

ALASKA BOARD OF CHIROPRACTIC EXAMINERS

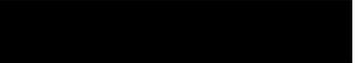


BOARD PACKET

MEETING OF JANUARY 22nd, 2016

Juneau, Alaska

State of Alaska
Office of Boards and Commissions Roster
Chiropractic Examiner's Board

<u>Board Member</u>	<u>Appointed</u>	<u>Term Expires</u>
James C. Heston, <i>Chiropractor</i> Board President 	03/01/2008 Reappointed 03/01/2012	03/01/2016
Daniel Holt, <i>Chiropractor</i> Board Vice-President 	03/01/2009 Reappointed 03/01/2013	03/01/2017
Walter Campbell, <i>Chiropractor</i> Board Secretary 	03/01/2010 Reappointed 03/01/2014	03/01/2018
Edward Barrington, <i>Chiropractor</i> 	06/21/2012	03/01/2017
Christine Hill 	01/10/2014	03/01/2016

2016 STATE HOLIDAY CALENDAR³

JANUARY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

MARCH

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

JULY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUGUST

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

State Holidays

Date	Holiday
01/01	New Year's Day
01/18	MLK Jr.'s Birthday
02/15	Presidents' Day
03/28	Seward's Day
05/30	Memorial Day
07/04	Independence Day

 Holiday

State calendar maintained by the
Division of Finance,
Department of Administration
<http://doa.alaska.gov/calendars.html>
Rev. 06/22/2015

State Holidays

Date	Holiday
09/05	Labor Day
10/18	Alaska Day
11/11	Veterans' Day
11/24	Thanksgiving Day
12/25	Christmas Day (observed 12/26)

Agenda Item #4

Review/Approve Agenda

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
333 W. WILLOUGHBY AVE, 9TH FLOOR, DEPARTMENT OF COMMERCE, COMMUNITY &
ECONOMIC DEVELOPMENT - CONFERENCE ROOM A
JUNEAU, ALASKA**

TENTATIVE MEETING AGENDA

Friday, January 22nd, 2016

	<u>TIME</u>	<u>TOPIC</u>	<u>LEAD PERSON(S)</u>
1.	8:00 a.m.	Written Exam	Laura Carrillo, Licensing Examiner
2.	9:00 a.m.	Oral Interview with Board	James Heston, Chair
3.	9:45 a.m.	Call to Order/Roll Call	Chair
4.	9:46 a.m.	Review Agenda	Chair
5.	9:50 a.m.	Review Meeting Minutes	Chair
		<ul style="list-style-type: none"> • September 18th and October 8th meetings 	
6.	10:00 a.m.	Board Business <ul style="list-style-type: none"> • Ethics Reporting • Ratify New Licenses <ul style="list-style-type: none"> ○ Erin Cavanaugh ○ Kyle Hanford ○ April Hudson ○ Tara Koeckritz ○ John Lloyd ○ Dana-August Manelick ○ Linda Nam • Review Goals & Objectives • SB 69 discussion • ICBN discussion • Courtesy license for instructors – 12 AAC 16.205 (page 12-13 of statutes/regs) • Administrative hearing outcome • Request for reconsideration of Iovera • New Board Members 	Chair
7.	11:00 a.m.	Division Update/Budget Report	Martha Hewlett & Sarah Chambers
8.	11:30 a.m.	Correspondence	Chair
9.	11:45 p.m.	Peer Review Committee	Chair
10.	12:00 p.m.	Lunch	
11.	1:00 p.m.	FCLB/NBCE Update	Chair
12.	1:15 p.m.	Position Statements <ul style="list-style-type: none"> • Advertising of Free Services (old) • Sexual Harassment (new) • Massage therapists/chiropractic assistants (new) • Injectable nutrients (tabled) 	
13.	1:30 p.m.	ACS Update	Debby Ryan
14.	2:00 p.m.	Public Comment	
15.	2:15 p.m.	Investigations Report	Brian Howes, Investigator
16.	2:45 p.m.	Administrative Business <ul style="list-style-type: none"> ○ Sign wall certificates ○ Sign meeting minutes ○ TA's & Receipts ○ Task list 	Chair
17.	3:00 p.m.	Adjourn	Chair

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Agenda Item #5

Review Meeting Minutes

- September 18th, 2015 in-person meeting
 - October 8th, 2015 teleconference

State of Alaska
 Department of Commerce, Community and Economic Development
 Division of Corporations, Business and Professional Licensing

BOARD OF CHIROPRACTIC EXAMINERS

MINUTES OF THE MEETING

Friday, September 18th, 2015

These are DRAFT minutes prepared by the staff of the Division of Corporations, Business and Professional Licensing. These minutes have not been reviewed or approved by the Board.

By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article 6, a scheduled meeting of the Board of Chiropractic Examiners was held at Sophie Station Suites, 1717 University Avenue South, beginning at 9:22 a.m. The meeting was held at the Board Meeting Room in Fairbanks, Alaska.

Board Members Present, constituting a quorum:

James Heston, Doctor of Chiropractic
 Daniel Holt, Doctor of Chiropractic
 Walter Campbell, Doctor of Chiropractic
 Edward Barrington, Doctor of Chiropractic
 Christine Hill, Public Member

Attending from the Division of Corporations, Business and Professional Licensing were:

Laura Carrillo, Licensing Examiner
 Brian Howes, Investigator *(via telephone)*
 Charles Ward, Paralegal *(via telephone)*

Agenda Item 2 Oral Interviews

Time: 9:22 a.m.

Chair, James Heston prompted the Board to prepare for oral interviews with the exam candidates.

The first exam candidate was Margaret Strickland, an applicant who was applying to reinstate her previous Alaska license. Dr. Strickland, however, was unsure as to why she needed to take the examination again, and therefore did not take the exam during the scheduled time

period. Dr. Heston informed Dr. Strickland that she needed to take the examination for reinstatement required per 12 AAC 16.390(4). Dr. Strickland responded that she had already taken the exam at the time she initially applied in Alaska. Dr. Strickland commented that the regulations were not clear on this, and that paying more fees relative to first time applicants is unfair. Dr. Holt explained to Dr. Strickland that in preparation for the exam, the statutes and regulations booklet is the only resource applicants can refer to. Ms. Carrillo added that the statutes and regulations were online, to which Ms. Strickland responded they were not. Dr. Strickland volunteered her time to go through the statutes and regulations and identify those that are problematic. Ms. Carrillo informed Dr. Strickland that the examination just administered had changed since she took the exam at the time of her initial license. The Board reiterated Dr. Barrington's earlier suggestion that she could take the next scheduled exam in January, and Dr. Heston suggested to Dr. Strickland to put all her concerns in writing. Dr. Strickland inquired if there were additional steps she needed to take aside from sitting for the exam, to which Ms. Carrillo stated that since her continuing education credits were only approved in Minnesota, the Board would need to discuss how her continuing education could be approved for reinstatement requirements.

Tara Koeckritz entered the room for her interview with the Board. Dr. Koeckritz is from Eagle River, Alaska and attended Palmer College. When asked what started her interest in chiropractic, Dr. Koeckritz responded that she had managed a clinic for six years and fell in love with the profession. She added that both chiropractors and patients encouraged her to pursue chiropractic. Dr. Koeckritz stated that she intends on practicing at Chiropractic Associates of Eagle River with an emphasis on upper cervical techniques. The Board informed her that she passed the examination and encouraged her to become involved with the ACS.

Dana-August Manelick entered the room for his interview with the Board. Dr. Manelick is from Palmer, Alaska and attended Palmer College. Dr. Manelick stated that he would be practicing at Ireland Chiropractic with Dr. Trevor Ireland, which has been the location of practice under his temporary permit. Dr. Manelick also stated that he intends on practicing Gonstead, diversified, and flexion-distraction techniques. The Board informed him that he passed the examination and encouraged him to become involved with the ACS.

Dr. Margaret Strickland entered the room again to ask the Board if she could take the examination now, to which Dr. Heston stated that Ms. Carrillo would be occupied with the meeting. Dr. Strickland commented that Ms. Carrillo had misguided her and given her misinformation. Dr. Strickland asked the Board if Ms. Carrillo could stay after the meeting to proctor the examination, to which Ms. Carrillo stated that her flight departure is shortly after the adjournment of the meeting. Ms. Carrillo asked Dr. Strickland to put those

concerns in writing, and to explain how she was misguided. The Board ultimately decided to allow Christine Hill to proctor the examination under Agenda Item #16.

Erin Cavanaugh entered the room for her interview with the Board. Dr. Cavanaugh is from Dallas, Texas and attended Parker University. Dr. Cavanaugh stated she will be practicing with Dr. Zamzow in Sitka. The Board informed her that she passed the examination.

Jason Hunt entered the room for his interview with the Board. Dr. Hunt stated he would be practicing with his father, who is also a chiropractor. The Board informed him the he passed the examination.

April Hudson entered the room for her interview with the Board. Dr. Hudson is from Dallas, Texas and attended Parker University. Dr. Hudson received a temporary permit and stated she would continue practicing in Eagle River with Dr. Schweigert. The Board informed her that the she passed the examination.

Kyle Hanford entered the room for his interview with Board. Dr. Hanford is from northern Wisconsin and attended Palmer College. Dr. Hanford stated he would be practicing with Dr. Curzie in Anchorage, and that he is excited to begin treating patients. The Board informed him that he passed the examination and encouraged him to become involved with the ACS.

Linda Nam entered the room for her interview for the Board. Dr. Nam attended Cleveland Chiropractic in California, and practices upper cervical techniques. Dr. Nam stated that she will be practicing in Kodiak. The Board informed her that she passed the examination and encouraged her to become involved with the ACS.

John Lloyd entered the room for his interview with the Board. Dr. Lloyd is from Denver, Colorado and attended Logan College. Dr. Lloyd added that he has been practicing for 18 years and will be seeking out a clinic in Anchorage. The Board informed him that he passed the examination, and encouraged him to become involved with the ACS. Dr. Lloyd thanked the Board for taking their Friday off. Dr. Barrington referred Dr. Lloyd to Dr. Atkins in Anchorage.

Agenda Item 3 Call to Order/Roll Call

Time: 10:10 a.m.

The meeting was called to order by Chair, James Heston at 10:10 a.m.

Agenda Item 4 Review Agenda**Time: 10:11 a.m.**

Board Chair, Dr. Heston addressed the agenda and informed the Board that a few amendments were to be made; under Agenda Item #6, Board Business, two chiropractors were going to present a testimony around 11:00 a.m. regarding a device called Iovera, for which Dr. Heston permitted a maximum testimony length of 15 minutes; under Agenda Item #13, Public Comment, Board Chair of the Alaska Board of Massage Therapy, Amanda Unser would join telephonically for discussion regarding chiropractic assistants doing massage therapy.

On a motion duly made by Christine Hill, seconded Edward Barrington, and approved unanimously, it was

RESOLVED to accept the agenda as amended.

Agenda Item 5 Review Minutes**Time: 10:12 a.m.**

The Board reviewed the minutes from the May 15th, 2015 meeting. Dr. Heston inquired to Ms. Carrillo if the jurisprudence score guide was amended to include the cumulative score, to which Ms. Carrillo responded that she had. Dr. Barrington advised that he would address position statements later in the meeting.

On a motion duly made by Dr. Walter Campbell, seconded Christine Hill, and approved unanimously, it was

RESOLVED to approve the minutes of May 15th, 2015 meeting.

Agenda Item 6 Board Business**Time: 10:13 a.m.**Ethics Report

Chair, Dr. Heston addressed ethics reporting. There were no ethics violations to report at this time.

Ratify Licenses

Dr. Heston moved to address the ratification of licensees for applicants who sat for the May 15th, 2015 examination. Ms. Carrillo informed the Board that Christopher Fierro had not yet been issued a license.

On a motion duly made by Daniel Holt, seconded by Christine Hill, and approved unanimously, it was

RESOLVED to ratify the licenses for **David Baldrige, Adam Bellendier, Adam Hawkins, Robert Kuchel, Bryan Luke, Jillian Petersen, Jennifer Reed, Adam Whalen, and Vanessa Wilczak.**

Review Goals and Objectives

Dr. Heston addressed adding a Goal 7 with objectives 1 and 2, with which the intent is to add the Board of Chiropractic Examiners to be added to centralized statute, AS 08.01.050(d), which reads:

“At the request of one of the following boards, the department may contract with public agencies and private professional organizations to provide assistance and treatment to persons licensed by the board who abuse alcohol, other drugs, or other substances...”

The Board would also like Goal 7 to include Board utilization of a national background check. The Board discussed adding these to Senate Bill 69.

Goal 1: Carry out assigned duties of the board:

- Objective 1:* Conduct a minimum of three board meetings a year and rotate the location of the meetings between different regions of the state.
- Objective 2:* Continue licensing chiropractic physicians and processing applications in a timely manner.
- Objective 3:* Review investigative reports, monitor disciplinary actions and provide professional direction to Division investigative staff regarding disciplinary actions, probation matters, criminal history record information and chiropractic practice.
- Objective 4:* Utilize the National Board of Chiropractic Examiners (NBCE) Special Purposes Examination for Chiropractic (SPEC) and Ethics & Boundaries Examination (E&B) in memorandum of agreements.
- Objective 5:* Continue to review and process requests for continuing education credit approval in a timely manner.
- Objective 6:* Continue to administer the jurisprudence exam concurrent with Board meetings and to include candidate interviews as part of the examination.

Goal 2: Provide information regarding board activities to the profession and the public.

- Objective 1:* Inform all licensees of any pending regulation changes in the customary manner.
- Objective 2:* Provide a public comment period at each meeting.
- Objective 3:* Address concerns presented by licensees and the public at each meeting.
- Objective 4:* Provide copies of agendas and/or minutes of the meetings to all who request them.
- Objective 5:* Continue to work with other licensing boards, at both the district and national level.

- Objective 6:* Continue to address the reporting requirements for domestic violence and sexual assault.
- Objective 7:* Support efforts to educate the public regarding the benefit of chiropractic care as a health care form.
- Objective 8:* Raise awareness regarding public health, emergency training, hazardous materials and OSHA requirements.
- Objective 9:* Ensure current information is available on the Board website through regular updates by staff and regular monitoring by Board members.

Goal 3: Continue affiliation with the Alaska Chiropractic Society (ACS) to work cooperatively in the best interest of the profession and the public.

- Objective 1:* Encourage regular Alaska Chiropractic Society (ACS) participation at Board meetings.
- Objective 2:* Support the Alaska Chiropractic Society (ACS) in its efforts to provide information to the profession and the public.
- Objective 3:* Support the Alaska Chiropractic Society (ACS) in its efforts in pursuing statutory changes relevant to the profession and public safety.
- Objective 4:* Support the Alaska Chiropractic Society (ACS) in pursuing statutory authority for licensing chiropractic assistants, technicians and interns/preceptors.
- Objective 5:* Support the Alaska Chiropractic Society (ACS) in its efforts in pursuing a statutory change to allow for animal chiropractic in cooperation with the Veterinary Board.

Goal 4: Access and evaluate regulations.

