

SB

264

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

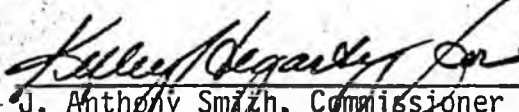
SB 264 amends the chiropractic statutes, AS 08.20, by increasing regulation responsibilities of the board, revising requirements for licensure, adding a new provision allowing specialty designations and further defining the practice of chiropractic.

The department can support most of the bill but has concerns on the following sections:

Section 5: The concern is that the specific hour requirements in subsection (3) may be too restrictive for the experienced chiropractors who are licensed and have practiced for many years in another state, and who now seek licensure to practice in Alaska. If an individual's curriculum is not essentially equivalent as required by the credentials statute, AS 08.20.140, the board may be required to deny the practitioner licensure because of Alaska's strict requirements in statutes.

Section 7: The current examination is not adequate to determine specialty designations. How specialties will be determined should be clarified. If the exam is to be administered by the board, this provision may impact the zero fiscal note by the department.

In summary, the department would support SB 264 if the two concerns noted above are clarified.



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

Date: 5/6/87

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

REQUEST: _____

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

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 Abood

Components: _____

Requestor: 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
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REVENUE	0	0	0	0	0	0
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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):

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

Alaska Chiropractic Society

P.O. Box 11507 • 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.

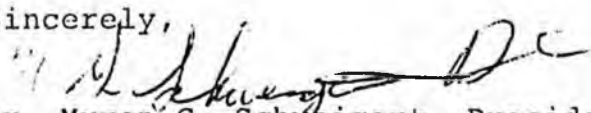
The Alaska Chiropractic Society which represents a majority of chiropractors in the state of Alaska, felt the need to update the current chiropractic law. We formed what we titled the "Blue Ribbon Committee" made up of all former presidents of the ACS, a current State Board of Chiropractic Examiners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

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

"HEALTH THROUGH CHIROPRACTIC - NATURALLY"

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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UPWARD MOBILITY.

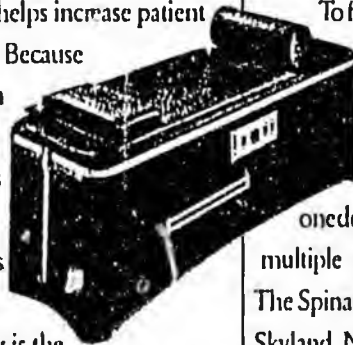
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**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

REQUEST: _____ Bill Version: SB 264
 Publish Date: _____
 Revision Date: _____ Agency Affected: Alaska Court System
 Title: An act relating to the practice of chiropractic BRU: Trial Courts
 Sponsor: Josephson & Abood Components: _____
 Requestor: Sen. Fischer

EXPENDITURES/REVENUES: (Thousands of Dollars)						
OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
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 Phone: 264-8228
 Division: Alaska Court System Date: 5-5-87
 Approved by: *Stephanie J. Cole* Stephanie J. Cole, Deputy Director Date: 5-5-87
 Agency: Alaska Court System

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