator Kerttula. Requests the U.S. Food and Drug Administration to adopt regulations requiring food whose components have been irradiated to be labeled as "irradiated" and to cancel the expiration date for the current labeling regulations.

Introduced April 15 and referred to State Affairs; Health, Education & Social Services; Judiciary.

(Siberian
Crossing
(cultural
exchange)

SENATE JOINT RESOLUTION NO. 41, by Senator Hensley. Supports a Siberian crossing and cultural exchange in Alaska for Alaskan and Siberian residents this summer. Encourages the President to support and assist this proposed crossing and exchange, and urges members of the state's Congressional delegation to support this proposed crossing and cultural exchange.

Introduced April 13 and referred to State Affairs; Community & Regional Affairs.

Opposing
Plutonium
Transshipments
(through AK)

SENATE JOINT RESOLUTION NO. 42, by Senator Uehling. Opposes Plutonium transshipments from Europe to Japan that refuel in Alaska, in accordance with a proposed 30 year nuclear cooperation agreement between the United States and Japan.

Introduced April 16 and referred to International Trade; State Affairs; Labor & Commerce; Finance.

AK Oil
(shipment of)

SENATE JOINT RESOLUTION NO. 43, by Senator Fahrenkamp. Urges the U.S. Dept. of Transportation to adopt before July 16, 1987, a rule enabling: "Arco Independence, the Arco Spirit, the Bayridge, and the Brooklyn to continue to operate in the United States domestic shipping market without interruption."

Introduced April 16 and referred to Oil & Gas; Labor & Commerce; Resources.

(Historic
Preserv. Week
(designating)

SENATE CONCURRENT RESOLUTION NO. 26, by Senator Duncan. Relates to the Designation of May 10-16, 1987, as Historic Preservation Week (see HCR 22 this report, identical).

REGULATIONS
NOTICE OF PROPOSED CHANGES TO THE REGULATIONS OF THE
BOARD OF CHIROPRACTIC EXAMINERS

Notice is given that the Board of Chiropractic Examiners, Department of Commerce and Economic Development, under authority vested by AS 08.20.055, AS 08.20.120, AS 08.20.130 and AS 08.20.140, proposes to amend, adopt and repeal regulations in Title 12 of the Alaska Administrative Code dealing with identification of examinees, reexamination requirements for failed examination subjects, definitions, and housekeeping changes all of which serve to clarify and implement AS 08.20.055, AS 08.20.120, AS 08.20.130 and AS 08.20.140, as follows:

1. 12 AAC 16.050, addressing notification of applicants, is repealed;
2. 12 AAC 16.080 is rewritten to clarify the procedure for examinee identification;
3. 12 AAC 16.090, which addressed examinee identification, is repealed;
4. 12 AAC 16.140 is rewritten to establish new reexamination requirements for applicants who have repeatedly failed individual subjects of the examination and to establish a time limit for passing the entire examination;
5. 12 AAC 16.150 is rewritten to clarify reexamination application requirements;
6. 12 AAC 16.180, which addressed reconsideration of a failed examination, is repealed;
7. 12 AAC 16.220, which addressed duplicate licenses, is repealed;
8. 12 AAC 16.390(c) is added as a new subsection to move the definition of "reasonable cause or excusable neglect" from 12 AAC 16.910;
9. 12 AAC 16.980 is added as a new section to move the definition of "misrepresentation" from 12 AAC 16.910;
10. 12 AAC 16.990 renumbers and rewrites the definition section; and
11. The following sections are amended to make minor wording changes, including correction of gender references.

12 AAC 16.020

12 AAC 16.032(a)(2),(5) & (6)

12 AAC 16.035

12 AAC 16.100

12 AAC 16.130(b)

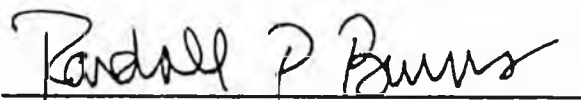
12 AAC 16.900

Notice is also given that any person interested may present written statements or arguments relevant to the proposed action by writing to Kevin Henderson, Regulations Specialist, Division of Occupational Licensing, P.O. Box D-LIC, Juneau, Alaska 99811, so that they are received no later than Monday, February 29, 1988.

Copies of the proposed regulations may be obtained by writing to the above address or by telephoning (907) 465-2537.

This action is not expected to require an increased appropriation.

The Board of Chiropractic Examiners, upon its own motion or at the instance of any interested person, may, after the deadline stated above, adopt proposals within the scope of this notice without further notice or may decide to take no action on them.



Randall P. Burns, Director
Division of Occupational Licensing

DATE: 1/15/88

PROPOSED REGULATIONS
BOARD OF CHIROPRACTIC EXAMINERS
CHAPTER 16

(Words underlined indicate language being added, words [CAPITALIZED AND BRACKETED] indicate language being deleted.)

12 AAC 16.020 is repealed and readopted to read:

12 AAC 16.020. MEETINGS. The board will meet at least twice each year for the transaction of business and examination of applicants. (Eff. 3/8/71, Reg. 37; am 9/30/81, Reg. 79; am 6/29/84, Reg. 90; am / / , Reg.)

Authority: AS 08.20.055
AS 08.20.130

12 AAC 16, Article 2, is amended to read:

ARTICLE 2.
LICENSING

Section

- 30. Application for examination
- 32. Application for licensure by credentials
- 35. [LICENSURE-BY-EXAMINATION;N] National board certification
- 40. Evaluation of academic study in liberal arts or science
- 45. Accredited school or college
- 50. (Repealed) [NOTIFICATION]
- 60. (Repealed)
- 70. Basis of questions
- 80. Identification of examination results [IDENTITY OF APPLICANT]
- 90. (Repealed) [METHOD OF EXAMINATION]
- 100. Materials
- 110. Leaving examination room

- 120. Disturbance
- 130. Sections of examination
- 140. Failed subjects [GRADES]
- 150. Reexamination
- 160. (Repealed)
- 170. Special examination
- 180. (Repealed) [RECONSIDERATION OF PAPERS]
- 190. Licenses and certificates
- 200. Temporary permits
- 210. (Repealed)
- 211. (Repealed)
- 220. (Repealed) [DUPLICATE LICENSES]
- 230. (Repealed)
- 240. (Repealed)

12 AAC 16.032(a)(2) is amended to read:

(2) pays the required fees prescribed in 12 AAC 02.150 [AS 08.20.180]; (Eff. 4/22/83, Reg. 86; am 6/29/84, Reg. 90; am / / , Reg.)