- Objective 1:* Continue to assess and evaluate continuing education requirements.
- Objective 2:* Continue to assess and evaluate radiological safety, professional ethics and boundaries, public health and emergency training.
- Objective 3:* Proactively make recommendations through regulations to anticipate changes in the health industry.

Goal 5: Assess and evaluate the review process available through the Peer Review Committee.

- Objective 1:* Refine procedures for committee review of cases and the reporting process; consider establishing criteria (guidelines) for utilization review under 12 AAC 16.430.
- Objective 2:* Direct review inquiries to the committee.
- Objective 3:* Keep the committee roster fully staffed with three chiropractors and one public member at all times.

Goal 6: Continue affiliation with the Federation of chiropractic Licensing Boards (FCLB), the National Board of Chiropractic Examiners (NBCE), the Association of Chiropractic Board Administrators (ACBA), and the Council on Chiropractic Education (CCE), as well as the Council on Licensure, Enforcement and Regulation (CLEAR) and the Federation of Associations of

Regulatory Boards (FARB):

- Objective 1:* Promote attendance of Board members and staff at district and annual meetings of the FCLB and NBCE in order to provide input and obtain information at both national and state levels regarding matters impacting Alaska Chiropractors.
- Objective 2:* Work with the FCLB on maintaining a listing of Alaskan Chiropractors on the National Database (CIN-BAD).
- Objective 3:* Promote attendance of Board members at the semi-annual NBCE Part IV Examinations and Part IV Examination Review committee meetings of the NBCE to provide input and obtain information on the Exams required for chiropractic licensure in Alaska.
- Objective 4:* Promote attendance of the Licensing Examiner at the annual meetings of the ACBA and FCLB to provide input and obtain information at both national and state levels regarding matters impacting the regulation and licensure of Alaskan Chiropractors.
- Objective 5:* Promote attendance by Board members and staff at the annual CLEAR and/or FARB conferences.

Review Annual Report

Hearing nothing further on Goals and Objectives, Dr. Heston moved to discussion on the annual report. Dr. Heston commented that “Summary of FY15 fiscal requests” needs to be changed to “Summary of FY16 fiscal requests”.

On a motion duly made by Christine Hill, seconded by Walter Campbell, and approved unanimously, it was

RESOLVED to approve the annual report as amended.

Review Specialty Designation Application

Dr. Heston moved to discussion on a specialty designation application submitted by Dr. Wilczak. Dr. Wilczak requested approval for Board recognition as a Chiropractic Neurologist, from which she completed a specialty program with the International Academy of Chiropractic Neurology. Ms. Carrillo noted that her application had been previously denied via e-mail ballot, which warranted the application to be tabled for further discussion at the upcoming in-person meeting. Ms. Carrillo provided the Board with the regulatory reference, 12 AAC 16.048 on page 11 of the statutes and regulations. Since the entity is not listed under the said regulation, the Board discussed the entity applying for approval via a written request.

On a motion duly made by Edward Barrington, seconded by James Heston, and approved unanimously, it was

RESOLVED to invite the International Academy of Chiropractic Neurology to submit a written request for board approval.

TASK:

Ms. Carrillo will contact the International Academy of Chiropractic Neurology to inform them that they can submit a written request to be added to 12 AAC 16.047 per 12 AAC 16.048(8)(c).

Groupon

Hearing nothing further on specialty designation applications, Dr. Heston moved to discussion on Groupon, an advertising service that offers coupons for discounted services. Dr. Heston noted that few states address fee-splitting, and pointed to a print-out provided by Ms. Carrillo regarding the Department of Health and Human Resources' Office of the Inspector General's opinion on Groupon in relation to fee-splitting. Ms. Carrillo addressed page 2 of the article, which reads:

“...the Oregon Board of Chiropractic Examiners issued a statement on July 25th, 2011, unequivocally advising its members that ‘Groupon-type fee splitting arrangements are prohibited for chiropractic physicians’”.

Dr. Barrington commented that he had contacted the Alabama Board—which does not have any specific state ruling against fee-splitting—and who are advising its chiropractors that this has become a federal issue, and discourages engaging in such advertisements as it may interfere with the ability to treat patients in federally-funded programs. Dr. Barrington added that Groupon advertising has decreased as a result of Alabama's notices.

TASK:

Dr. Barrington will continue to work on the position statement for advertising of free services.

Senate Bill 69

Hearing nothing further on Groupon, Dr. Barrington addressed SB69 and informed the Board that the past legislative session didn't yield a decision on the proposed changes. Dr. Barrington added that he would be following up with the Alaska Chiropractic Society in regards to inclusion into AS 08.01.050(d), as well as Board utilization of the national background check. The Board then discussed the fiscal note in the bill, which includes a \$700 estimated fee for chiropractic assistants. Dr. Heston also addressed the FY16 analysis, which gives a figure of \$57,000 in personal expenses. The Board was unsure of the implications or rationality behind these figures.

TASK:

Dr. Barrington will contact the Alaska Chiropractic Society for further information on the fiscal note included in SB69.

Honorariums

Dr. Heston moved to discussion on honorariums, which the Board understood they could receive for participating in proctoring and developing of exams for the National Board of Chiropractic Examiners. Dr. Heston addressed a previous opinion from 2012, which stated that receiving honorariums is not considered an ethics violation. More recently, however, a travel policy, AAM 60.230, seems to supersede the previous opinion, which states that:

“The traveler is only entitled to reimbursement for travel expenses, per diem or other expense allowances...The travelers may not accept honorariums as long as they are traveling for and representing the state”.

It was clarified that this policy applies to both State employees and Board members, as the Board represents the State on travel. Dr. Heston stated that he would continue to seek further discussion on honorariums.

Iovera

Dr. Bill McAfee, D.C., Dr. John Shannon, D.C., and company (Karen McAfee, Amy Welch, Esq, and another individual) joined the room at 10:15 a.m.

Dr. Bill McAfee, D.C., Dr. John Shannon, D.C., and company (Karen McAfee, Amy Welch, Esq, and another individual) left the room at 11:40 a.m.

Hearing nothing further on honorariums, Dr. Heston moved to discussion on Iovera, for which Drs. McAfee and Shannon joined the meeting to present a testimony in favor of utilizing the device. Chair, Dr. Heston reiterated that the testimony should last 15-minutes, and asserted that the Board would not be engaging in dialogue regarding this matter.

Testimony:

Dr. McAfee introduced himself and stated his credentials, which includes a B.A. in physical education, minor in education, B.A. in general science, M.S. in exercise physiology, M.S. in sports medicine, D.C., Certified advanced practice chiropractic physician, and a certified provider of manipulation under anesthesia. He also added that he is currently participating in a fellowship with the American Academy of Clinical Electrodiagnosis. Dr. McAfee then declared that the Board of Chiropractic Examiners had wronged him.

Dr. McAfee stated that he had invested hundreds of hours in education and training with Myoscience in order to administer their new technology, a cryotherapy device called Iovera.

Dr. McAfee explained that through the application of cold, Iovera facilitates Wallerian degeneration of peripheral nerves that are responsible for the transmission of pain. He added that it is an FDA-approved procedure, which lasts 10-15 minutes and provides chronic pain sufferers with the hope of pain relief. In regards to communication between Myoscience and the Board via Ms. Carrillo, Dr. McAfee stated that after Myoscience had contacted Ms. Carrillo regarding whether the device was within the scope of his chiropractic practice, Ms. Carrillo informed Myoscience that Iovera would be brought to discussion at the Board's next meeting (September 18th). Ms. Carrillo later informed Myoscience that administering the device was not within the scope. Dr. McAfee alleged that Ms. Carrillo's response to Myoscience destroyed a relationship that took thousands of dollars and thousands of miles in travel to cultivate. Dr. McAfee further stated that Ms. Carrillo made him look like a liar and a fool, which in doing so, resulted in Myoscience withdrawing their potential business arrangement with him. Dr. McAfee added that in subsequent e-mails, he had inquired whether the decision was based on puncturing of the skin, the use of cold, or lidocaine, to which Ms. Carrillo responded that the determining factor was the use of lidocaine. Dr. McAfee then informed the board that he had clarified that he does not use anesthetics, and that the procedure neither requires it. He then stated that he informed Ms. Carrillo that his business opportunity could be salvaged if she contacted Myoscience with a statement that the device is within the scope. Dr. McAfee stated that Ms. Carrillo did not respond, consequently sealing her destruction of his business plan.

Dr. McAfee then addressed AS 08.20.900 to support his interpretation that Iovera is in fact within the scope of his practice. In expounding upon AS 08.20.900(9)(C), Dr. McAfee prompted the Board to assess the limitations on acceptable cryotherapy procedures within the spectrum of cold temperatures. He asked the Board where the line should be drawn, and emphasized that the decision should be made by a properly trained physician. Dr. McAfee stated that he does have the proper training, and pointed out that the Board allows laser therapy, nerve conduction therapy, needle EMG studies, disc decompression, orthotic therapy—none of which are explicitly mentioned in the chiropractic scope, yet according to Dr. McAfee, the Board is preventing a highly trained chiropractic physician from utilizing cryotherapy, which is specifically allowed in the scope. Dr. McAfee asserted that unless all of the nuances of the aforementioned modalities are explicitly defined in detail and included in the scope, chiropractors should not be able to practice any of these approaches. Dr. McAfee added that unless the Board determines that Iovera can be used, or enforces restrictions on other modalities, he and Dr. Shannon will file complaints against every chiropractor who is practicing those modalities.

Dr. McAfee then pointed out that piercing of the skin is not an issue, as one of the Board members pierces the skin daily. Dr. McAfee then referenced the March 3rd, 2015 Supreme Court case regarding the FDC versus North Carolina via the Dentistry Board, in which it

was emphasized that a Board entity can only legally intervene in a profession's trade practices in two circumstances; in the issue of public safety, and for the sovereignty of the state. Dr. McAfee asserted that neither of these are an issue in the Iovera situation. He then reference a notice put out by the FDC, which warns state agencies, Boards, attorney generals, legislators and other state staff against restricting trade practices. The notice further stated that a professional who has received the same amount of training as another professional who has been cleared to provide a service should also be able to provide that same service. Dr. McAfee reiterated that the Board had no authority to interject their personal opinions or practices on determining his scope of practice.

Dr. McAfee then informed the Board that he and Dr. Shannon are highly trained professionals who have become two of only 70 chiropractic physicians to receive a federal DEA#. Dr. McAfee then described the procedure as using the application of cold to create Wallerian degeneration, which thereby destroys tissue to allow regeneration of nerves. He further added that there is no permanent nerve damage, and that it temporarily blocks nerve pain transmission for a period between several weeks to 6 months. Dr. McAfee reiterated that the procedure has been FDA-approved and that results are experienced within 10 minutes of the procedure. He further explained that the device is about the size of an electronic toothbrush and contains nitrous oxide, which cycles through an injecting tip with three needles, creates a ball of cold ice, and initiates pain nerve degeneration. Dr. McAfee stated that the results are successful relative to systemic medication, which accomplishes the goal of preventing reliance upon prescription medication. Dr. McAfee then asserted that no anesthetic is required to administer the device, and informed the Board that many physicians are administering this device without anesthetics. Dr. McAfee then asked the Board if they had any questions, and thanked the Board for their time. In closing, he informed the board that this was a time-sensitive situation, and as he initially brought the device to Alaska—which is now being used by other physicians—he feels this opportunity can be restored if the Board opines in their favor.

Dr. Holt then inquired about the cost of the procedure, to which Dr. McAfee responded that it is about \$400-\$500 for the device, and that the procedure is about \$1,000. Dr. Shannon inquired to the Board whether further discussion would be made, to which Dr. Heston informed the party that the discussion would continue immediately, but that Drs. McAfee and Shannon could not participate as they have already given their testimony.

Board discussion:

Dr. Heston informed the Board that he had been in correspondence with Myoscience, and referenced a letter from the Director of Product Development, Jessica Preciado, who stated to Dr. Heston that anesthetic is used as part of the treatment to ensure the comfort of the patient, and of which the amount and type of anesthetic is up to the discretion of the

physician. Dr. Heston added that he had seen the videos of Iovera, and have reviewed the type of anesthetic recommended for the procedure. In reiterating the principal scientist's assertion that anesthetic is part of the procedure, Dr. Heston commented that the information given by Myoscience is in contradiction to the testimony given by Dr. McAfee in regards to analgesics. Dr. Heston also commented on the fact that Dr. McAfee and Dr. Shannon have DEA#'s, which no other Alaska-licensed chiropractor has in this state, and questioned why a chiropractor would need to have dispensing authority in order to practice. Dr. Campbell inquired what the violation would be if a chiropractor would not be injecting anesthetics, to which the Board discussed piercing of the skin. There was some disagreement as to whether piercing of the skin is a violation of the chiropractic scope of practice, as it is not explicitly stated in the statutes and regulations. The Board reviewed the statutes and regulations, particularly AS 08.20.900.

Christine Hill left the room at 10:48 a.m.

Christine Hill joined the room at 10:52 a.m.

Dr. Barrington commented that he had went before the Board in 1991 to present his favor of incorporating needle EMG's, which ultimately was approved because the Board had determined that it was not intended for therapeutic purposes. In addition, Dr. Barrington stated that the statutes and regulations changed in 1988 to prohibit acupuncture, and as such, the Board's interpretation has been that if a procedure is not intended for therapeutic purposes—but for diagnostic purposes—a procedure was acceptable. Dr. Barrington then stated that permitting certain procedures can be based on merit of previous Board decisions, but that changing the scope of practice can be difficult in legislation.

Dr. Holt then addressed DEA#'s, to which Dr. Barrington commented that DEA#'s are received by participating in an advanced chiropractic practitioner credentialing in New Mexico. Dr. Heston commented that DEA#'s are advantageous in New Mexico, not Alaska. Dr. Heston further added that DEA#'s are not required to practice as a chiropractic physician in Alaska, under which the scope of practice doesn't necessitate being granted prescriptive authority; there are no other Alaska-licensed chiropractic physicians with DEA#'s, nor are there any advanced chiropractic practitioners. The Board then discussed the contention between the acupuncture board and the physical therapy board, as the former doesn't condone physical therapists' use of therapeutic needles. The Board continued to discuss needles in relation to scope of practice.

Dr. Campbell then disclosed that he had purchased 5% of Dr. McAfee's clinic about a year and a half ago, and that he would be recusing himself from voting on Iovera. Dr. Campbell further added that in his interpretation, administering Iovera—if used without lidocaine—does not seem to fall outside the scope. Dr. Heston responded that the correspondence

between himself and the principal scientist asserted that lidocaine is part of the procedure, and noted that, similarly, in the initial correspondence between Myoscience representative, Erin Miller asked Ms. Carrillo if it was within the scope of practice to inject lidocaine. Christine Hill commented on the evolution of the chiropractic industry, and that chiropractors should be able to utilize and explore a variety of modalities such as acupuncture and physical therapy for the benefit of the public. Dr. Heston commented that piercing the skin with a needle is considered by law a type of surgical procedure, and is not permitted under 08.20.900(5). Dr. Barrington also added that injections can be billed under surgery. Dr. Heston inquired to the Board whether they believe cosmetic injections are in the scope of chiropractic practice. The Board continued to deliberate on surgery, injecting and piercing the skin.