Authority: AS 08.20.055
AS 08.20.120
AS 08.20.140

12 AAC 16.032(a)(5) and (6) are amended to read:

(5) provides evidence that his or her initial [OUT-OF-STATE] certificate or license from another licensing jurisdiction was based upon passing an examination equivalent to the Alaska [STATE B] board examination as described in 12 AAC 16.130;

(6) submits a certified copy of his or her grade transcript from the National Board of Chiropractic Examiners;

and (Eff. 4/22/83, Reg. 86; am 6/29/84, Reg. 90; am / / ,
Reg.)

Authority: AS 08.20.055
AS 08.20.120
AS 08.20.140

12 AAC 16.035 is amended to read:

12 AAC 16.035. [LICENSE-BY-EXAMINATION;] NATIONAL BOARD
CERTIFICATION. A candidate applying for a chiropractic license
by examination [IN THE STATE OF ALASKA] shall submit a certified
copy of his or her grade transcript from the National Board of
Chiropractic Examiners. (Eff. 4/8/79, Reg. 70; am 6/29/84,
Reg. 90; am / / , Reg.)

Authority: AS 08.20.055
AS 08.20.120

12 AAC 16.050 is repealed:

12 AAC 16.050. NOTIFICATION. Repealed / / .

12 AAC 16.080 is repealed and readopted to read:

12 AAC 16.080. IDENTIFICATION OF EXAMINATION APPLICANTS.
An applicant for examination will be given an identification
number to place on all examination papers. Names will not be
used by applicants or known to the examiners until after the
examination has been graded. (Eff. 3/8/71, Reg. 37; / / ,
Reg.)

Authority: AS 08.20.055
AS 08.20.130

12 AAC 16.090 is repealed:

12 AAC 16.090. METHOD OF EXAMINATION. Repealed. / / .

12 AAC 16.100 is amended to read:

12 AAC 16.100. MATERIALS. An [NO] applicant may not have on the [HIS] examination table any paper or object other than the examination questions, examination paper, blotter, pencil, pens, and ink, eraser, and a watch. (Eff. 3/8/71, Reg. 37; / / , Reg.)

Authority: AS 08.20.055

AS 08.20.130[(a)]

12 AAC 16.130(d) is amended to read:

(d) An applicant shall rely solely on his or her own judgement for the meaning of each question and on his or her knowledge of the subject in answering each question.

(Eff. 3/3/71, Reg. 37; am 9/30/81, Reg. 79; am 10/21/82, Reg. 84; am 4/22/83, Reg. 86; / / , Reg.)

Authority: AS 08.20.055

AS 08.20.120

AS 08.20.130

12 AAC 16.140, GRADES, is repealed and readopted to read:

12 AAC 16.140. FAILED SUBJECTS. (a) An applicant will receive credit for each subject of the examination passed and shall retake each subject failed.

(b) An applicant who has failed the same subject twice shall provide the board with evidence of having completed a refresher course or program which is consistent with the

standards of continuing education courses or programs as set out in 12 AAC 16.280 -- .380 and which relates directly to the subject matter failed, before the board will approve that applicant to sit for a subsequent examination.

(c) An applicant is required to retake the entire examination if the applicant

(1) fails the same examination subject a third time; or

(2) has not passed all subjects of the examination within two years of taking the initial examination.

(Eff. 3/8/71, Reg. 37; am / / , Reg.)

Authority: AS 08.20.055

AS 08.20.130

12 AAC 16.150 is repealed and readopted to read:

12 AAC 16.150. REEXAMINATION. An applicant may apply for reexamination by submitting to the board 30 days before the next scheduled examination

(1) an application on a form provided by the department;

(2) evidence of compliance with 12 AAC 16.140 if necessary; and

(3) the examination fee required by 12 AAC 02.150.

(Eff. 3/8/71, Reg. 37; am / / , Reg.)

Authority: AS 08.20.055

12 AAC 16.180 is repealed:

12 AAC 16.180. RECONSIDERATION OF PAPERS. Repealed
/ / .

12 AAC 16.220 is repealed:

12 AAC 16.220. DUPLICATE LICENSES. Repealed / / .

12 AAC 16.390 is amended by adding a new subsection to read:

(c) In this section, "reasonable cause or excusable neglect" includes

(1) chronic illness;

(2) retirement; or

(3) hardships as individually determined by the board. (Eff. 6/29/84, Reg. 90; am / / , Reg.)

Authority: AS 08.20.055

AS 08.20.170(d)

12 AAC, Article 4, is amended to read:

ARTICLE 4

GENERAL PROVISIONS

Section

900. Violations

980. "Misrepresentation defined"

990. [910.] Definitions

12 AAC 16.900 is amended to read:

12 AAC 16.900. VIOLATIONS. It is the duty of all members of the board to report to the department instances of alleged violations of AS 08.20.100. The secretary shall inform a new licensee in the state that it is his or her duty to report to the board all known instances of suspected unlicensed practice of chiropractic [KNOWN TO HIM TO THE BOARD]. (Eff. 6/29/84, Reg. 90; am / / , Reg.)

Authority: AS 08.20.055

AS 08.20.100

12 AAC 16.980 is added as a new section to read:

12 AAC 16.980. "MISREPRESENTATION" DEFINED. As used in AS 08.20.172(2), "misrepresentation" means

(1) the use of any advertising in which untruthful, exaggerated, improper, misleading or deceptive statements are made;

(2) impersonation of another practitioner;

(3) advertising or holding oneself out to have the ability to treat diseases or other abnormal conditions of the human body by any secret formula, method, or procedure;

(4) knowingly permitting or allowing another person to use a licensee's license or certificate in the practice of any system or mode of treating the sick or afflicted.

(Eff. / / , Reg.)

Authority: AS 08.20.055

AS 08.20.170(d)

(Publisher: Please renumber 12 AAC 16.910, DEFINITIONS, to
12 AAC 16.990, DEFINITIONS)

12 AAC 16.990 is repealed and readopted to read:

12 AAC 16.990. DEFINITIONS. In this chapter

(1) "board" means the Board of Chiropractic
Examiners established by AS 08.20.010;

(2) "department" means the Department of Commerce
and Economic Development. (Eff. 6/29/84, Reg. 90; am 8/31/86,
Reg. 99; am / / , Reg.)

Authority: AS 08.20.055

FINALLY
AFTER 11 YEARS
THE FEDERAL
COURT IN
CHICAGO, ILLINOIS
FOUND THE
AMERICAN MEDICAL
ASSOCIATION
GUILTY!!!

"AN ACT RELATING TO THE PRACTICE OF CHIROPRACTIC"

S.B. 264

Controversial Issue: There is no need for the bill in the first place.

Brief Response:

* The present Chiropractic law is vague and presents a legal interpretation problem;

* Senate Bill No.457 (HESS) (Physical Therapy Bill) created the need for the professions of Chiropractic, Naturopathy and Osteopathy to review their respective laws. The Department of Law also expressed its opinion in a letter to Honorable Rick Uehling on May 2, 1986.

Controversial Issue: Doctors of Chiropractic are primary health care providers (Page 1, line 11);

Brief Response:

* The Department of Health and Human Services classifies doctors of chiropractic (DCs) as category 1 providers, such as doctors of medicine (MDs), doctors of osteopathy (DOs) and doctors of dental science (DDSs);

* The International Chiropractors Association and the American Chiropractic Association lists Chiropractors as PRIMARY HEALTH CARE PROVIDERS;

* Primary health care provider includes a Doctor of Chiropractic (California law);

* Chiropractors diagnose and treat. (Basic requirements for the primary health care provider status);

The Readers' Digest (April 1988) acknowledges that Chiropractic is the second largest of the three primary health care providers in the U.S.A.;

* All states allow patients to consult with a Chiropractor WITHOUT medical or other referral.

Controversial Issue: Chiropractors providing health certificates and reports of examinations of school children.

(Reporting of communicable diseases, Page 2, lines 5&6);

Brief Response:

- * Federal law recognizes Chiropractors as "Physicians;"
- * Chiropractors are defined as "physicians" under Medicare (Section 1861 (r) of the Social Security Act);
- * Chiropractors are licensed as "physicians" in Alaska (23.30.265 (18));
- * The law recognizes that chiropractors can diagnose (Santiago v. Harris, 389 N.Y.S. 2d 275 (1976) and Estes Corp. v. Industrial Commission, 533 P.2d 678 (Ariz.) App. 1975);
- * Chiropractors have the necessary training in performing physical examinations and in diagnosis.

Example 1:	U.C.L.A. (Medicine)	L.A. College (Chiropractic)
Public Health:	40 hours	144 hours
Diagnosis:	1111 hours	1690 hours
Example 2:	(Accumulated from a review of 22 Medical schools and 11 Chiropractic Colleges)	
	Medical	Chiropractic
Diagnosis:	324	420
Example 3:	("White Paper" report to U.S.A. Congress, May 1969)	
	Medical	Chiropractic
Public Health:	88	97

* The Boy Scouts of America, in October, 1987, adopted a new policy of recognizing physical examinations performed by Doctors of Chiropractic (32 states and the District of Columbia were included);

* The National Chiropractic Mutual Insurance Company (malpractice) makes these two interesting statements:

1) "Every clinical procedure conducted is started because some decision has been made. Diagnosis is the determination of the nature of a patient's state of health. It is a requirement in all states because it is the primary means by which a doctor

can suggest a course of action that is judged to be in the best interests of the patient: treatment (and its nature) or referral."

2) "Training: Chiropractic education includes systematic and thorough examination procedures that utilize methods, techniques, and instruments common to all health care professions, and methods of spinal and postural analysis that are fairly unique to chiropractic."

* Chiropractors freely REFER patients to medical physicians. ("A Canadian survey found that 97% of Chiropractors refer patients to physicians for care." Ref. Harvard Medical School Health Letter);

* Forty-six states stipulate that a Chiropractor is responsible for reporting communicable disease;

* Thirty-three states accept a Chiropractors' report for school childrens examinations;

* Forty-eight states accept a Chiropractors' report for excuses from school, gym, etc.

Note: Alaska depends upon individual school policy.

Controversial Issue: "Practice of Chiropractic addresses all ramifications of health and disease but with a special emphasis on"...(Page 5, lines 24/25)

Brief Response:

* The law requires that the Chiropractor be held responsible for the patients overall health. (Through differential diagnosis, the patient is either treated Chiropractically or referred to another licensed health care provider.);

* A legal opinion states, "Every clinical procedure conducted is started because some decision has been made. Diagnosis is the determination of the nature of a patient's state of health. It is a requirement in all states because it is the primary means by which a doctor can suggest a course of action that is judged to be in the best interests of the patient: treatment (and its nature) or referral."

* Chiropractors are concerned about nerves and structure. It should be emphasized that, "The nervous system controls and co-ordinates all organs and structures of the human body." (Grays Anatomy)

Controversial Issue: "Ancillary methodology means those methods, procedures, modalities, devices and measures commonly used by trained and licensed health care providers..." (Page 6, lines 6-8)

Brief Response:

- * Present law permits Chiropractors to use ancillary procedures (physical therapy);
- * X-ray machines, ultrasound equipment, stethoscopes, etc., are "tools of science" and therefore do NOT belong to any particular profession (they fall in the COMMON DOMAIN);
- * Chiropractors utilized Physiological Therapeutics (Physical Therapy) in 1912. (Ref. Dr. Ronald Beiderman, National College of Chiropractic, Lombard, Illinois; telephone (312) 629-2000);
- * The allopathic medical community accepted physical therapy in the period 1914-1918;
- * The Alaska Chiropractic law was created in 1939;
- * The Alaska Physical Therapy law was created in 1957.

Controversial Issue: Chiropractors may use appropriate designations for fellowships and honorary degrees received. (Page 4, lines 18&19)

Brief Response:

- * This is a usual and customary procedure utilized by all professions.

I M P O R T A N T

- * In 1972, Rep. Milo Fritz introduced legislation sponsored by the Alaska Medical Association to eliminate Chiropractic practice in Alaska. He further stated that, "Chiropractory is quackery." (Ref. Anchorage Daily News, Feb. 7, 1973 issue.)
- * In 1987, the American Medical Association was found guilty of conspiracy against Chiropractic. They were found guilty of conspiring to destroy the profession of Chiropractic.
- * In view of the above (two major incidents), any concerns expressed by the Alaska Medical Association and its' followers should be carefully reviewed.

February 6, 1987

RE: PROPOSED CHIROPRACTIC LEGISLATION - 1987

To Whom It May Concern:

The proposed CHIROPRACTIC LEGISLATION is needed to replace the existing outdated and legally confusing State Chiropractic law. The existing law is so poorly defined that in its present form, it is ambiguous and could easily be interpreted as reflecting the practice of Physical Therapy, Osteopathy or Naturopathy.