Legal counsel, Amy Welch shared with the Board some correspondence from Myoscience Sales Manager, Erin Miller and dated August 5th, 2015, who asked Drs. McAfee and Shannon if they would like to administer Iovera without the use of lidocaine. Dr. Heston noted that this was in contrast to what was he had been told, and reiterated that he had spoken with the principal scientist who stated that lidocaine is part of the procedure.

Walter Campbell left the room at 11:20 a.m.

Walter Campbell joined the room at 11:25 a.m.

Dr. Heston and Dr. Barrington discussed analgesics, and asked Dr. McAfee how he would administer Iovera without the use of lidocaine, to which he responded that he would use cold spray. Dr. Holt inquired to Dr. McAfee where the injection site would be for treating a patient with a headache, to which Dr. McAfee stated that he would inject in the suboccipital ridge. Dr. Heston prompted the Board to begin voting.

Dr. Barrington initiated a motion to approve Iovera, which was seconded by Christine Hill, however, Dr. Heston voted to deny, and Drs. Holt and Campbell recused. The Board tabled voting on Iovera until their next teleconference.

Task:

Dr. Heston will contact Myoscience for clarification on whether lidocaine is *required* for administering Iovera, and if cold spray can be used.

Agenda Item 7 Investigative Report

Time: 11:35 a.m.

The Board's investigator, Brian Howes joined the room to present his investigative report, which included activity from 04/14/2015 to 09/03/2015. There were 3 open actions, 1

neurology training and pediatric diplomate program, respectively. Other speakers will include instructors from Florida Chiropractic. Sheri added that the following course was approved:

- CCSP Management of the Extremities - Part 2 on Jan 15th – January 17th, 2016

Sheri also informed the Board that she had been in contact with the Alaska Physical Therapy Board, which intends on pursuing title protection of “physiotherapy” under their practice act.

Agenda Item 11 FCLB/NBCE Update

Time: 1:20 p.m.

Hearing nothing further on ACS updates, the Board moved to discussion on FCLB updates. Dr. Holt will be participating in administering the NBCE Part IV Exam on from November 13th-15th, 2015. Dr. Heston will be traveling to Coeur d’Alene, Idaho to participate in the FCLB district meeting on October 2-4th, 2015. Dr. Heston informed the Board that he had been tasked by the FCLB to present a discussion of different states and their statutes/regulations that do not permit prescription drugs and surgery within the profession, however, he expressed that he may not be presenting as this is currently a contentious topic in Alaska.

Dr. Heston also addressed Certified Clinical Chiropractic Assistants (CCCA), who stated that he was under the impression that other states were beginning to regulate assistants. According to Dr. Heston, only 3 states responded to their involvement with the CCA program; North Dakota does not have regulations set in place, but intends on accepting the program; Oklahoma recognizes the program; South Dakota accepts the program.

Ms. Carrillo asked for clarification on PACE approved courses. The Board clarified that PACE-approved courses, rather than any course provided by a PACE-approved provider should be accepted in regards to continuing education.

Agenda Item 12 Peer Review Committee

Time: 1:25 p.m.

The Board reviewed the Peer Review Committee roster. It was noted that three of the four members’ terms were ending on October 4th, 2015. Dr. Holt informed the Board that he had sent a welcome letter to Dr. Evan Frisk for his appointment to the committee. There were no peer review matters to review.

TASK:

Ms. Carrillo will send letters to the Peer Review members whose terms are ending to see if they would like to be reappointed.

Agenda Item 13 Public Comment**Time: 1:30 p.m.**

Hearing nothing further on Agenda Item #12, Dr. Heston moved to discussion on public comment. Dr. Heston informed the Board that the chair of the Alaska Board of Massage Therapy, Amanda Unser would be joining telephonically to explain to the Board that massage therapists employed in chiropractic clinics are being encouraged to practice massage as chiropractic assistants. Dr. Barrington inquired to Ms. Unser whether this is also a concern for physical therapists, to which Ms. Unser stated that massage is acceptable when performed in conjunction with physical therapy. Dr. Heston commented the Chiropractic Board may write a position statement on this, and Dr. Campbell suggested to Ms. Unser to contact the Physical Therapy Board as well. Dr. Campbell also informed Ms. Unser that chiropractic adjustment is not within the massage therapy scope, and for the Massage Therapy Board to make their licensees aware of this restriction.

Task:

Dr. Barrington will write a position statement on massage therapists practicing as chiropractic assistants.

Agenda Item 14 Position Statements**Time: 1:35 p.m.**

Dr. Barrington addressed position statements, and reiterated that he will be writing a position statement on sexual harassment (physical contact), advertising of free services (Groupon), and possibly a statement on massage therapy. The position statement on injectable nutrients is still tabled. Dr. Barrington addressed statute 08.20.170(8), which gives the Board discretionary power to address lewd or immoral conduct. In relation to fee-splitting, Dr. Barrington wrote a proposed definition revision for this statute, which was read as follows:

“...immoral or unprofessional conduct is defined as conduct which could violate standards of profession behavior, which through professional experiences, becomes established by consensus of the Board members as reasonably necessary for the protection of the public interest”.

Dr. Barrington commented that if defined as such, this could allow an open window for the Board to determine what circumstances are immoral or constitute unprofessional conduct, as is interpreted in the matter of Groupon-type advertising and illegal fee-splitting. The Board continued to discuss fee-splitting, and Dr. Heston commented to the Board that this would be included for discussion at the FCLB district meeting.

Dr. Heston motioned for break at 1:51 p.m.

Off Record at 1:51 p.m.

On Record at 1:57 p.m.

Agenda Item 15 Correspondence

Time: 1:57 p.m.

Ms. Carrillo distributed a hand-out from Steve Gray from the Chiropractic Digital Marketing Association. The Board determined that social media solicitation was not in line with public protection. The Board decided to refer this to the ACS.

TASK:

Ms. Carrillo will refer Steve Gray to the ACS.

Agenda Item 16 Administrative Business

Time: 2:00 p.m.

Hearing nothing further on correspondence, Dr. Heston moved to discussion on administrative business, and informed the Board that threatening letters had been received.

On a motion duly made by Dr. Barrington, and in accordance with AS 44.62.310, the Board moved to enter executive session for the purpose of discussing AS 44.62.310(4).

Off Record at 2:00 p.m.

On Record at 2:30 p.m.

The Board then moved to setting meeting dates. Ms. Carrillo advised the Board to keep in mind the financial report publication schedule when setting meeting dates, which are as follows:

1st Quarter (July – September) → Reports ready by the 15th of November

2nd Quarter (October – December) → Reports ready by end of January

3rd Quarter (January – March) → Reports ready by end of April

4th Quarter (April – June) → Reports ready by 15th of October.

The Board set subsequent meeting dates for FY16 as follows:

- October 8th, 2015 at 2:00 p.m. (*teleconference*)
- January 22nd, 2016 in Juneau
- May 20th, 2016 in Fairbanks
- October 7th, 2016 in Anchorage (*tentative*)

Task:

Ms. Carrillo will contact Boards and Commissions to correct the frequency of board meetings from 4 to 2.

The Board also acknowledged that Dr. Heston and Christine Hill's terms were ending on March 1st, 2016, and for the Board to look for a new public member.

Dr. Heston noted that Ms. Carrillo and one or two more Board delegates would attend the next FCLB/NBCE conference in Phoenix. Dr. Heston also stated to the Board that Christine Hill would be administering the jurisprudence exam to reinstatement applicant, Margaret Strickland after adjournment of the meeting.

It was noted that there were no wall certificates to be signed. The task list was briefly reviewed.

Agenda Item 17 Adjourn**Time: 2:50 p.m.**

On a motion duly made by Christine Hill, seconded by Daniel Holt, and approved unanimously, it was

RESOLVED to adjourn the meeting at 2:50 p.m.

Respectfully Submitted by:

Laura Carrillo
Licensing Examiners

Approved by:

Dr. James Heston, Chair
Alaska State Board of Chiropractic Examiners

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

BOARD OF CHIROPRACTIC EXAMINERS

MINUTES OF THE TELEPHONIC MEETING

Thursday, October 8th, 2015

These are DRAFT minutes prepared by the staff of the Division of Corporations, Business and Professional Licensing. These minutes have not been reviewed or approved by the Board.

By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article 6, a scheduled teleconference of the Board of Chiropractic Examiners was held at the State Office Building, 333 Willoughby Avenue, Thursday, October 8th, 2015, beginning at 2:01 p.m. The meeting was held in Conference Room B, 9th Floor, Juneau, Alaska.

Agenda Item 1 Call to Order/Roll Call

The meeting was called to order by Chair, James Heston at 2:01 p.m.

Board Members Present, constituting a quorum:

James Heston, Doctor of Chiropractic (telephonically)
Daniel Holt, Doctor of Chiropractic (telephonically)
Walter Campbell, Doctor of Chiropractic (telephonically)
Edward Barrington, Doctor of Chiropractic (telephonically)
Christine Hill, Public Member (telephonically)

Attending from the Division of Corporations, Business and Professional Licensing were:

Laura Carrillo, Licensing Examiner
Dawn Hannasch, Records & Licensing Supervisor
Sara Chambers, Operations Manager
Charles Ward, Paralegal
Harriet Dinagar, Attorney (telephonically)
Angela Birt, Chief Investigator (telephonically)
Brian Howes, Investigator (telephonically)

Attending (telephonically) from Myoscience were:

Tracey Henry, Vice President of Regulatory, Quality and Clinical
 Johanna Beckman, Vice President of Sales and Marketing
 Jessica Preciado, Principal Scientist and Director of Product Development

Attending from the profession or public:

Billy McAfee, Chiropractor (telephonically)
 Amy Welch, Associate Attorney (telephonically)

Agenda Item 2 Review Agenda

Time: 2:01 p.m.

Dr. Heston informed the Board that he would like to amend the agenda as Myoscience staff were already in attendance.

Agenda Item 5 Iovera

Time: 2:02 p.m.

Dr. Heston inquired to Myoscience whether Iovera^o is considered a surgical procedure, to which Tracey Henry responded that it is. Dr. Jessica Preciado also clarified that Iovera is considered a minimally invasive surgical procedure. Dr. Heston then asked whether injectable anesthetics were required, or if Iovera^o could be administered with the use of a topical cold spray. Dr. Preciado responded that although use of anesthetics doesn't affect the efficacy of the treatment, it is part of the training and is used for patient comfort. Dr. Preciado added that to her knowledge, cold spray has not been used as an analgesic, but that injectable anesthetics are typically used. Tracey Henry similarly responded that she was unaware of cold spray for anesthetic use.

Myoscience was then again inquired about whether Iovera^o is a surgical procedure, to which Dr. Preciado again clarified. Christine Hill commented that Myoscience had confirmed this earlier, after which time she asked if there was more information regarding cold spray. Dr. Preciado stated that as mentioned on the product label, some form of injectable anesthetic is used. Dr. Preciado further added that no purchaser of the device has been trained to use cold spray to date. Tracey Henry commented that use of anesthetics is ultimately up to the physician, and that to her knowledge, only one physician administers the device occasionally without the use of anesthetics when using the shorter needle tip. Ms. Henry added that to do so would be uncomfortable and difficult for the patient.

Dr. Heston then prompted Myoscience to clarify if they only sell Iovera^o to *physicians*, and if they would consider a *Chiropractic* physician as a physician. Dr. Preciado and Tracey Henry

stated that the device is only sold to physicians, and that chiropractors are not considered physicians according to the FDA definition of “physician”. Tracey Henry informed the board that they are legally only allowed to sell to physicians. Dr. Holt similarly inquired whether Iovera has been sold to chiropractic clinics in other states, to which Dr. Preciado reiterated that Iovera is only sold across the states to physicians and some specialty clinics, including those staffed by orthopedic surgeons.

Myoscience left the room telephonically at 2:08 p.m.

Agenda Item 3 Ethics

Time: 2:09 p.m.

Dr. Heston addressed ethics per the Executive Branch Ethics Act, AS 39.52, namely that Dr. Campbell was not to participate in discussion or to vote for or against Iovera°. Dr. Heston prompted Dr. Holt to make a statement regarding his participation at this teleconference meeting. Dr. Holt stated that since the previous meeting and after careful review, he had collected his thoughts and was ready to participate in discussion and voting at this meeting.

Agenda Item 4 Reinstatement

Time: 2:13 p.m.

Dr. Heston then informed the Board that he would like to go into executive session. Harriet Milks reminded the Board to be clear on record as to the reason for going to executive session. Dr. Heston commented that it was for the purpose of discussing reinstatement of a licensee under AS 44.62.310(c)(4).

On a motion duly made by, seconded by, Christine Hill, seconded by Daniel Holt and approved unanimously, it was:

RESOLVED to enter into executive session for the purpose of discussing reinstatement of a licensee under AS 44.62.310(c)(4).

No vote or decision was made during the executive session.

Off Record at 2:15 p.m.

On Record at 2:26 p.m.

Following executive session, Dr. Heston addressed Dr. Campbell as he was not previously connected to the teleconference at the time of initial discussion during Agenda Item #3. As the designated ethics supervisor, Dr. Heston reiterated to Dr. Campbell that since he recused himself from voting during the last meeting, he was not to participate in discussion or vote for or against Iovera°. Dr. Campbell agreed.

Agenda Item 5 Iovera**Time: 2:30 p.m.**

The Board returned to discussion on Iovera^o and informed the Board that after careful review of the audio from the previous meeting, he and the Division concluded that only a motion was made, not a vote. Dr. Campbell commented that after discussion with Myoscience, it appears as though the Board was only given partial information from the individuals who desired to administer this device. Dr. Barrington also reiterated that Myoscience doesn't acknowledge use of cold spray, and as such, the information persuaded him to change his vote from yes to no. Christine Hill agreed. Dr. McAfee then attempted to provide a response, to which Dr. Heston asserted he could not participate in the discussion.

Dr. Holt then reiterated the information previously provided by Myoscience that injectable anesthetics are used. Dr. Barrington then commented that this may be a matter better discussed best between Myoscience and the individuals who desired to use Iovera.

On a motion to approve use of Iovera within the scope of chiropractic made by Daniel Holt, seconded by, Christine Hill, and approved unanimously, it was:

RESOLVED to deny the use of Iovera^o within the scope of chiropractic.

Attorney, Harriet Milks commented that the Board's vote against Iovera^o may lead to a change in regulation to more clearly define surgery. Harriet Milks inquired whether the Board wanted to make any other vote in relation to the discussion of the device and its procedural practices as previously described by Myoscience. Christine Hill commented that legislators should take this matter upon themselves. Harriet Milks referenced the time when the Board was in discussion regarding injectable nutrients, and that the result of such discussion led to sending notices to the licensees. Ms. Milks suggested that the Board may want to delegate to the licensing examiner the task of drafting letters of the Board's determination on Iovera^o. Ms. Milks clarified that the Board could make a draft specifically stating what the letter would include, for which Ms. Carrillo could finalize and send it out. Dr. Heston commented that the letter would include something to the effect of Iovera^o being considered a surgical procedure that requires injectable anesthetics.