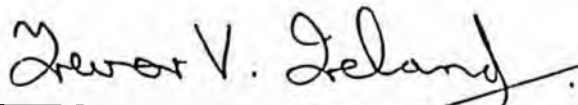
The proposed CHIROPRACTIC LEGISLATION, however, clearly defines exactly what CHIROPRACTIC is, what CHIROPRACTORS do, what the practice of CHIROPRACTIC excludes and how the overlaps (COMMON DOMAIN) are managed between all of the licensed health care providers.

The proposed CHIROPRACTIC LEGISLATION also has established reasonable and fair CHIROPRACTIC licensure standards to ensure field clinical competency and to enhance public safety. The standards are easy to interpret, administer, and to enforce. They also align Alaska with the mainstream of CHIROPRACTIC thinking, practice and accreditation standards. They specifically allow for FREEDOM OF TRADE without undue restrictions.

The proposed CHIROPRACTIC LEGISLATION provides the COURTS, CHIROPRACTIC BOARD OF EXAMINERS and the PUBLIC with clear health provider definitions to enable THEM to make rational decisions and choices. (The proposal does NOT expand the present "Chiropractic Clinical Scope of Practice", contains NO known controversial items and has the SUPPORT of the Alaska Chiropractic Society and the extreme majority of ALL Alaska Chiropractors.)

Finally, the proposed CHIROPRACTIC LEGISLATION will aid in enhancing the EFFICIENCY of STATE GOVERNMENT, and imposes NO FUNDING requests from the STATE.

SUBMITTED BY:



Trevor V. Ireland, D.C., F.I.C.A., F.P.C.W., F.P.A.C.
CHAIRPERSON - BLUE RIBBON COMMITTEE - ALASKA
CHIROPRACTIC SOCIETY

TVI:skm

- Chiropractors are licensed as "PHYSICIANS" in the State of Alaska (AS 23.30.265 (18))
- Chiropractors are PRIMARY HEALTH CARE PROVIDERS.
- The Department of Health and Human Services (U.S.A.) classifies Doctors of Chiropractic (D.C.'s) as CATEGORY 1 PROVIDERS, such as Doctors of Medicine (M.D.'s), Doctors of Osteopathy (D.O.'s), and Doctors of Dental Science (D.D.S.'s).
- CHIROPRACTIC BENEFITS are provided for in health insurance policies of virtually every major insurance carrier and State Workers' Compensation. A substantial number of major international, national, and local labor unions provide Chiropractic services in their health and welfare plans as do many major industrial employers.
- MEDICAID (Alaska) and MEDICARE (Federal) recognize and include Doctors of Chiropractic as primary health care providers.
- Fees paid to Doctors of Chiropractic are ALLOWABLE DEDUCTIONS as expenses for "medical care" for Federal income tax purposes.
- Alaska law requires a minimum of SIX YEARS OF COLLEGE study and clinic internship prior to entering private Chiropractic practice. CONTINUING EDUCATION is also required to keep the doctor abreast of current knowledge and technology.
- The U.S. Department of Education officially recognizes the COUNCIL OF CHIROPRACTIC EDUCATION (C.C.E.) as the accrediting agency for Chiropractic Colleges.
- The "ALASKA CHIROPRACTIC PEER REVIEW COMMITTEE" was established in Alaska in 1983 with its basic purpose to protect the consumer.
- The Chiropractic profession has established a high standard of ETHICS and encourages its members to adhere to them; thereby insuring the consuming public of high professional standards.
- The Chiropractic profession has always insisted that a patient has the right to obtain health services from any licensed provider that they so choose. This right was guaranteed by Congress in Section 1802, "FREEDOM OF CHOICE".
- An INSURANCE EQUALITY LAW (SCSIB 403.AS 21.36 090 (d)) became effective in Alaska on January 1, 1984. The law prohibits discrimination by insurance companies (carriers) with reference to variously licensed health practitioners.

Facts You Should Know About Chiropractic

NATIONAL

- The chiropractic profession was established in 1895.
- Chiropractic is the second largest of the three primary health care providers in the U.S. In their order of size, based on number of practitioners and public utilization, they are allopathic or medical, chiropractic and osteopathic branches of the healing arts.
- There are approximately 25,000 doctors of chiropractic serving millions of patients. According to a study made by the American Chiropractic Association, there has been a 77% increase in utilization of chiropractic during the 10 year period of 1964-1974. The growth pattern indicates that the figures are substantially higher today.
- All 50 states, Puerto Rico, the District of Columbia, and the Virgin Islands have statutes recognizing and regulating the practice of chiropractic as an independent health service.
- Chiropractic is officially recognized, acknowledged or regulated in nine provinces of Canada, Switzerland, West Germany, New Zealand, Australia, Bolivia, the Scandinavian countries, France, Italy, The United Kingdom, South Africa, Rhodesia, Japan, Venezuela, and Peru.
- Board-qualified and licensed chiropractors are entitled by law to use the title "Doctor of Chiropractic," "D.C." and/or "Chiropractic Physician."
- Chiropractic health care is provided for in such federal programs as Medicare, the Government Employees Hospital Association Benefit Plan, The Mailhandlers Benefit Plan, and the Postmasters Benefit Plan.
- State Medicaid Acts in most states recognize and include doctors of chiropractic as primary health providers.
- Chiropractic benefits are provided for in health insurance policies of virtually every major insurance carrier, and State Workers' Compensation. A substantial number of major international, national and local labor unions provide chiropractic services in their health and welfare plans, as do many major industrial employers.
- All Federal agencies accept sick-leave certificate signed by doctors of chiropractic, and fees paid to doctors of chiropractic are allowable deductions as expenses for "medical care" for Federal income tax purposes.
- The doctor of chiropractic's training requires a minimum of six years of college study and clinic internship prior to entering private practice. The areas of science studies are those pertinent to health care of human beings, including anatomy, bacteriology, pathology, physiology, biochemistry, pediatrics, geriatrics, spinal manipulation, X-ray, nutrition, physical therapeutics and many other appropriate subjects.
- The professional accrediting agency for chiropractic colleges is the Commission on Accreditation of the Council on Chiropractic Education (CCE). The Accrediting Commission of the CCE is recognized by the U.S. Department of Education and the Council on Post-secondary Accreditation. It is included in the department's list of nationally recognized accrediting agencies and associations.
- The G.I. Bill of Rights covers education in chiropractic colleges for qualified veterans.
- Peer review protects the consumer. Legislation passed in 1974 includes chiropractic review in the quality and efficiency of services ordered by members of the chiropractic profession.
- Wide acceptance and rapidly increasing population make the future of chiropractic a boundless one. There is approximately one chiropractor for every 12,000 persons in the United States. A more desirable ratio would be one D.C. for every 7500 persons. Career opportunities are unlimited for young men and women desiring to enter the healing arts.
- The chiropractic profession has a high standard of ethics. Members of both major national associations, as well as state associations, attempt to educate their members to adhere to a code of ethics thereby insuring the consuming public of high professional standards.