Dr. Barrington commented on his sentiment that the chiropractic profession would benefit from expanding to include advances in technology, to which the Board collectively agreed. Dr. Holt added that although advancement of the chiropractic profession is ideal, the procedure surrounding Iovera^o is currently not within the chiropractic scope. The Board discussed sending notices. Since the Board was ahead of schedule, Christine suggested allowing public comment to proceed immediately, followed by a revisit to public comment at the scheduled 3:30 p.m. time period.

Task:

The Board will work with examiner, Laura Carrillo to draft a letter in regards to Iovera^o

Agenda Item 6 Public Comment**Time: 2:42 p.m.**

Amy Welch, Associate Attorney for Drs. McAfee and Shannon addressed the Board's comment that they were misled by the two chiropractors at its previous meeting on September 18th, asserting that Drs. McAfee and Shannon were only acting based upon the information that was initially provided to them by Myoscience. Ms. Welch added that in fact, the information provided by Myoscience during this teleconference was in contrast to the information provided in earlier correspondence between the said company and Drs. McAfee and Shannon (chiropractors)—specifically that they were offered the device without the use of lidocaine. Amy Welch then commented that Myoscience was just simply throwing around the word “surgery”, adding that there are several definitions of surgery. Ms. Welch then inquired to the Board to clarify whether they were using the Chiropractic statutes/regulations' definition of surgery, or the definition of surgery as used by Myoscience. Ms. Welch asserted that the Board should be relying on its own definition of surgery under 12 AAC 16.990(5)(6), and that Iovera^o is not considered a surgical procedure within the stated regulation. Ms. Welch then addressed Myoscience's earlier comment that there is one *physician* who doesn't use anesthetics, therefore it is interpreted that administering Iovera^o doesn't specifically require an anesthetic.

Dr. McAfee then stated that the Board's comment about Drs. McAfee and Shannon being misleading is insulting. In invalidating the Board's assumption, Dr. McAfee referenced his direct communication with Myoscience, who had previously offered the device without the use of lidocaine. Dr. McAfee also stated that Myoscience previously informed him that there were multiple physicians across the country who were not administering Iovera^o with any analgesic. Dr. McAfee then commented on Iovera^o's placement into the many conflicting definitions of surgery, asserting that the device would be accepted within the general Alaska statutory definition.

Dr. Barrington commented that negative perception of Drs. McAfee and Shannon were unintentional, but that the matter appears to be best discussed between the chiropractors and Myoscience. Dr. McAfee responded that the Board was unable to make an informed decision because they lacked pertinent information regarding Iovera^o that otherwise could have been obtained had the Board allowed Dr. McAfee to provide clarification. Dr. McAfee specifically noted that Dr. Heston did not allow him to do so. Christine Hill expressed her regret in the decision made by the Board, but asserted that she felt comfortable with her informed decision. Dr. McAfee maintained that the Board did not make an informed

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Agenda Item #6

Board Business

- Ethics reporting
- Ratify new licenses
- Review goals and objectives
- SB 69
- ICBN
- Courtesy license 12 AAC 16.205
- Administrative hearing outcome
- Request for consideration (Iovera)
- New Board members

CONFIDENTIAL**ETHICS SUPERVISOR DETERMINATION FORM****(Board or Commission Member)**

Board or Commission: _____

Member Disclosing Potential Ethics Violation: _____

I have determined that the situation described on the attached ethics disclosure form

 does or would violate AS 39.52.110 - .190. Identify applicable statute below. does not or would not violate AS 39.52.110 - .190._____
Signature of Designated Ethics Supervisor (Chair)_____
Printed Name of Designated Ethics Supervisor

Date: _____

COMMENTS (Please attach a separate sheet for additional space):

Note: Disclosure Form must be attached. Under AS 39.52.220, if the chair or a majority of the board or commission, not including the disclosing member, determines that a violation of AS 39.52.110-39.52.190 will exist if the member participates, the member shall refrain from voting, deliberating, or participating in the matter. A member will not be liable under the Ethics Act for action in accordance with such a determination so long as the member has fully disclosed all facts reasonably necessary to the determination and the attorney general has not advised the member, chair, or board or commission that the action is a violation. Forward disclosures with determinations to the State Ethics Attorney as part of your quarterly report. Quarterly reports are submitted to Litigation Assistant, Opinions, Appeals & Ethics, Department of Law, 1031 W. 4th Avenue, Suite 200, Anchorage, AK 99501.

Revised 2012

MEMORANDUM**State of Alaska**
Department of Law

TO: _____ DATE: _____

FILE NO.: _____

TEL. NO.: _____

FROM: Angie White
Litigation Assistant
Department of Law
Opinions, Appeals, & Ethics Section

FAX: _____

SUBJECT: Executive Branch Ethics Act, AS
39.52 Quarterly Report
**[INSERT QUARTERLY DATE
RANGE]**

******SAMPLE LANGUAGE – PLEASE COPY ONLY THE PARTS THAT APPLY
ONTO YOUR BOARD OR COMMISSION’S LETTERHEAD ******

As designated ethics supervisor and chair [executive director] for the _____, I wish to advise you that I have received no notifications of potential violations or requests for ethics determinations under the Ethics Act (AS 39.52) and have made no written determinations for this quarter.

OR

As designated ethics supervisor and chair [executive director] for the _____, I have received ___ notification(s) of a potential violation and ___ requests for ethics determinations under the Ethics Act (AS 39.52) I have attached a copy of the notices and requests along with my written determination(s) for review by the attorney general. I did [did not] receive an advisory opinion from the Attorney General.

AND

Except as addressed above, no other [board member] [commissioner] disclosed a potential conflict of interest at a recorded public meeting during this quarter.

OR

In addition to the above, at the [date] meeting, [Board member] [Commissioner] _____ disclosed a potential conflict with respect to _____ [insert brief description]_____. *Insert disposition:* [S/He refrained from participation.] or [I determined s/he could [could not] participate.] or [The Board [Commission] members voted to permit [not to permit] participation.]

State of Alaska Department of Law

Who Is My Designated Ethics Supervisor?

Every state public officer, employee or board or commission member, has a designated ethics supervisor.

Executive Agencies

The ethics supervisor for each agency is the Commissioner or a senior manager to whom the Commissioner has delegated the function. The current ethics supervisor for each agency is listed below. The ethics supervisor for a Commissioner is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor.

Boards and Commissions

The Chair of each board and commission serves as the ethics supervisor for the other members and any executive director. The ethics supervisor for the Chair is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor. If a board or commission employs staff, the executive director serves as the ethics supervisor for these employees.

Public Corporations

The Chair of the board serves as the ethics supervisor for the other members of the board and any executive director. The executive director is the ethics supervisor for employees of the corporation.

Office of the Governor

The ethics supervisor for the Governor and Lieutenant Governor is the Attorney General. By delegation from the Governor, the ethics supervisor for the staff of the offices of the Governor and Lieutenant Governor is Guy Bell, Director of Administrative Services.

University of Alaska

By delegation of the University President, the ethics supervisor for university employees is Associate General Counsel Andy Harrington.

EXECUTIVE BRANCH AGENCIES

Administration: Leslie Ridle, Deputy Commissioner

Commerce, Community & Economic Development: Jon Bittner, Deputy Commissioner

Corrections: April Wilkerson, Director of Administrative Services

Education & Early Development: Les Morse, Deputy Commissioner

Environmental Conservation: Tom Cherian, Director of Administrative Services

Fish & Game: Kevin Brooks, Deputy Commissioner

Health & Social Services: Dallas Hargrave, Human Resource Manager

Labor & Workforce Development: Michael Monagle, Director, Division of Workers Compensation

Law: Jonathan Woodman, Assistant Attorney General

Military & Veterans Affairs: Marty Meyer, Special Assistant to Commissioner

Natural Resources: John Crowther, Inter-Governmental Coordinator

Public Safety: Terry Vrabec, Deputy Commissioner

Revenue: Dan DeBartolo, Administrative Services Director

Transportation & Public Facilities:

- Highways & Public Facilities: Steve Hatter, Deputy Commissioner
- Aviation: John Binder, Deputy Commissioner
- Central Region: Rob Campbell, Regional Director
- Northern Region: Rob Campbell, Acting Regional Director
- Southcoast Region: Acting Regional Director
- Alaska Marine Highway System: Michael Neussl, Deputy Commissioner
- Headquarters: Mary Siroky, Administrative Services Director

Updated April 2015

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161
State of Alaska © 2015 Webmaster

State of Alaska

Department of Law

Ethics Information for Members of Boards & Commissions (AS 39.52)

Introduction

This is an introduction to AS 39.52, the Alaska Executive Branch Ethics Act. This guide is not a substitute for reading the law and its regulations. State board and commission members who have further questions should contact their board chair or staff.

The Ethics Act applies to all current and former executive branch public employees and members of statutorily created boards and commissions.

Scope of Ethics Act (AS 39.52.110)

Service on a state board or commission is a public trust. The Ethics Act prohibits substantial and material conflicts of interest. Further, board or commission members, and their immediate family, may not improperly benefit, financially or personally, from their actions as board or commission members. The Act does not, however, discourage independent pursuits, and it recognizes that minor and inconsequential conflicts of interest are unavoidable.

Misuse of Official Position (AS 39.52.120)

Members of boards or commissions may not use their positions for personal gain or to give an unwarranted benefit or treatment to any person. For example, board members may not:

- use their official positions to secure employment or contracts;
- accept compensation from anyone other than the State for performing official duties;
- use State time, equipment, property or facilities for their own personal or financial benefit or for partisan political purposes;
- take or withhold official action on a matter in which they have a personal or financial interest; or
- coerce subordinates for their personal or financial benefit.
- attempt to influence outcome of an administrative hearing by privately contacting the hearing officer.



Terry knew that a proposal that was before the board would harm Terry's business competitor. Instead of publicly disclosing the matter and requesting recusal, Terry voted on the proposal.



Board member Mick has board staff employee Bob type an article for him that Mick hopes to sell to an Alaskan magazine. Bob types the article on State time.

Improper Gifts (AS 39.52.130)

A board member may not solicit or accept gifts if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. "Gifts" include money, items of value, services, loans, travel, entertainment, hospitality, and employment. All gifts from registered lobbyists are presumed to be improper, unless the giver is immediate family of the person receiving the gift.

A gift worth more than \$150 to a board member or the board member's immediate family must be reported within 30 days if:

- the board member can take official action that can affect the giver, or
- the gift is given to the board member because he or she is on a state board.

The receipt of a gift worth less than \$150 may be prohibited if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. Receipt of such a gift should be disclosed.

Any gift received from another government, regardless of value, must be reported; the board member will be advised as to the disposition of this gift.

A form for reporting gifts is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff.

This restriction on gifts does not apply to lawful campaign contributions.



The commission is reviewing Roy's proposal for an expansion of his business. Roy invites all the board members out to dinner at an expensive restaurant. He says it will be okay, since he isn't excluding any of the members.



Jody receives a holiday gift every year from Sam. Jody was recently appointed to a state board, but Sam has no business that is before the board. Jody may accept the gift.

Improper Use or Disclosure of Information (AS 39.52.140)

No former or current member of a board may use or disclose any information acquired from participation on the board if that use or disclosure could result in a financial or personal benefit to the board member (or immediate family), unless that information has already been disseminated to the public. Board members are also prohibited from disclosing confidential information, unless authorized to do so.



Sheila has been on the board for several years. She feels she has learned a great deal of general information about how to have a successful business venture. So she sets up her own business and does well.



Delores has always advised and assisted the other doctors in her clinic on their continuing education requirements. After Delores is appointed to the medical board, she discloses this role to the board and continues to advise the doctors in her clinic.



Jim reviews a confidential investigation report in a licensing matter. He discusses the practitioner's violation with a colleague who is not a board member.

Improper Influence in State Grants, Contracts, Leases or Loans (AS 39.52.150)

A board member, or immediate family, may not apply for, or have an interest in a State grant, contract, lease, or loan, if the board awards or takes action to administer the State grant, contract, lease, or loan.

A board member (or immediate family) may apply for or be a party to a competitively solicited State grant, contract or lease, if the board as a body does not award or administer the grant, contract, or lease and so long as the board member does not take official action regarding the grant, contract, or lease.

A board member (or immediate family) may apply for and receive a State loan that is generally available to the public and has fixed eligibility standards, so long as the board member does not take (or withhold) official action affecting the loan's award or administration.

Board members must report to the board chair any personal or financial interest (or that of immediate family) in a State grant, contract, lease or loan that is awarded or administered by the agency the board member serves. A form for this purpose is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff.



John sits on a board that awards state grants. John hasn't seen his daughter for nearly ten years so he figures that it doesn't matter when her grant application comes up before the board.



The board wants to contract out for an analysis of the board's decisions over the last ten years. Board member Kim would like the contract since she has been on the board for ten years and feels she could do a good job.

Improper Representation (AS 39.52.160)

A board or commission member may not represent, advise, or assist a person in matters pending before the board or commission for compensation. A nonsalaried board or commission member may represent, advise, or assist in matters in which the member has an interest that is regulated by the member's own board or commission, if the member acts in accordance with AS 39.52.220 by disclosing the involvement in writing and on the public record, and refraining from all participation and voting on the matter. This section does not allow a board member to engage in any conduct that would violate a different section of the Ethics Act.



Susan sits on the licensing board for her own profession. She will represent herself and her business partner in a licensing matter. She discloses this situation to the board and refrains from participation in the board's discussions and determinations regarding the matter.

Restriction on Employment After Leaving State Service (AS 39.52.180)

For two years after leaving a board, a former board member may not provide advice or work for compensation on any matter in which the former member personally and substantially participated while serving on the board. This prohibition applies to cases, proceedings, applications, contracts, legislative bills, regulations, and similar matters. This section does not prohibit a State agency from contracting directly with a former board member.

With the approval of the Attorney General, the board chair may waive the above prohibition if a determination is made that the public interest is not jeopardized.

Former members of the governing boards of public corporations and former members of boards and commissions that have regulation-adoption authority, except those covered by the centralized licensing provisions of AS 08.01, may not lobby for pay for one year.



The board has arranged for an extensive study of the effects of the Department's programs. Andy, a board member, did most of the liaison work with the contractor selected by the board, including some negotiations about the scope of the study. Andy quits the board and goes to work for the contractor, working on the study of the effects of the Department's programs.



Andy takes the job, but specifies that he will have to work on another project.

Aiding a Violation Prohibited (AS 39.52.190)

Aiding another public officer to violate the Ethics Act is prohibited.

Agency Policies (AS 39.52.920)

Subject to the Attorney General's review, a board may adopt additional written policies further limiting personal or financial interests of board members.