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For additional information on chiropractic, write:
American Chiropractic Association
1916 Wilson Blvd.
Arlington, VA 22201
International Chiropractors Association
1901 L Street, N.W.—Suite 800
Washington, D.C. 20036
For information on chiropractic colleges and educational requirements:
Council on Chiropractic Education
3209 Ingersoll Avenue
Des Moines, IA 50312

For information on chiropractic licensing requirements:
Federation of Chiropractic Licensing Boards
501 E. California Ave.
Glendale, CA 91206
For information on chiropractic research:
Foundation for Chiropractic Education and Research
1916 Wilson Blvd.
Arlington, VA 22201
For information on chiropractic licensure examination:
National Board of Chiropractic Examiners
1610-29th Avenue Place
Greeley, CO 80631

"BLUE RIBBON COMMITTEE"

The members of this distinguished group of people represent the full range of thinking and practice in chiropractic (Alaska). Their collective experience and concern for the preservation and perpetuation of chiropractic is reflected in the proposed Alaska chiropractic law.

DR. KEN KETZ (Chairperson, Alaska Board of Chiropractic Examiners)

Ken Ketz, D.C.

MR. BILL SUMNER (Lobbyist, Alaska Chiropractic Society)

Bill Sumner

DR. WOODY WALDROUP (A.C.A. Delegate)

Dr. Woody Waldrup, D.C.

DR. SIMON CARRAWAY (A.C.A. Delegate, alternate)

Dr. Simon W. Carraway, D.C.

DR. TREVOR IRELAND (I.C.A. Assembly Representative)

Dr. Trevor Ireland, D.C.

DR. JON GODFREY (I.C.A. Assembly Representative, alternate)

Dr. Jon Godfrey, D.C.

DR. MYRON SCHWEIGERT (President, Alaska Chiropractic Society)

Dr. Myron Schweigert, D.C.

DR. JON GODFREY (Past-President, Alaska Chiropractic Society)

Dr. Jon Godfrey, D.C.

DR. GENE KREMER (Past-President, Alaska Chiropractic Society)

Dr. Gene A. Kremer, D.C.

DR. ADRIAN BARBER (Past-President, Alaska Chiropractic Society)

Dr. Adrian Barber, D.C.

DR. TREVOR IRELAND (Past-President, Alaska Chiropractic Society)

Dr. Trevor Ireland, D.C.

DATED September 17, 1986.



NATIONAL CHIROPRACTIC MUTUAL INSURANCE COMPANY

Regency West 5, 4500 Westown Parkway Suite 210 West Des Moines, Iowa 50265-1040
Mailing Address P.O. Box 9118 Des Moines, Iowa 50306-9118
515-224-3270 or Out-of-State Walls 800-247-8043

March 16, 1987

OFFICERS

President -

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Ireland Clinic of
Chiropractic
541 West 36th Ave.
Anchorage, AK 99503-5899

Attn: Trevor V. Ireland, D.C.

Re: Proposed Chiropractic Law (Alaska)

Dear Dr. Ireland:

National Chiropractic Mutual Insurance Company normally does not review proposed chiropractic legislation comment. The reason for this stance is we would prejudice legislation for the benefit of insurance rather than the chiropractic profession.

In a summary review of your proposed chiropractic law, we do not see anything that is unusual or outside the scope of laws in other states.

If you have any questions, please advise.

Sincerely,

Carl D. Evans
Research & Development Manager

CDE:wsp

HOW WELL EDUCATED IS YOUR CHIROPRACTOR?

"A"

Today's Doctors of Chiropractic Have Six or More Years of College

Have you ever wondered just how much education your chiropractor has? The facts may very well surprise you.

Today, at least six years of highly specialized college training are required to graduate and earn licensure, and chiropractic has gained recognition as a comprehensive, scientifically sound force among the healing arts. Only chiropractic concerns itself with the interrelationship of structure and body functions, and only chiropractic effectively utilizes natural, drugless methods of treatment — primarily spinal adjustments.

The Doctor of Chiropractic readily acknowledges that the early, formative years of chiropractic education — like those of medicine — left much to be desired. But this is true of every science and profession.

Look at these typical basic educational requirements for medical school graduates as compared to those for Doctors of Chiropractic.

The chiropractor must meet stringent educational requirements, including approximately 600 hours of externship, which qualify him for licensure in all states and Canadian provinces. In many states, he must pass a basic science examination — the same examination that is given to medical students. He must also pass a rigid chiropractic board examination. And his state probably requires continuing educational seminars for annual license renewal.

If you have friends who are uninformed or misinformed about chiropractic education, why not share this knowledge with them. They, too, may benefit from today's scientific chiropractic care.

**YOU ARE IN GOOD HANDS
WITH CHIROPRACTIC!**

Medical Class Hours (Minimum)	Chiropractic Subject Class Hours (Minimum)
508	Anatomy 520
326	Physiology 420
401	Pathology 205
325	Chemistry 300
114	Bacteriology 130
324	Diagnosis 420
112	Neurology 320
148	X-ray 217
144	Psychiatry 65
198	Obstetrics and Gynecology 65
156	Orthopedics 225
2,756	Total Hours 2,887

Other required subjects for the
Doctor of Chiropractic:
adjusting, manipulation, kinesiology, and other
similar basic subjects related to his specialty.

Other required subjects for the
Doctor of Medicine:
pharmacology, immunology, general surgery,
and other similar basic subjects
related to his specialty.

Grand Total Class Hours

4,248 Including Other
Basic Subjects 4,485

The above class hours were compiled following a review of the curriculum catalogues of 22 medical schools and 11 chiropractic colleges, and updated from the National Health Federation bulletin and other publications' statistics.

COMPARATIVE STUDY
CALIFORNIA SCHOOLS OF MEDICINE AND CHIROPRACTIC
1969 - 70

Course	Hours				L.A. College of Chiropractic
	Loma Linda	USC	UCSF	UCLA	
Anatomy	445	780	600	529	810
Biochemistry	176	202	160	271	162
Physiology	184	210	160	176	324
Microbiology	209	200	180	240	180
Pathology	315	448	241	471	288
Public Health	121	34	93	40	144
Obstetrics & Gynecology	367	457	380	411	180
Pediatrics	443	411	380	453	36
Psychiatry	422	245	226	419	108
Radiology (X-ray)	85	16	21	99	126
Pharmacology	141	184	120	132	-0-
Physical Therapy	32	32	44	13	108
Diagnosis & Treatment	1239	1579	1598	1111	1690
Miscellaneous	256	-0-	34	-0-	144
Surgery	820	716	726	809	72
Nutrition	-0-	-0-	-0-	-0-	108

Taken from the bulletins of:

- Loma Linda University.....Page 33
- Univ. of Calif. San Francisco.....Pages 27 & 28
- UCLA School of Medicine.....Page 24
- USC School of Medicine.....Page 41
- L.A. College of Chiropractic.....Pages 49 & 50

SORSI AND PARKER

From Page 4

opportunities for both entry level and advanced training in Sacro Occipital Technique. The series will feature:

- Introduction to SOT Cranial Procedures as they relate to the Categories.
- Introduction of Subluxation Patterns and Occipital and Trapezium Analysis.

For information on seminar dates, locations and fees, write: Parker College of Chiropractic, Postgraduate Division, 300 East Irving Boulevard, Irving, TX 75060, or call the College at (214) 438-8932. License renewal has been applied for. For information on SORSI, contact Dr. Richard J. Kaye at (818) 282-8181.

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weight, learning to eat more healthy foods and improving your health? Why not do it all at Dr. Deal's Hawaiian Fitness Holiday in the sun and surf on the beautiful island of Kauai in Hawaii?

Send your patients and you receive a 10% commission for any bookings; or if you come yourself, you will get a 10% discount.

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Grady Deal, DC, PhD, and his wife Deborah Leigh interview each guest to set up a personalized diet, detoxification, weight loss, rejuvenation program and activity program tailor-made according to the guest's interests, needs and fitness level. Guests have a choice of activity and exercise including soft or high impact aerobics, stretching, toning, breathing exercises, yoga, aquacize, swimming, snorkeling, tennis, short or long walks and hikes to scenic spots on Kauai, weight training, stationary bikes, jacuzzi, steam bath or sauna. Several golf courses are nearby.

The nutritional program includes a special natural foods diet, detoxifying and appetite-controlling herbs and optional fasting. Guests have a choice of losing weight gradually or fast and the gradual approach is recommended.

Guests stay in a superbly furnished, luxury one- or two-bedroom oceanview condominium with a fully-equipped kitchen and laundry facilities, swimming pools, jacuzzi and tennis courts on the sunny south shore of Poipu Beach on Kauai.

For further information, contact Hawaiian Fitness Holiday, P.O. Box 1287, Koloa, Kauai HI 98758; (808) 332-9244.

BOY SCOUTS APPROVE PHYSICAL EXAMS BY CHIROPRACTORS

The Boy Scouts of America has adopted a new policy recognizing physical examinations performed by Doctors of Chiropractic as meeting its requirements for individual health care evaluations of its member Scouts.

The new policy stipulates that chiropractors may now administer physical examinations of Boy Scouts, but limits the policy to the 32 states and the District of Columbia in which chiropractors may conduct physicals in the public school system.

The change in the longstanding Scout policy, which had accepted only examinations conducted by Doctors of Medicine and Doctors of Osteopathy, was approved by the Scouts' national health and safety committee at its October 1987 meeting.

Dr. Michael D. Fallon, ICA president, commended the leadership of ICA members who spearheaded the action. Key participants were Dr. Ronald W. Woods, Greensburg, IN; Dr. Trevor V. Ireland, Anchorage, AK; Dr. Jerry L. Gerard, Mesa, AZ; and James Harrison, Indianapolis, IN, ICA legal counsel. Dr. Thomas T. Anderson, Los Angeles, CA, a member of the ACA who serves on the Scouts' health and safety committee, supported the efforts.

Dr. Woods, whose son is an Eagle Scout and was an assistant scoutmaster at the 1987 World Scout Jamboree, initiated the effort. He was joined by Dr. Ireland, Dr. Gerard and Mr. Harrison. Dr. Ireland is the grandson of Henry Hammond, one of the three original Boy Scouts. Hammond lived in Mafeking, South Africa, the town where Lord Baden Powell conceived the idea of the worldwide movement in 1899.

Physical exams are normally conducted in conjunction with the Scouts' camping activities to meet the requirements of state law and the Scouts' own regulations. In recent years, the frequency of physical exams was reduced from once a year to once every three years. However, if state law requires some other frequency, then the law prevails.

In commenting on the action, Dr. Woods suggested that chiropractors make contact with local Scoutmasters. The objective, advised Dr. Woods, would be to open a line of communication, alerting the Scoutmasters of the new policy and offering to be helpful in the physical exam process. The exams could be given by local practitioners to individual Scouts at an office visit; or the exams could be conducted by two or more practitioners on a group basis to a local Boy Scout troop.

The 32 states in which examinations can be conducted are: Alabama, Alaska, Arizona, Arkansas, California, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, Texas, Utah, Vermont, Virginia, West Virginia, Wyoming and the District of Columbia.

1988 ICA CONVENTION

The 62nd Annual Convention of the International Chiropractors Association will be held July 15-17, at the Hyatt Regency Hotel in Monterey, CA. It will be cosponsored by the Palmer College of Chiropractic-West in Sunnyvale, CA, and Palmer College of Chiropractic, Davenport, IA.

The convention will be held concurrently with ICA's Scientific Symposium on Spinal Biomechanics, consisting of selected papers covering theory, research and application, with emphasis on chiropractic adjustment and subluxation.

ICA's Chiropractic Marketplace will feature a wide assortment of exhibits of equipment,

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FACTS BULLETIN

Foundation for the
Advancement of Chiropractic
Tenets and Science (FACTS)

Vol. 2

A Study of Chiropractic Worldwide



"Chiropractic science concerns itself with the relationship between structure, primarily the spine, and function, primarily coordinated by the nervous system, of the human body as that relationship may affect the restoration and preservation of health."



CANADA Population (1985 est.): 25 million. Pop. density: 6.5 per sq. mi. Languages: English, French. Chiropractors: 2950. Chiropractic association: Yes. Chiropractic legislation: Yes. Federal reimbursement: No.

Canada has the second largest chiropractor population with nearly 3,000 practicing chiropractors. All but the youngest province of Newfoundland have chiropractic legislation with laws varying from province to province.

Provincial Acts covering chiropractic vary. Some are as old as 1925 (Ontario), others as new as 1985 (Alberta). It is anticipated that Newfoundland will introduce legislation in 1988.