Disclosure Procedures

DECLARATION OF POTENTIAL VIOLATIONS BY MEMBERS OF BOARDS OR COMMISSIONS (AS 39.52.220)

A board member whose interests or activities could result in a violation of the Ethics Act if the member participates in board action must disclose the matter on the public record and in writing to the board chair who determines whether a violation exists. A form for this purpose is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff. If another board member objects to the chair's ruling or if the chair discloses a potential conflict, the board members at the meeting (excluding the involved member) vote on the matter. If the chair or the board determines a violation will occur, the member must refrain from deliberating, voting, or participating in the matter. For more information, see Ethics Act Procedures for Boards and Commissions available at the above noted web site.

When determining whether a board member's involvement in a matter may violate the Ethics Act, either the chair or the board or commission itself may request guidance from the Attorney General.

ATTORNEY GENERAL'S ADVICE (AS 39.52.240-250)

A board chair or a board itself may request a written advisory opinion from the Attorney General interpreting the Ethics Act. A former board member may also request a written advice from the Attorney General. These opinions are confidential. Versions of opinions without identifying information may be made available to the public.

REPORTS BY THIRD PARTIES (AS 39.52.230)

A third party may report a suspected violation of the Ethics Act by a board member in writing and under oath to the chair of a board or commission. The chair will give a copy to the board member and to the Attorney General and review the report to determine whether a violation may or does exist. If the chair determines a violation exists, the board member will be asked to refrain from deliberating, voting, or participating in the matter.

Complaints, Hearings, and Enforcement

COMPLAINTS (AS 39.52.310-330)

Any person may file a complaint with the Attorney General about the conduct of a current or former board member. Complaints must be written and signed under oath. The Attorney General may also initiate complaints based on information provided by a board. A copy of the complaint will be sent to the board member who is the subject of the complaint and to the Personnel Board.

All complaints are reviewed by the Attorney General. If the Attorney General determines that the complaint does not warrant investigation, the complainant and the board member will be notified of the dismissal. The Attorney General may refer a complaint to the board member's chair for resolution.

After investigation, the Attorney General may dismiss a complaint for lack of probable cause to believe a violation occurred or recommend corrective action. The complainant and board member will be promptly notified of this decision.

Alternatively, if probable cause exists, the Attorney General may initiate a formal proceeding by serving the board or commission member with an accusation alleging a violation of the Ethics Act. Complaints or accusations may also be resolved by settlement with the subject.

CONFIDENTIALITY (AS 39.52.340)

Complaints and investigations prior to formal proceedings are confidential. If the Attorney General finds evidence of probable criminal activity, the appropriate law enforcement agency shall be notified.

HEARINGS (AS 39.52.350-360)

An accusation by the Attorney General of an alleged violation may result in a hearing. An administrative law judge from the state's Office of Administrative Hearings serves as hearing officer and determines the time, place and other matters. The parties to the proceeding are the Attorney General, acting as prosecutor, and the accused public officer, who may be represented by an attorney. Within 30 days after the hearing, the hearing officer files a report with the Personnel Board and provides a copy to the parties.

PERSONNEL BOARD ACTION (AS 39.52.370)

The Personnel Board reviews the hearing officer's report and is responsible for determining whether a violation occurred and for imposing penalties. An appeal may be filed by the board member in the Superior Court.

PENALTIES (AS 39.52.410-460)

When the Personnel Board determines a board member has violated the Ethics Act, it will order the member to refrain from voting, deliberating, or participating in the matter. The Personnel Board may also order restitution and may recommend that the board member be removed from the board or commission. If a recommendation of removal is made, the appointing authority will immediately remove the member.

If the Personnel Board finds that a former board member violated the Ethics Act, it will issue a public statement about the case and will ask the Attorney General to pursue appropriate additional legal remedies.

State grants, contracts, and leases awarded in violation of the Ethics Act are voidable. Loans given in violation of the Ethics Act may be made immediately payable.

Fees, gifts, or compensation received in violation of the Ethics Act may be recovered by the Attorney General.

The Personnel Board may impose a fine of up to \$5,000 for each violation of the Ethics Act. In addition, a board member may be required to pay up to twice the financial benefit received in violation of the Ethics Act.

Criminal penalties are in addition to the civil penalties listed above.

DEFINITIONS (AS 39.52.960)

Please keep the following definitions in mind:

Benefit - anything that is to a person's advantage regardless financial interest or from which a person hopes to gain in any way.

Board or Commission - a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch, including the Alaska Railroad Corporation.

Designated Ethics Supervisor - the chair or acting chair of the board or commission for all board or commission members and for executive directors; for staff members, the executive director is the designated ethics supervisor.

Financial Interest - any property, ownership, management, professional, or private interest from which a board or commission member or the board or commission member's immediate family receives or expects to receive a financial benefit. Holding a position in a business, such as officer, director, partner, or employee, also creates a financial interest in a business.

Immediate Family - spouse; another person cohabiting with the person in a conjugal relationship that is not a legal marriage; a child, including a stepchild and an adoptive child; a parent, sibling, grandparent, aunt, or uncle of the person; and a parent or sibling of the person's spouse.

Official Action - advice, participation, or assistance, including, for example, a recommendation, decision, approval, disapproval, vote, or other similar action, including inaction, by a public officer.

Personal Interest - the interest or involvement of a board or commission member (or immediate family) in any organization or political party from which a person or organization receives a benefit.

For further information and disclosure forms, visit our Executive Branch Ethics web site or please contact:

State Ethics Attorney
Alaska Department of Law
1031 West 4th Avenue, Suite 200
Anchorage, Alaska 99501-5903
(907) 269-5100
attorney.general@alaska.gov

Revised 9/2013

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161
State of Alaska © 2015 Webmaster

State of Alaska
Department of Law
Executive Branch Ethics Act

Responsibilities of Designated Ethics Supervisors for Boards and Commissions

Boards and commissions subject to the Ethics Act have designated ethics supervisors. The chair serves as the designated ethics supervisor for board or commission members and the executive director. The executive director is the designated ethics supervisor for staff. The designated ethics supervisor for a chair is the governor, who has delegated this responsibility to Guy Bell, Administrative Director of the Office of the Governor.

Designated ethics supervisors should refer to the Manual for Designated Ethics Supervisors (April 2008), available from the state ethics attorney, regarding their responsibilities under the Ethics Act. Briefly, as designated ethics supervisor, you must --

1. Ensure that members and employees are provided copies of the guides, Ethics Information for Members of Boards and Commissions and Ethics Act Procedures for Boards and Commissions -- and keep a supply of disclosure forms.
 1. These guides, other educational materials, disclosure forms, statutes and regulations are available for review and copying on the Department of Law ethics web site. If access to this page is not available, please contact the Attorney General's office at 269-7195.
2. Review all disclosures, investigate potential ethics violations, make determinations regarding conduct, and take action.
3. Keep member or employee disclosure statements (of potential violations, receipt of gifts, and interests in grants/contracts/leases/loans) on file in your office. Disclosure of a gift received from another government must be forwarded to the Office of the Governor.
4. Submit an ethics report to the Department of Law in April, July, October and January for the preceding quarter. You will receive a reminder. There is a sample report on the ethics web page.
 1. Mail, email or fax to Kim Halstead, Litigation Assistant, Department of Law, Opinions, Appeals & Ethics Section, 1031 W. 4th Avenue, Suite 200, Anchorage, AK, 99501, ethicsreporting@alaska.gov, fax no. 907-279-2834.

You may request ethics advice from your agency's Assistant Attorney General or from the State Ethics Attorney, Jon Woodman, at 269-5100 or jonathan.woodman@alaska.gov. Please direct questions about reporting procedures to Kim Halstead at 269-7195 or kimberly.halstead@alaska.gov.

6/14

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161
State of Alaska © 2015 Webmaster

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

STATE OF ALASKA
BOARD OF CHIROPRACTIC EXAMINERS

Ratify Licenses

January 22nd, 2016

Licensee Name (From September 18 th , 2015 Examination)
Erin Cavanaugh
Kyle Hanford
April Hudson
Tara Koeckritz
John Lloyd
Dana-August Manelick
Linda Nam

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

List the board's FY16 goals and objectives. Include any strengths, weaknesses, opportunities, and threats, as well as any resources needed:

Goal 1: Carry out assigned duties of the board:

- Objective 1:* Conduct a minimum of three board meetings a year and rotate the location of the meetings between different regions of the state.
- Objective 2:* Continue licensing chiropractic physicians and processing applications in a timely manner.
- Objective 3:* Review investigative reports, monitor disciplinary actions and provide professional direction to Division investigative staff regarding disciplinary actions, probation matters, criminal history record information and chiropractic practice.
- Objective 4:* Utilize the National Board of Chiropractic Examiners (NBCE) Special Purposes Examination for Chiropractic (SPEC) and Ethics & Boundaries Examination (E&B) in memorandum of agreements.
- Objective 5:* Continue to review and process requests for continuing education credit approval in a timely manner.
- Objective 6:* Continue to administer the jurisprudence exam concurrent with Board meetings and to include candidate interviews as part of the examination.

Goal 2: Provide information regarding board activities to the profession and the public.

- Objective 1:* Inform all licensees of any pending regulation changes in the customary manner.
- Objective 2:* Provide a public comment period at each meeting.
- Objective 3:* Address concerns presented by licensees and the public at each meeting.
- Objective 4:* Provide copies of agendas and/or minutes of the meetings to all who request them.
- Objective 5:* Continue to work with other licensing boards, at both the district and national level.
- Objective 6:* Continue to address the reporting requirements for domestic violence and sexual assault.
- Objective 7:* Support efforts to educate the public regarding the benefit of chiropractic care as a health care form.
- Objective 8:* Raise awareness regarding public health, emergency training, hazardous materials and OSHA requirements.
- Objective 9:* Ensure current information is available on the Board website through

regular updates by staff and regular monitoring by Board members.

Goal 3: Continue affiliation with the Alaska Chiropractic Society (ACS) to work cooperatively in the best interest of the profession and the public.

- Objective 1:* Encourage regular Alaska Chiropractic Society (ACS) participation at Board meetings.
- Objective 2:* Support the Alaska Chiropractic Society (ACS) in its efforts to provide information to the profession and the public.
- Objective 3:* Support the Alaska Chiropractic Society (ACS) in its efforts in pursuing statutory changes relevant to the profession and public safety.
- Objective 4:* Support the Alaska Chiropractic Society (ACS) in pursuing statutory authority for licensing chiropractic assistants, technicians and interns/preceptors.
- Objective 5:* Support the Alaska Chiropractic Society (ACS) in its efforts in pursuing a statutory change to allow for animal chiropractic in cooperation with the Veterinary Board.

Goal 4: Access and evaluate regulations.

- Objective 1:* Continue to assess and evaluate continuing education requirements.
- Objective 2:* Continue to assess and evaluate radiological safety, professional ethics and boundaries, public health and emergency training.
- Objective 3:* Proactively make recommendations through regulations to anticipate changes in the health industry.

Goal 5: Assess and evaluate the review process available through the Peer Review Committee.

- Objective 1:* Refine procedures for committee review of cases and the reporting process; consider establishing criteria (guidelines) for utilization review under 12 AAC 1 6.430.
- Objective 2:* Direct review inquiries to the committee.
- Objective 3:* Keep the committee roster fully staffed with three chiropractors and one public member at all times.

Goal 6: Continue affiliation with the Federation of chiropractic Licensing Boards (FCLB), The National Board of Chiropractic Examiners (NBCE), the Association of Chiropractic Board Administrators (ACBA), and the Council on Chiropractic Education (CCE), as well as the Council on Licensure, Enforcement and Regulation (CLEAR) and the Federation Of Associations of Regulatory Boards (FARB):

- Objective 1:* Promote attendance of Board members and staff at district and annual meetings of the FCLB and NBCE in order to provide input and obtain information at both national and state levels regarding matters impacting Alaska Chiropractors.
- Objective 2:* Work with the FCLB on maintaining a listing of Alaskan Chiropractors on the National Database (CIN-BAD).
- Objective 3:* Promote attendance of Board members at the semi-annual NBCE Part IV Examinations and Part IV Examination Review committee meetings of the NBCE to provide input and obtain information on the Exams required for chiropractic licensure in Alaska.
- Objective 4:* Promote attendance of the Licensing Examiner at the annual meetings of the ACBA and FCLB to provide input and obtain information at both national and state levels regarding matters impacting the regulation and licensure of Alaskan Chiropractors.
- Objective 5:* Promote attendance by Board members and staff at the annual CLEAR and/or FARB conferences.

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Chair:
Senate State Affairs Committee

Member:
Resources Committee
Health & Social Services Committee
Finance Subcommittees on:
Department of Fish and Game
Department of Administration
Department of Public Safety



BILL STOLTZE
STATE SENATOR
Senator.Bill.Stoltze@akleg.gov

Session:
Alaska State Capitol, Rm 125
Juneau, AK 99801-1182
Phone: (907) 465-4958
Fax: (907) 465-4928

District:
600 E. Railroad Ave.
Wasilla, AK 99654
Phone: (907) 376-4958
Fax: (907) 376-4928

Toll Free: 1-866-465-4958

Sectional Analysis for Senate Bill 69

By Senator Bill Stoltze

“An Act relating to the Board of Chiropractic Examiners and the practice of chiropractic.”

Section 1: Amends AS 08.20.055 by adding new language allowing the board to adopt regulations for chiropractic interns and preceptors, chiropractic clinical assistants, and performance of patient examinations.

Section 2: Amends AS 08.20.100(b) clarifying how chiropractors can accept referrals, allowing chiropractors to perform school physicals, and allowing the employment of certified chiropractic clinical assistants, interns, and preceptors.

Section 3: Adds new subsection to AS 08.20.100 exempting from this section chiropractic interns under certain conditions.

Section 4: Amends AS 08.20.160 regarding the requirements for temporary permits.

Section 5: Adds new section to AS 08.20 regarding chiropractic clinical assistants.

Section 6: Amends 08.20.185 to modernize terminology.

Section 7: Amends AS 08.20.200 by updating penalties for unlicensed practice.

Section 8: Amends AS 08.20.210 by updating penalties for fraudulent licenses and certificates.

Section 9: Amends definition.

Section 10: Adds new definitions.

Chair:
Senate State Affairs Committee

Member:
Resources Committee
Health & Social Services Committee
Finance Subcommittees on:
Department of Fish and Game
Department of Administration
Department of Public Safety



BILL STOLTZE
STATE SENATOR
Senator.Bill.Stoltze@akleg.gov

Session:
Alaska State Capitol, Rm 125
Juneau, AK 99801-1182
Phone: (907) 465-4958
Fax: (907) 465-4928

District:
600 E. Railroad Ave.
Wasilla, AK 99654
Phone: (907) 376-4958
Fax: (907) 376-4928
Toll Free: 1-866-465-4958

Sponsor Statement for Senate Bill 69

By Senator Bill Stoltze

“An Act relating to the Board of Chiropractic Examiners and the practice of chiropractic.”

Healthcare and wellness have developed and progressed over the years, and patient preferences have changed along with them. In some cases, state laws have not kept up with this progress. Senate Bill 69 endeavors to update and clarify the statutes guiding chiropractic care in Alaska.

SB 69 addresses training and utilization of chiropractic clinical assistants and interns; strengthens current law allowing chiropractors to perform school physicals; revises penalties for fraudulent practices; and updates definitions and modernizes terminology.