The Canadian Chiropractic Association (CCA), federally chartered in 1953, is the only national association in Canada and represents 2300 chiropractors or about 77 percent of the total chiropractor population. Each province has its own provincial association with membership in most cases contingent upon CCA membership.

Public utilization of chiropractic varies from province to province ranging between five and 12 percent.

Canada has a modified socialistic health system with the federal government paying the provinces for a portion of the health needs of all citizens. Provincial revenues make up the difference. Only five provinces (Ontario, Manitoba, Saskatchewan, Alberta, and British Columbia) have provincial plans covering chiropractic care. Coverage in these provinces is a decision of the provincial governments concerned. While 40 percent of medical care is federal and 60 percent is provincial, in the case of chiropractic, no federal money for chiropractic care is included in the transfer payments to the provinces for health care.

The Canadian Chiropractic Association was instrumental in the creation of the Canadian Memorial Chiropractic College (CMCC), established in 1945 in Toronto. The college is supported by tuitions, compulsory assessments for CCA members (except Quebec) and small revenue-generating projects. CMCC's nearly 600 students come from all provinces in Canada, the United States, many European countries and Australasia. CMCC is a Recognized Candidate for Accredited Status from the Council on Chiropractic Education (Canada) Inc. CCE-Canada and the U.S. CCE maintain the status of reciprocal recognition since June 1982.

CMCC entrance requirements include a minimum of two-years of university study with full credit in biology, general inorganic and organic chemistry, physics and psychology, with no less than a grade "C" in prerequisite courses, and an overall "B" average in university studies.

Prospective candidates for Canadian licensure must pass examinations set by the Canadian Chiropractic Examining Board. Most provinces require additional oral and/or written exams. To be eligible to sit for an examination, candidates must be graduates from an Accredited or Recognized Candidate for Accreditation (RCA) Status chiropractic college or the Anglo-European College of

Chiropractic in Great Britain.

There is some concern in Canada about non-chiropractor manipulators. Physiotherapists, especially in British Columbia are doing more and more manipulation. Some orthopedic surgeons, physiatrists and family physicians are interested in manipulation but, at this stage, they are relatively few in number. In western Canada, there are also a few lay manipulators.

Cooperation with other health disciplines varies with the discipline itself. However, as more chiropractors are being educated in research and are earning additional post-graduate degrees, chiropractic research efforts are being noticed and published in medical journals. Canada presently has at least three chiropractors working with medical staffs in university facilities.

UNITED STATES Population (1983 est.): 234 million. Pop. density: 64 per sq. mi. Language: English (official). Chiropractors: 35,000. Chiropractic association: Yes. Chiropractic legislation: Yes. Federal reimbursement: Yes.

The profession of chiropractic originated in the United States in 1895, when Daniel David Palmer performed the first chiropractic adjustment in Davenport, Iowa. There are approximately 35,000 chiropractors in active practice in the United States. About 2,500 new practitioners graduate each year.

All 50 states, plus the District of Columbia, U.S. Virgin Islands and Puerto Rico, license and officially recognize chiropractic as a primary contact health profession. Specific legislation varies from state to state.

The Department of Health and Human Services classifies doctors of chiropractic (DCs) as category 1 providers, such as doctors of medicine (MDs) doctors of osteopathy (DOs) and doctors of dental science (DDSs).

All 50 states authorize chiropractic services as part of their workers' compensation programs. Over three-fourths of the states, representing some 70 percent of the nation's population, require inclusion of chiropractic services under all commercial health-and-accident policies written in those states.

On the federal level, chiropractic services receive varying coverage under Medicare, Medicaid, and vocational rehabilitation programs. For example, Medicare, which provides health care for aged persons, reimburses DCs for spinal adjustments only and only if subluxations are demonstrated by X-ray. Medicare reimbursements for chiropractic care totalled \$100 million in 1985. Federal employees receive limited reimbursement for chiropractic care under workers' compensation, and in postmasters' and mail handlers' benefit programs.

Veterans' benefits include coverage for chiropractic health care, but only on referral of an MD. In practice few are ever referred to a chiropractor by medical doctors which administer the Veterans Administration programs. Veterans, however, are eligible for educational grants to attend chiropractic college.

In the private sector, most commercial health insurance carriers include chiropractic in their policies. Major industrial employers include chiropractic in their employee health plans. Substantial numbers of major international, national and local unions include chiropractic in their health and welfare plans (e.g., the railroad and rubber unions).

Total expenditures for chiropractic care were approximately \$2.0 billion in 1984.

The government-funded FACTS Study, completed in 1980, determined the distribution of chiropractors as follows: 40 percent of practices are in towns with fewer than 25,000 people (although 17 percent of these DCs are in towns adjacent to cities with over 25,000 population). Twenty percent practice in small cities; and over 33 percent are in cities (or suburbs) of more than 100,000 population. The study also indicated that the trend of recent graduates is toward an urban practice.

The U.S. Department of Education officially recognizes the Council of Chiropractic Education (CCE) as the accrediting agency for chiropractic colleges. The CCE is also a member of the Council on Post-Secondary Accrediting Agencies. Both national organizations, the American Chiropractic Association and the International Chiropractors Association are sponsors of the CCE.

There are 17 colleges of chiropractic in the United States with a total enrollment of about 10,000 students. The CCE has granted full or partial accredited status to 15 of the 17 chiropractic colleges. More than 70 percent of the state chiropractic examining boards require an applicant for licensure examination to be a graduate from a chiropractic college having status with the CCE.

To be granted a diploma as a doctor of chiropractic, a candidate must have a minimum of two years of pre-professional college education with a curriculum concentrated in basic and biological sciences plus four years of resident instruction at a chiropractic college.

A law was passed in 1984 to make chiropractic colleges eligible to compete for federal funds to help recruit and tutor students from disadvantaged backgrounds. Chiropractic colleges remain at a dramatic disadvantage compared to medical schools, which are partially subsidized by government grants and funding. Further, chiropractic students receive only unsubsidized federal loans at high interest amounts, unlike medical students whose low

(continued on next page)

Interest loans are federally subsidized.

Under U.S. Immigration law, aliens may be granted a student visa in order to study in chiropractic colleges. Non-citizens who want to practice in the United States must apply to the Immigration Department for clearance, and then to the individual state licensing boards. A category A application requires that the profession to be practiced in the U.S. be in short supply; chiropractors do not qualify under this category. Category B provides for a non-citizen applicant to be sponsored by a member of the same profession and to work under the sponsorship of that doctor. The position must first be advertised on the open market for three months. If there is no qualified U.S. applicant, the position may be offered to the non-citizen. The non-citizen must then work under the sponsor for at least 12 months.