SB 69 makes timely changes to our statutes guiding chiropractic care, resulting in chiropractic physicians being able to treat patients more efficiently and affordably.

SENATE BILL NO. 69

IN THE LEGISLATURE OF THE STATE OF ALASKA
 TWENTY-NINTH LEGISLATURE - FIRST SESSION

BY SENATOR STOLTZE

Introduced: 3/6/15

Referred: Labor and Commerce, Finance

A BILL**FOR AN ACT ENTITLED**

1 "An Act relating to the Board of Chiropractic Examiners and the practice of
 2 chiropractic."

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

4 * **Section 1.** AS 08.20.055 is amended to read:

5 **Sec. 08.20.055. Board regulations.** The board shall adopt [SUBSTANTIVE]
 6 regulations necessary to effect the provisions of this chapter, including regulations
 7 establishing standards for

8 (1) continuing education; [AND]

9 (2) the application, performance, and evaluation of chiropractic core
 10 methodology;

11 **(3) the training, qualifications, scope of practice, and employment**
 12 **of chiropractic interns and chiropractic preceptors;**

13 **(4) the certification and use of chiropractic clinical assistants; and**

14 **(5) the performance of patient examinations authorized under**

1 **AS 08.20.100(b).**

2 * **Sec. 2.** AS 08.20.100(b) is amended to read:

3 (b) A person licensed under this chapter may

4 (1) analyze, diagnose, or treat the chiropractic condition of a patient by
5 chiropractic core methodology or by ancillary methodology;

6 (2) accept referrals for [CHIROPRACTIC] treatment **by chiropractic**
7 **core methodology or by ancillary methodology;**

8 (3) consult on chiropractic matters;

9 (4) refer patients to other health care professionals;

10 (5) **perform** [SIGN

11 (A) WITHIN THE SCOPE OF CHIROPRACTIC PRACTICE,
12 CERTIFICATES OF] physical examinations **of** [FOR] children **for school**
13 **physical examinations and preparticipation physical examinations for**
14 **sports and school activities** [BEFORE THEY ENTER SCHOOL];

15 **(6) sign**

16 **(A)** [(B)] reports for excuses from employment and from
17 attendance at school or participation in sports activities; and

18 **(B)** [(C)] authorizations for sick leave;

19 **(7)** [(6)] perform preemployment and workplace health examinations;

20 **(8)** [(7)] provide disability and physical impairment ratings;

21 **(9)** [AND (8)] provide retirement health and disability authorizations
22 and recommendations;

23 **(10) employ certified chiropractic clinical assistants; and**

24 **(11) employ chiropractic interns and chiropractic preceptors.**

25 * **Sec. 3.** AS 08.20.100 is amended by adding a new subsection to read:

26 (d) This section does not apply to a chiropractic intern who is acting within the
27 scope of practice authorized by the board and is under the personal supervision of a
28 licensed chiropractor.

29 * **Sec. 4.** AS 08.20.160 is amended to read:

30 **Sec. 08.20.160. Temporary permits.** Temporary permits may be issued to
31 [PERSONS APPARENTLY] qualified **applicants** until the next regular meeting of

1 the board.

2 * **Sec. 5.** AS 08.20 is amended by adding a new section to read:

3 **Sec. 08.20.168. Chiropractic clinical assistant.** (a) A person may not practice
4 as a chiropractic clinical assistant in this state without a certificate.

5 (b) A person certified as a chiropractic clinical assistant under this chapter
6 may, under the general supervision of a person licensed under this chapter,

7 (1) perform diagnostic imaging studies;

8 (2) use ancillary methodologies; and

9 (3) perform procedures.

10 * **Sec. 6.** AS 08.20.185 is amended to read:

11 **Sec. 08.20.185. Utilization [PEER] review committee; confidentiality.** (a)
12 **The** [IN ADDITION TO PEER REVIEW AUTHORIZED UNDER AS 08.01.075,
13 **THE]** board may establish a **utilization** [PEER] review committee to review
14 complaints concerning the reasonableness or appropriateness of care provided, fees
15 charged, or costs for services rendered by a licensee to a patient. A review conducted
16 by a **utilization** [PEER] review committee under this section may be **used**
17 [UTILIZED] by the board in considering disciplinary action against a licensee, but the
18 results or recommendations of a **utilization** [PEER] review committee are not binding
19 **on** [UPON] the board. A member of a **utilization** [PEER] review committee
20 established under this section who in good faith submits a report under this section or
21 participates in an investigation or judicial proceeding related to a report submitted
22 under this section is immune from civil liability for the submission or participation.

23 (b) The board shall charge a complainant a fee, established under
24 AS 08.01.065, for **utilization** [PEER] review under this section.

25 (c) Patient records presented to a **utilization** [PEER] review committee for
26 review under this section that were confidential before their presentation to the
27 committee are confidential to the committee members and to the board members and
28 are not subject to inspection or copying under AS 40.25.110 - 40.25.125. A committee
29 member or board member to whom confidential records are presented under this
30 subsection shall maintain the confidentiality of the records. A person who violates this
31 subsection is guilty of a class B misdemeanor.

1 * **Sec. 7.** AS 08.20.200 is amended to read:

2 **Sec. 08.20.200. Unlicensed practice [A MISDEMEANOR].** A person who
3 practices chiropractic in the state without a license in violation of AS 08.20.100 is
4 guilty of a **class A** misdemeanor **and may be punished as provided in AS 12.55** [,
5 AND UPON CONVICTION IS PUNISHABLE BY A FINE OF NOT MORE THAN
6 \$1,000, OR BY IMPRISONMENT FOR NOT MORE THAN A YEAR, OR BY
7 BOTH].

8 * **Sec. 8.** AS 08.20.210 is amended to read:

9 **Sec. 08.20.210. Fraudulent licenses and certificates.** A person who obtains
10 or attempts to obtain a chiropractic **license or chiropractic clinical assistant**
11 certificate by dishonest or fraudulent means [,] or who forges, counterfeits, or
12 fraudulently alters a chiropractic **license or chiropractic clinical assistant** certificate
13 is **guilty of a class A misdemeanor** [PUNISHABLE BY A FINE OF NOT MORE
14 THAN \$500, OR BY IMPRISONMENT FOR NOT MORE THAN SIX MONTHS,
15 OR BY BOTH].

16 * **Sec. 9.** AS 08.20.900(7) is amended to read:

17 (7) "chiropractic examination" means an examination of a patient
18 conducted by [OR UNDER THE SUPERVISION OF] a person licensed under this
19 chapter, **or by a chiropractic clinical assistant or chiropractic intern authorized**
20 **by the board to conduct an examination under the supervision of a person**
21 **licensed under this chapter,** for the express purpose of ascertaining whether
22 symptoms of subluxation complex exist and consisting of an analysis of the patient's
23 health history, current health status, results of diagnostic procedures including x-ray
24 and other diagnostic imaging devices, and postural, thermal, physical, neuro-physical,
25 and spinal examinations that focuses on the discovery of

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

28 (B) interference with normal nerve transmission and
29 expression;

30 * **Sec. 10.** AS 08.20.900 is amended by adding new paragraphs to read:

31 (11) "chiropractic clinical assistant" means a person certified by the

1 board who works under the general supervision of a person licensed under this
2 chapter;

3 (12) "chiropractic intern" means a person who is authorized by the
4 board to engage in the practice of chiropractic while under the personal supervision of
5 a person licensed under this chapter for the purpose of obtaining practical experience
6 for licensure as a chiropractor;

7 (13) "chiropractic preceptor" means a person who is licensed under
8 this chapter and is authorized by the board to participate in the instruction and training
9 of chiropractic interns.

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

70
Department of Commerce, Community,
and Economic Development

BOARD OF CHIROPRACTIC EXAMINERS
Laura Carrillo, Licensing Examiner

P.O. Box 110806
Juneau, AK 99811-0806
Main: 907.465.3811
Fax: 907.465.2974

September 25th, 2015

International Board of Chiropractic Neurology
4056 Commercial Way
Spring Hill, FL 34606

To Whom It May Concern,

The Alaska Board of Chiropractic Examiners recently reviewed an application for a chiropractic specialty designation as a Chiropractic Neurologist, from which the certification was earned through your agency. The application, however, was not approved as the International Board of Chiropractic Neurology is not listed under 12 AAC 16.048, Approved Chiropractic Specialty Designations. The Board reviewed regulation 12 AAC 16.048(c), which allows the Board to review and approve other specialty programs not included on the list. **The Board decided at its meeting on September 18th, 2015 to invite you to submit a written request for inclusion into the above stated regulation.** If you would like to submit this written request, please ensure it contains the requirements specified in 12 AAC 16.047:

- 12 AAC 16.047. CHIROPRACTIC SPECIALTY PROGRAM CRITERIA.** (a) To be approved by the board, a postgraduate diplomate chiropractic specialty program must
- (1) be comprised of a minimum of 300 classroom hours; and
 - (2) require passage of appropriate examinations administered by the approved specialty board.
- (b) To be approved by the board, a postgraduate chiropractic specialty certification program must
- (1) be offered by a program or institution accredited by the Council on Chiropractic Education;
 - (2) be comprised of a minimum of 120 classroom hours; and
 - (3) require passage of appropriate examinations administered by the approved program.

Please respond at your earliest convenience regarding your intent to submit a written request. I very much look forward to hearing from you.

Thank you,

Handwritten signature of Laura Carrillo in cursive.

Laura Carrillo
Licensing Examiner
Alaska Board of Chiropractic Examiners
DCCED – CBPL
Phone: 907-465-2588
E-mail: laura.carrillo@alaska.gov

RECEIVED
Juneau

OCT 22 2015

CBPL

The International Board of Chiropractic Neurology

Phone USA (816) 396-0241
Fax USA (866) 310-4346
www.chironeuro.org

4056 Commercial Way
Spring Hill, FL 34606

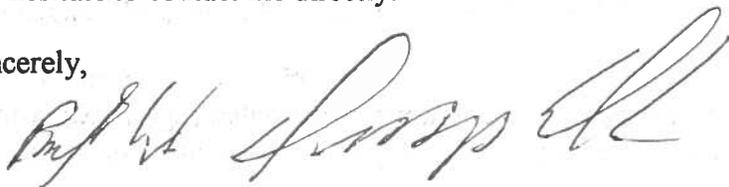
Laura Carrillo
Licensing Examiner
Alaska Board of Chiropractic Examiners
PO Box 110806
Juneau, AK 99811-0806

Thank you for your kind letter of September 25, 2015. The International Board of Chiropractic Neurology (IBCN) requests inclusion pursuant to Alaska 12 AAC 16.047 requirements for a chiropractic specialty program.

The IBCN was formed in 1997 as a committee of the International Academy of Chiropractic Neurology (IACN). In order to be certified as a Diplomate in Neurology (DIBCN), the IBCN currently requires successful completion of a minimum of 300 hours of specialized neurology training in a Neurology Diplomate Program sponsored by a Chiropractic College holding status with the Council on Chiropractic Education (CCE) or equivalent. Once the program is completed, the applicant must possess a doctor of chiropractic or equivalent degree and pass a two part written examination as well as an OSCE format practical examination.

The IBCN adheres to proper test psychometry and continuous quality improvement methodology and oversight for all aspects of testing. More information regarding the IBCN may be found on the website of the IACN (<http://iacn.org/page-709861>) as well as on the website of the IBCS <http://chiropracticsspecialist.org/International-Board-of-Chiropractic-Neurology>. I hope that this information is satisfactory for your needs. Should you require any further information, please do not hesitate to contact me directly.

Sincerely,



10/13/15

Paul W. Dickerson D.C., F.I.A.C.N.
Chair for the IBCN

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Shannon as a result of Ms. Carrillo's indication that iovera was not permissible under the scope of chiropractic practice.¹

Dr. McAfee contacted Ms. Carrillo on August 10, 2015, regarding the termination of his business agreement with Myoscience. Dr. McAfee indicated to Ms. Carrillo that he will not use lidocaine during the iovera procedure. On August 11, 2015, Ms. Carrillo advised Dr. McAfee that "the use of lidocaine was the determining factor in my response to Ms. Miller, however, I will seek the Department of Law's opinion on the matter."² To date, no opinion of the Department of Law on this matter has been furnished.

On September 18, 2015, the Board held a meeting (September meeting). At that meeting, the Board heard testimony from Drs. McAfee and Shannon regarding the iovera procedure. Drs. McAfee and Shannon testified that they would not use lidocaine during the procedure. Instead, Drs. McAfee and Shannon indicated that they would use a cold spray to ease any discomfort their patients might feel during the procedure. Drs. Campbell and Barrington indicated during the Board's discussion that, without lidocaine, nothing in the statutes or regulations relating to chiropractors would prohibit the use of iovera. In light of indications that lidocaine was not to be used, the Board switched its focus to whether the iovera treatment constituted "surgery." The Board did not refer to any statutes or regulations despite the fact that "surgery" is clearly defined as "the use of a scalpel, sharp cutting instrument, laser,

¹ See Appendix 1.

² See Appendix 2.

re: iovera

Request for Reconsideration / Page 2 of 14

electrical current, or other device to incise or remove living tissue.” 12 AAC 16.990(b)(2). This definition “does not include venipuncture or the removal of foreign objects from external tissue.” Despite this clear definition, some members of the Board suggested that breaking of the skin constituted surgery. Dr. Barrington made a motion to allow iovera treatment in the scope of chiropractic practice. Ms. Hill seconded that motion. Dr. Heston voted against the motion. Drs. Campbell and Holt recused themselves. Claiming that there was no quorum, the issue was tabled for further discussion at a later meeting.

At the Board meeting of October 8, 2015 (October meeting), the Board of Chiropractic Examiners voted to exclude the iovera procedure, which is sold by Myoscience, from the chiropractic scope of practice. The Board heard testimony from three Myoscience representatives: Tracey Henry, the vice president of regulatory, quality, and clinical, Johanna Beckmen, the vice president of sales and marketing, and Dr. Jessica Preciado, the director of product development. In doing so, the Board relied on the lay definitions of “surgery” and “physician” as used by Myoscience representatives. Specifically, the Board asked the Myoscience representatives “is this a surgical procedure?” to which one of the representatives responded “yes.” The Board further relied on the use of lidocaine as a component of the procedure despite the fact that testimony from Myoscience’s representatives indicated that at least one doctor was actively performing the iovera procedure without lidocaine. In fact, Dr. Presiado specifically stated that the use of lidocaine “does not affect the efficacy of the device.” Dr. Presiado further noted that the anesthetic is part of the training materials “for the

re: iovera

Request for Reconsideration / Page 3 of 14

comfort of the patient.” Ms. Beckmen testified that the decision whether to use an injectable anesthetic is ultimately “up to the physician,” though it may be “uncomfortable” for the patient without. Ms. Beckmen further stated that she knows of one physician who chooses not to use anesthetic on occasion. Dr. Barrington asked for clarification as to whether iovera is a surgical procedure, to which one of the representatives stated “it’s a minimally invasive procedure.” Another Board member asked “Do you consider a chiropractic physician to be a physician?” to which the Myoscience representative said “not from the definition that we understand and accept. We use the FDA definition and they’re talking about, as far as we’re concerned, MDs, DOs...”