Of primary interest to the profession has been the chiropractic antitrust suit against medicine. In 1976, a lawsuit was filed by five American chiropractors against the American Medical Association (AMA) and 20 other medical and hospital groups and individuals. The suit charges the defendants with restraining trade in an attempt to monopolize certain health care markets, thereby placing their economic self-interest before the well-being of their patients. The trial verdict, in 1980, went in favor of the AMA, but was appealed by the chiropractors; in 1983 the Court of Appeals reversed the decision in a significant and stunning victory for the chiropractors. The court ordered the case to a new trial which is now pending. Since the initial filing of the suit, four of the 21 defendants have settled out-of-court.

Inter-professional cooperation has improved dramatically, due to a number of factors. Since a majority of insurance companies now cover chiropractic health care, chiropractors have entered the mainstream of health providers. Patients have demanded freedom of choice in health care coverage and chiropractic has been at the forefront of their requests. Economic considerations have forced working relationships with chiropractors in hospitals, preferred provider organizations, health maintenance organizations, and in private medical settings.

PUERTO RICO Population (1983 est.): 3.2 million. Pop. density: 931 per sq. mi. Language: Spanish. Chiropractors: 27. Chiropractic association: Yes. Chiropractic legislation: Yes. Federal reimbursement: Yes.

The Commonwealth of Puerto Rico is a self-governing part of the United States with a primary Hispanic culture. The Commonwealth's political status gives the island's citizens virtually the same control over their internal affairs as the 50 states of the U.S.

A chiropractic law was first passed in 1952. Puerto Rico has one of the lowest densities of U.S. chiropractors; only 27 chiropractors serve more than 3.2 million people. The chiropractors are represented by the Chiropractic Association of Puerto Rico.

An applicant for a chiropractic license must be a graduate of a CCE-accredited chiroprac-

tic college and pass the Puerto Rico board exam. Puerto Rico has reciprocity with New Hampshire and Kentucky.

There is federal (Medicare) reimbursement for chiropractic health care, but it is limited. Most private insurance companies reimburse for chiropractic services.

BERMUDA Population (1980 est.): 55,000. Pop. density: 2619 per sq. mi. Language: English. Chiropractors: 2. Chiropractic association: No. Chiropractic legislation: No, legal under common law. Federal reimbursement: No.

Bermuda is a British dependency governed by a royal governor and an Assembly, dating from 1620, the oldest legislative body among British dependencies. Two chiropractors live in Bermuda; only one is in practice, and he has practiced here for five years. Although the chiropractic profession itself is not legislated, the chiropractor practices under common law interpretation which states that if there is no legislation actually prohibiting the profession, then it is legal.

The doctor was granted a work permit from the Minister of Immigration and Labor, assisted by the fact that he is married to a native Bermudan. The work permit is issued annually.

Chiropractic is not covered under government insurance, but is recognized by most private companies.

Medical cooperation varies from practitioner to practitioner. X-rays cannot be taken by a chiropractor. Only the hospitals take X-rays and they will not cooperate with chiropractors.

The public perception of chiropractic is good, and through lectures and patient referrals, chiropractic utilization is increasing.

The chiropractor receives numerous requests from doctors wishing to practice in Bermuda. Work permits are not issued freely, however. Interested applicants may write to the Minister of Immigration and Labor for more information.

U.S. VIRGIN ISLANDS Population (1980 est.): 95,000. Pop. density: 757 per sq. mi. Language: English. Chiropractors: 4. Chiropractic association: Yes. Chiropractic legislation: Yes. Federal reimbursement: Yes.

The U.S. Virgin Islands are situated approximately 70 miles from Puerto Rico. They are comprised of three main islands—St. John, St. Croix and St. Thomas—and 50 smaller islands.

Four chiropractors practice in the Virgin Islands; only two practice fulltime. Chiropractors were first granted the right to legal practice in 1978 when a judge ordered three chiropractors be granted a license to practice. The judge's ruling was the result of a court suit filed by the three chiropractors against the Medical Board which refused to grant chiropractic licensure. The judge ruled that chiropractors have proper educational qualifications and should be licensed. Concurrently, a chiropractic practice act was passed, which also established a regulatory board.

The Board of Chiropractic Examiners is composed of four medical doctors and one

chiropractor. To take the board exam, an applicant must be a graduate of a CCE (or equivalent) accredited college, and must have a B.S. (or equivalent) education.

Chiropractors are not licensed to take X-ray but utilize X-rays taken by medical doctors and radiologists.

There is full coverage of chiropractic health care under Workers' Compensation. Most private insurance companies provide some degree of coverage for chiropractic health care.

The public knowledge of chiropractic is very good, considering the small number of active practices. Inter-professional cooperation is also good.

MEXICO Population (1983 est.): 78 million. Pop. density: 94.4 per sq. mi. Language: Spanish. Chiropractors: 40. Chiropractic association: Yes. Chiropractic legislation: No. Federal reimbursement: No.

Chiropractors who entered practice in Mexico prior to 1982 are legally registered to practice chiropractic. There is no current licensure or registration governing the practice of chiropractic. In 1982 the chiropractic register under the Department of Professions and the Department of Sanitation was closed without explanation. The register, although not licensing chiropractors, provided for legal registration of Mexican citizens who had graduated from an accredited chiropractic institution. The registration also provided for the use of X-ray by the chiropractor for diagnostic purposes.

Since the register has been closed, ten recent graduates have entered chiropractic practice. Though they practice illegally, there has been no government intervention. The 30 who arrived before the register was closed, continue to be registered and practice legally.

There are two chiropractic associations: the Chiropractic Association of Mexico and the Scientific Chiropractic Association of Mexico.

There is no federal reimbursement of chiropractic health services. Many private insurance companies reimburse for chiropractic services.

Chiropractic is widely known in Mexico through frequent media coverage, advertising and patient referrals. Inter-professional cooperation is good, with MDs often referring patients to chiropractors. Few other practitioners practice manipulative techniques. In the countryside there are traditional bone-setters called *los huaseños*.

Mexico was the host country for the ICA-sponsored Pan American Regional Chiropractic Conference held in Cancun in 1983. At these meetings the need for a Spanish-language chiropractic college was addressed. The severe devaluation of the Mexican peso compared to the U.S. dollar has made it virtually impossible for Mexican students to afford a chiropractic education.

Mexico was once the site of a chiropractic school. In 1927, the first Spanish-language chiropractic institution, called the Daniel David Palmer Spanish-American School of

(continued on page 8)