After the Myoscience representatives answered the Board’s questions, the Board entered an executive session on an unrelated matter. After returning to the public meeting, the Board further discussed iovera. Initially, Dr. Barrington indicated that he felt, based upon the Myoscience representatives’ testimony, that Dr. McAfee deceived the Board during his presentation of September meeting. Neither Dr. McAfee nor his counsel were permitted to address the allegation of deceit at that time, but rather were allowed to comment after the Board voted regarding iovera.

While discussing iovera, it was clear that the Board’s determination was based on three primary findings. First, that iovera is a surgical procedure. Second, that chiropractors are not physicians. Third, that lidocaine is a required component of the procedure. These findings are contrary to governing Alaska law as well as the testimony at the September and October hearings.

re: iovera
Request for Reconsideration / Page 4 of 14

1. The Board did not rely on statutory language when defining “surgery” and “physician.”

The Board is required to make decisions within the statutory and regulatory framework governing boards and chiropractors. “Surgery” is defined in 12 AAC 16.990(b)(2) as “the use of a scalpel, sharp cutting instrument, laser, electrical current, or other device to incise or remove living tissue.” Although the Board did not indicate which definition of “physician” it relied upon prior to voting on iovera, it is clear that chiropractors are referred to as physicians throughout the statutes and regulations governing the chiropractic profession. For example, the Board itself is comprised of four “licensed chiropractic physicians” and one member of the public. AS 08.20.020. A licensee is “a chiropractic physician licensed under AS 08.20.” 12 AAC 16.990(a)(4). *See also* 12 AAC 16.400(b),(c); 12 AAC 16.048(a)(7), (b)(1); 12 AAC 16.420(a). Additionally, on May 18, 2006, the Board advised that it “received an opinion for [sic] the State’s Assistant Attorney General that chiropractors are “physicians.””³ The Alaska Workers’ Compensation Act also defines a chiropractor as a physician. AS 23.30.395(2)(31).

Furthermore, the iovera procedure does not fall within the definition of surgery. Iovera works by “applying targeted cold to a peripheral nerve which immediately prevents the nerve from sending pain signals.”⁴ This does not require incising or removing the nerve or any tissue. Furthermore “The effect of the cold on the nerve is

³ *See Appendix 3.*

⁴ *See Appendix 4.*

temporary and does not cause permanent damage *because it leaves the structural components of the nerve intact.*⁵ The nerve, itself, is not destroyed. In fact, the nerve heals and “is restored to function after several months.”⁶ As such, the Board incorrectly relied on the Myoscience representative’s reference to the procedure as “surgery.” It is clear that, when comparing Myoscience’s description of the iovera procedure against the regulatory definition of surgery, this procedure clearly does not fall within the scope of that definition. Furthermore, upon being asked a second time whether iovera was indeed a surgical procedure, the Myoscience representative was clearly hesitant and indicated that iovera is “a minimally invasive” procedure. Nevertheless, the Board was required to rely on its own regulatory definition of surgery when reaching a finding that iovera is a surgical procedure. The Board never asked Myoscience to clarify its understanding of the term “surgery.” As such, determining that iovera is a surgical procedure based upon Myoscience’s use of the word “surgery,” without more, was an arbitrary decision. It is respectfully requested that the Board reconsider its position in light of the regulatory definition of the term “surgery” in conjunction with the fact that chiropractors are considered to be physicians in Alaska.

2. The Board erred in failing to consider the regulatory scope of chiropractic practice.

There are no restrictions in the Alaska statutes or regulations governing chiropractors that prohibit piercing of the skin. Although the Board indicated during

⁵ *Id.*

⁶ *Id.*

re: iovera

Request for Reconsideration / Page 6 of 14

the September meeting that piercing of the skin is permitted for diagnostic, but not therapeutic, purposes, such a restriction appears nowhere in the relevant statutes or regulations.

Furthermore, the Board did not consider the Alaska regulations governing the chiropractic scope of practice when reaching its decision regarding iovera. As indicated, *supra*, the iovera treatment is not surgery as defined by 12 AAC 16.990(b)(2). The iovera procedure furthermore does not *require* the injection of any substance into the body, but rather relies on the use of cryotherapy, which is specifically permitted in the chiropractic scope of practice. Chiropractors are permitted to utilize physiological therapeutics which encompass the diagnosis and *treatment* of disorders of the body, utilizing the natural healing forces associated with air, *cold*, electricity, exercise, light, massage, water, nutrition, sound, rest, and posture. Physiological therapeutics also include thermotherapy, *cryotherapy*, high-frequency currents, low-frequency currents, and other therapeutic methods. AS 08.20.900(9)(B), (C). Considering the articulated bounds set forth by regulation, iovera clearly falls within the chiropractic scope of practice. Nevertheless, the Board improperly failed to indicate how the use of cryotherapy in this instance is precluded from the chiropractic scope of practice. In fact, the Board apparently relied on the facts that Myoscience used the term "surgery," did not sell to anyone but physicians, and had not researched cold spray. As indicated, *supra*, the procedure is not surgery. Furthermore, Myoscience testified that no anesthetic is required for this procedure. The use of an injectable anesthetic is solely within the doctor's discretion. The Board even

re: iovera

Request for Reconsideration / Page 7 of 14

acknowledged at the October meeting that off-label administration is common practice.

When relying upon the regulations defining the chiropractic scope of practice, it was clear that nothing in those regulations prohibits the iovera treatment. The Board's reliance on lay definitions was unjustified. Furthermore, reliance on the cold spray issue was defeated by Myoscience's own testimony. Additionally, the use or non-use of cold spray would not affect the treatment itself. Based upon the failure to rely on the defined scope of chiropractic practice, in addition to the other regulations governing chiropractors, it is clear that the Board's decision was arbitrary and capricious. It is respectfully requested that the Board reconsider its position on iovera by relying on the Alaska statutes and regulations governing chiropractors.

3. The Board erred when it determined that Drs. McAfee and Shannon made misrepresentations during their testimony at the September 18, 2015 meeting.

At the beginning of the Board's discussion regarding iovera, Dr. Barrington specifically stated that he felt "deceived" by Dr. McAfee's presentation at the September meeting. The Board failed to acknowledge that Drs. McAfee and Shannon, through counsel, provided the Board with an email communication from Erin Miller, a sales representative at Myoscience, asking Dr. McAfee whether he wished to perform the iovera procedure without lidocaine.⁷ This email clearly indicated that Myoscience actually proposed to Drs. McAfee and Shannon that they could choose to perform iovera without lidocaine. In fact, the testimony from Myoscience at the October

⁷ Attached as *Appendix 5*.

meeting supported this position. Myoscience representatives indicated that the procedure *can* be and has been performed without lidocaine.

The issue of whether a cold spray has been tested was also significant to the Board during its discussion. It appeared that the Board imputed some level of deception to Drs. McAfee and Shannon because they proposed using a cold spray, yet Myoscience has not specifically tested their device with this method. However, Myoscience testified that the use of the injectable anesthetic was simply for the comfort of the patient. There was testimony demonstrating to the Board that at least one doctor has performed iovera without any kind of anesthetic. Even Dr. Barrington acknowledged the accepted use of “off label” methods in the industry. Drs. McAfee and Shannon proposed the use of cold spray as a means of providing comfort to their patients as an *alternative* to injectable anesthetic. While Drs. McAfee and Shannon could certainly administer iovera to their patients without any agent to ease the minimal pain at the injection site, they simply proposed an alternative to that method when making their presentation at the September meeting.

The Board’s reliance on the lack of testing related to the use of cold spray was misplaced. Myoscience specifically indicated that at least one doctor is performing the procedure without the use of anesthetic. Myoscience was not aware of that doctor’s success in that regard. Myoscience also, apparently, has no research with respect to administering iovera without local anesthetic. Nevertheless, that doctor is permitted to perform the procedure without lidocaine. It should also be noted by the Board that many procedures that fall within the chiropractic scope of practice, including nEMGs,

re: iovera

Request for Reconsideration / Page 9 of 14

venipuncture, and prolotherapy, can be and are performed without any kind of localized anesthetic, be it injected or topical. Considering these facts, it cannot reasonably be said that Drs. McAfee and Shannon deceived the Board regarding the use of cold spray.

The Board indicated after public comment that any misrepresentation on the part of Dr. McAfee was “unintentional.” However, it is clear that Drs. McAfee and Shannon did not mislead the Board at all, be it unintentional or otherwise. Drs. McAfee and Shannon clearly relied upon the governing Alaska statutes and regulations during their presentation at the September meeting. They accurately described the process by which iovera is administered. They were clear with respect to the fact that they will not be using lidocaine, and suggested cold spray as an alternative to ease any discomfort of the patient. Myoscience testified that lidocaine was not required, although it is part of their generalized training. When Ms. Miller’s communications are considered in conjunction with Myoscience’s testimony that an injectable anesthetic does not affect the efficacy of the device, and the use of such is ultimately within the doctor’s discretion, it cannot be said that Drs. McAfee and Shannon misrepresented any facts or intentions to the Board.

It is respectfully requested that the Board reconsider its position with respect to Drs. McAfee and Shannon’s presentation regarding iovera. At minimum, Drs. McAfee and Shannon request that the Board make clear at its next scheduled meeting that there was no deception or misleading at all with respect to the iovera issue.

4. Iovera is performed by non-medical doctors in the United States.

re: iovera
Request for Reconsideration / Page 10 of 14

The Board relied on Myoscience's representation that they "only sell to physicians." While the Board did inquire as to whether any other chiropractors used iovera, it failed to determine whether medical doctors are the only individuals who are permitted to perform the procedure. Myoscience lists one PA and one DDS on its website as individuals who perform iovera.⁸ It is clear that medical doctors are not the only practitioners who administer iovera. As such, the Board's reliance on a lay definition of "physician" was misplaced. The Board should reconsider its position in light of the fact that non-medical doctors also use iovera.

5. At minimum, the Board should issue a written notice clarifying its position regarding iovera.

To date, the Board has failed to articulate how its position on iovera is supported by the Alaska statutes and regulations governing chiropractors. The Board has made passing comments with respect to piercing of the skin, surgery, physicians, the chiropractic scope of practice, venipuncture, and cold spray, all without reliance on applicable law. A written position statement is necessary in order to determine the basis upon which the Board made its decision precluding the iovera treatment from the chiropractic scope of practice. At the October meeting, Ms. Milks, Assistant Attorney General, recommended that the Board distribute a position letter. Drs. McAfee and Shannon now request that the Board reduce its oral decision to writing. Furthermore, request is made that the Board specifically state in writing the statutory and regulatory authority it relied upon in reaching its determination. In the event that the Board does

⁸ See Appendix 6.

not reconsider its position on iovera, it should, at minimum, provide a written explanation of its opinion.

CONCLUSION

It is respectfully requested that the Board reconsider its determination that the iovera procedure is not within the scope of chiropractic practice. It should be specifically noted that the Board did not indicate that this oral decision was a “final decision,” nor did the Board advise Drs. McAfee and Shannon of their appeal rights as required by the Administrative Procedure Act. The Board has also failed to issue a written opinion regarding this issue.

The Board improperly relied on lay definitions of “surgery” and “physician” as provided by Myoscience. The Board did not address whether iovera is surgery as defined in the chiropractic regulations. Furthermore, the Board did not analyze or address whether iovera fits within the regulatory scope of chiropractic practice. As such, the Board’s decision with respect to iovera was arbitrary and capricious. The Board should reconsider its position on iovera and rely upon Alaska statutes and chiropractic regulations while doing so.

Furthermore, the Board’s reliance on the issue of cold spray is unfounded. Myoscience representatives indicated that the local anesthetic does not affect the efficacy of the device. There is at least one known doctor performing the procedure without any anesthetic. Furthermore, it is well known that chiropractors in Alaska are permitted to perform nEMGs, venipuncture, and prolotherapy without any injectable

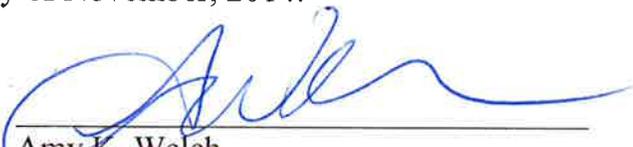
re: iovera
Request for Reconsideration / Page 12 of 14

anesthetic or cold spray. Drs. McAfee and Shannon proposed the use of cold spray as an alternative to an injectable anesthetic for the sole purpose of easing patient discomfort. As such, the Board should reconsider its position on iovera without relying on whether cold spray is to be used. The Board should decide whether iovera is within the chiropractic scope of practice if used without an injectable anesthetic such as lidocaine.

Finally, the Board should reconsider its position that any deceit or misleading of Drs. McAfee and Shannon with respect to the iovera procedure. It is respectfully submitted that Drs. McAfee and Shannon did not mislead the Board, even unintentionally. Drs. McAfee and Shannon request the Board to clarify at its next meeting or in writing that they did not, in any way, deceive or mislead the Board with respect to this issue.

If the Board is not inclined to reconsider its decision regarding iovera, it is respectfully requested that, at minimum, the Board issue a written opinion indicating which legal authority, if any, it relied upon in determining that iovera does not fall within the scope of chiropractic practice.

DATED this 6th day of November, 2014.


 Amy K. Welch
 Attorney for Pain Solutions, LLC,
 Dr. Billy McAfee
 and Dr. John Shannon

:akw

re: iovera
 Request for Reconsideration / Page 13 of 14

LAW OFFICES
 WILLIAM R. SATTERBERG, JR.
 ATTORNEY AT LAW
 709 FOURTH AVENUE
 FAIRBANKS, ALASKA 99701
 (907) 452-4454
 FAX (907) 452-3988
 office@satterberg.net

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the above document was sent via mail and email to:

**Alaska Board of Chiropractic Examiners
c/o Laura Carrillo
Licensing Examiner
333 Willoughby Avenue
Juneau, Alaska 99801
laura.carrillo@alaska.gov**

**Harriet Milks, Assistant Attorney General
Office of the Attorney General
1031 W 4th Avenue, Suite 200
Anchorage, Alaska 99501
harriet.dinegar@alaska.gov**

Date: 11/06/15 By: mp

LAW OFFICES
WILLIAM R. SATTERBERG, JR.
ATTORNEY AT LAW
709 FOURTH AVENUE
FAIRBANKS, ALASKA 99701
(907) 452-4454
FAX (907) 452-3988
office@satterberg.net

re: iovera
Request for Reconsideration / Page 14 of 14

Fax: 907-465-2974

From: Erin Miller [mailto:EMiller@myoscience.com]
Sent: Wednesday, August 05, 2015 8:53 PM
To: Carrillo, Laura N (CED)
Subject: iovera^o

Hello Laura,

I am a representative for Myoscience, a medical device company out of California. Would you please kindly notify me if the scope of practice for chiropractors in Alaska includes the ability to inject lidocaine and the ability to pierce the skin with a tip to deliver focused cold therapy, cryotherapy?

iovera^o is a handheld, cryotherapy, device used to block pain. Iovera^o uses closed-ended micro-probes that freeze to -88°C . This temporarily shuts down the nerves for an average of 60 to 90 days. This temperature is just enough to create a pain block without causing any permanent nerve damage. It is non-systemic and has the same side effects you may expect with any needle-based therapy. It is a safe and effective modality to treat all types of peripheral nerve pain.

Our Trident tip has been used for over a year, in the US, and is being used to block pain in the following peripheral nerve conditions: occipital neuralgia, jaw pain, knee pain, hand pain and various neuromas.

We are pleased to announce that the FDA has just cleared the long (55mm) tip, for nerves at greater depths. Our pilot sites have been using this tip for the ilioinguinal nerve as well as for pain in the SI joint and Morton's Neuroma.

I have attached our post-market knee study and our Mechanism of Action sheet for your review. I have also provided some information below.

FDA Indications

The iovera device is used to destroy tissue during surgical procedures by applying freezing cold. It can also be used to produce lesions in peripheral nervous tissue by the application of cold to the selected site for the blocking of pain. The iovera device is not indicated for treatment of central nervous system tissue.

United States – FDA

Myoscience has conducted 13 studies around focused cold therapy, including 4 proof of concept studies on various indications, and one double blind multi center study. We also have two double blind randomized controlled trials studies that have been IRB approved and are in the enrollment phase. There have been three post-market studies in pain management related to: knee pain, pain associated with occipital nerves, and forefoot pain associated with nerve entrapment. Study endpoints show significant reduction in pain scores *immediately*, 1 week post, 4 weeks post, and 8 weeks post treatment as measured by validated pain scales.

(Information available at www.clinicaltrials.gov). There is one post-market clinical study on knee pain reduction, to evaluate the use of Focused Cold Therapy for temporary relief of knee pain and a two-center, prospective study conducted to block pain per the FDA's cleared indication, "for use to block pain".

iovera[®] is now being used in the pain clinics at NYU, Cornell, Mount Sinai Beth Israel, LSU and Stanford. We are processing through approval at UCSF and are in a variety of other practices such as Kerlan-Jobe Orthopedic Clinic.

Here is a link to research by myoscience listed on the NIH website:
<https://clinicaltrials.gov/ct2/results?term=myoscience&Search=Search>

Feel free to check out our websites myoscience.com <<http://myoscience.com/>> and ioverahealth.com <<http://ioverahealth.com/>>.

As a new company, we are unfamiliar with the scope of practice for chiropractors and if they are able to pierce skin and deliver lidocaine and a tip that freezes. If you would provide your guidance, it would be greatly appreciated.

Sincerely,

Erin
Sent from my iPad

Erin Miller

Territory Sales Manager - Northwest

iovera[®] | **myoscience**

1600 Seaport Blvd - Suite 450

Redwood City, CA 94063

(m) 650 465.0214

EMiller@myoscience.com

www.iovera.com

This message and any attached documents contain information from MyoScience, Inc. that may be confidential and/or privileged. If you are not the intended recipient, you may not read, copy, distribute, or use this information. If you have received this transmission in error, please notify the sender immediately by reply e-mail and then delete this message.

This message and any attached documents contain information from MyoScience, Inc. that may be confidential and/or privileged. If you are not the intended recipient, you may not read, copy, distribute, or use this information. If you have received this transmission in error, please notify the sender immediately by reply e-mail and then delete this message.



Billy McAfee <doctormcafee@gmail.com>

Fwd: iovera°

4 messages

Erin Miller <EMiller@myoscience.com>
To: Bill McAfee <doctormcafee@gmail.com>

Mon, Aug 10, 2015 at 4:08 PM

Sent from my iPad

Erin Miller

Territory Sales Manager - Northwest

iovera° | **myoscience**

1600 Seaport Blvd - Suite 450

Redwood City, CA 94063

(m) 650.465.0214

EMiller@myoscience.com

www.iovera.com

Begin forwarded message:

From: "Carrillo, Laura N (CED)" <laura.carrillo@alaska.gov>
Date: August 7, 2015 at 11:44:22 AM PDT
To: Erin Miller <EMiller@myoscience.com>
Subject: RE: iovera°

Hi Erin,

This is not within the scope of chiropractic.

Best,

Laura Carrillo

Licensing Examiner

Board of Chiropractic Examiners

State of Alaska – DCCED – CBPL

Phone: 907-465-2588

E-mail: laura.carrillo@alaska.gov



Billy McAfee <doctormcafee@gmail.com>

Fond Farewell

2 messages

Erin Miller <EMiller@myoscience.com>
To: Bill McAfee <doctormcafee@gmail.com>

Tue, Aug 11, 2015 at 6:28 PM

Dearest Dr. McAfee,

Based on the boards statement that iovera^o is not within your scope of practice, I am unable to further any discussions. I apologize, as I know you have invested a tremendous amount of time and money pursuing this treatment for the benefit of your patients.

If the board does indeed overturn their position at their September meeting, perhaps we can pick up where we left off.

Kind Regards,

Erin

Erin Miller

Northwest Territory Manager
iovera^o | myoscience
45400 Fremont Blvd
Fremont, CA 94538
650-465-0214
www.iovera.com

This message and any attached documents contain information from MyoScience, Inc. that may be confidential and/or privileged. If you are not the intended recipient, you may not read, copy, distribute, or use this information. If you have received this transmission in error, please notify the sender immediately by reply e-mail and then delete this message.

Bill McAfee <doctormcafee@gmail.com>
To: John Shannon <igloodoc@aol.com>

Tue, Aug 11, 2015 at 6:53 PM

Sent from my iPhone

Begin forwarded message:

From: Erin Miller <EMiller@myoscience.com>
Date: August 11, 2015 at 6:28:32 PM AKDT
To: Bill McAfee <doctormcafee@gmail.com>



Billy McAfee <doctormcafee@gmail.com>

Scope

3 messages

Bill McAfee <doctormcafee@gmail.com>
To: Laura N Carrillo <laura.carrillo@alaska.gov>

Mon, Aug 10, 2015 at 7:44 PM

Ms CarRillo,

After review of all documentation, I see lidocaine mentioned. I do not use lidocaine in any procedure and would not use it in the iovera procedure.

Make your position clear . Is it the skin puncture and cold or is it the lidocaine?

I can and will perform the iovera procedure without lidocaine.

RSVP

Dr. McAfee

Sent from my iPhone

Carrillo, Laura N (CED) <laura.carrillo@alaska.gov>
To: Bill McAfee <doctormcafee@gmail.com>

Tue, Aug 11, 2015 at 8:08 AM

Dr. McAfee,

The use of lidocaine was the determining factor in my response to Ms. Miller, however, I will seek the Department of Law's opinion on this matter.

Best,

Laura Carrillo
Licensing Examiner
Board of Chiropractic Examiners
State of Alaska - DCCED - CBPL
Phone: 907-465-2588
E-mail: laura.carrillo@alaska.gov
Fax: 907-465-2974

[Quoted text hidden]

Bill McAfee <doctormcafee@gmail.com>
To: "Carrillo, Laura N (CED)" <laura.carrillo@alaska.gov>, Erin Miller <EMiller@myoscience.com>, John Shannon <igloodoc@aol.com>

Tue, Aug 11, 2015 at 9:51 AM

Ms Carrillo,

Since lidocaine is not to be used, please send a letter to Ms Miller stating that I can do this procedure. This will resolve our issue to my satisfaction.

iovera has multiple providers performing this procedure without lidocaine.

Please do this today, as my opportunity has been severely impacted and may be restored if you act quickly.

As previously discussed, we are allowed to pierce the skin and the therapeutic use of cold is clearly in our scope of practice,

Thank you,
Dr. McAfee

Sent from my iPhone



DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Frank H. Markowski, Governor
William C. Nash, Commissioner
Rick Urias, Director

Board of Chiropractic Examiners
Division of Corporations, Business and Professional Licensing

May 18, 2006

Mr. Wayne Weaver
Arctic Adjusters, Inc.
3701 E. Tudor Road, Suite 206
Anchorage, AK 99507

Re: Controversion Notice 200519581

Dear Mr. Weaver:

At the board's April 14, 2006 meeting Dr. Shannon presented to the board a copy of Controversion Notice 200519581. A review of the Controversion Notice reflects incorrect information under section 16. This letter is sent to make the record clear. To follow is our response to denial reason number 1 and 4 under section 16:

1. The information obtained by Arctic Adjusters, Inc. was not obtained directly from the board, but from the board's licensing examiner. Therefore, this information is not factual. The licensing examiner is not the board or a member of the board, the licensing examiner is staff to the board.
4. Alaska Statute 08.20.020 states that four members of the board are to be "licensed chiropractic physicians." Additionally, the board has received an opinion for the State's Assistant Attorney General that chiropractors are "physicians." Therefore, this information is not factual.

Concerning denial reason 2 and 3: It was at the time of question from a representative of Arctic Adjusters believed that only licensed chiropractic physicians who held a specialty in neurology (DACBN) could pierce the skin.

* After reviewing the Alaska State Statutes and Regulations regarding chiropractic practice during the April 14, 2006 meeting, the board found that there are no statutes or regulations, which would prohibit utilizing injectable nutraceuticals in chiropractic practice.

During the next meeting of the board in October, 2006, the board will be working on writing regulations regarding this issue.

Sincerely,

R. Clark Davis
Licensing Examiner

R. Clark Davis, DC
Secretary
Alaska State Board of Chiropractic Examiners

cc: John Shannon, DC
M.R. Spikes
Mr. Ted Wenzlick, The Key Company
Mr. James Bustos, HEEL Inc.

FO Box 110806, Juneau, AK 99811-0806
Telephone: (907) 465-2534 Fax: (907) 465-2974 Website: www.commerce.state.ak.us/occ

Appendix 3
Page 1 of 1

HOW IT WORKS

What is the iovera^o treatment?

The iovera^o treatment uses the body's natural response to cold to immediately reduce pain without leaving anything behind. It precisely targets the source of your pain for immediate and lasting relief without the use of drugs or pharmaceuticals. The iovera^o treatment is FDA cleared to block pain.

How does the iovera^o treatment work?

The iovera^o treatment works by applying targeted cold to a peripheral nerve which immediately prevents the nerve from sending pain signals. The effect of the cold on the nerve is temporary and does not cause permanent damage because it leaves the structural components of the nerve intact. The nerve is restored to function after several months.

OCT 12 2015

Satterberg Law Offices

[Print](#) | [Close Window](#)

Subject: iovera saying can do without lidocaine
From: Bill McAfee <doctormcafee@gmail.com>
Date: Fri, Oct 09, 2015 5:01 pm
To: "<amy@satterberg.net>" <amy@satterberg.net>

Sent from my iPhone

Begin forwarded message:

From: Erin Miller <EMiller@myoscience.com>
Date: August 5, 2015 at 8:24:26 PM AKDT
To: Billy McAfee <doctormcafee@gmail.com>
Cc: Johanna Beckmen <JBeckmen@myoscience.com>, Donna Wilson <DWilson@myoscience.com>
Subject: Re: **BOARD OK FOR INJECTION BREAKING SKIN**

Thank you again for the information, Dr. McAfee. Does this exclude you from being able to use lidocaine, and if so, would you like to offer iovera^o without the use of lidocaine?

Erin

Sent from my iPad

Erin Miller

Territory Sales Manager - Northwest

iovera^o | **myoscience**

1600 Seaport Blvd - Suite 450

Redwood City, CA 94063

(m) 650.465.0214

EMiller@myoscience.com

www.iovera.com

On Aug 5, 2015, at 8:07 PM, Billy McAfee <doctormcafee@gmail.com> wrote:

HERE IS LETTER FROM OUR BOARD SAYING WE CAN PIERCE THE SKIN. SORRY IT TOOK SO LONG TO GET BACK TO YOU. I'M VERY BUSY WITH MY NEW BUSINESS. IF YOU NEED ANYTHING ELSE, PLEASE LET ME KNOW. I AM NOT OPPOSE3D TO YOU CONTACTING THE BOARD FOR APPROVAL OF INJECTION RIGHTS.

THANKS,
DR.BILL

| <[BOARDOKFORSHOTS.pdf](#)>

This message and any attached documents contain information from MyoScience, Inc. that may be confidential and/or privileged. If you are not the intended recipient, you may not read, copy, distribute, or use this information. If you have received this transmission in error, please notify the sender immediately by reply e-mail and then delete this message.

Copyright © 2003-2015. All rights reserved.

Appendix 5

Page 1

of 1

LOCATIONS

Click any practice listing to see map details, get directions and link to the practice website.

Choose your state



Show 25 entries Search

Practice/Physicians

Address/Phone Number

AA SPINE AND PAIN CLINIC
Leon "Joe" Chandler, MD
Alfred Lonser, MD
Luke Liu, MD
Susan Bertrand, MD

4100 Lake Otis Parkway, Anchorage, AK 99508
(907) 563-2873

ADVANCED WELLNESS
Gary L. Yen, MD

17 North Main Street, Marlboro, NJ 07746
(732) 431-2155

CALIFORNIA SPINE CARE
Santii Rao, MD
Dennis Yun, MD

2291 Pacheco Street, Concord, CA 94520
(925) 691-1700

CAROLINAS PAIN INSTITUTE
Richard Rouck, MD
Christopher Gilmore, MD

145 Kimel Park Dr., Winston-Salem, NC 27103
(336) 765-6181

CHICAGO CENTER FOR SPORTS MEDICINE ORTHOPEDIC SURGERY
Doré DeBartolo, DO
Gregory Primus, MD

18660 Graphics Dr. #100, Tinley Park, IL 60477
(708) 263-2000

COLORADO PAIN MANAGEMENT
Peter Reusswig, MD
Paul Leo, MD

9195 Grant Street, Suite 300, Thornton, CO 80229
(303) 286-5067

CRAIG KLOOSTER, DPM
Craig Klooster, MD

5700 Stoneridge Mall Rd. #120, Pleasanton, CA 94588
(925) 460-0681

DR. HALLAND MEDICAL
Halland Chen, MD

41 Park Avenue, Suite #1C, New York, NY 10016
(212) 518-7874

DR. HALLAND MEDICAL
Halland Chen, MD

200 Glades Road, Suite #1, Boca Raton, FL 33431
(212) 518-7874

97

FLEXOGENIX - CARY, NC

400 Ashville Ave Suite 330 Cary, NC 27518
(919) 371-2371

FLEXOGENIX - CHARLOTTE, NC

6836 Morrison Blvd Suite 101 Charlotte, NC 28211
(704) 817-0821

FLEXOGENIX
Paul Mogannam, MD
Sean Whalen, MD

219 W 7th Street, Los Angeles, CA 90014
(213) 622-6010

FLOWER MOUND PAIN AND SPINE
A.A. Hayee, MD

2321 Olympia Drive Suite 100, Flower Mound, TX 75028
(972) 350-0225

FREMONT RHEUMATOLOGY & FREMONT HOLISTIC CENTER
Barry Shibuya, MD

3775 Beacon Ave. Ste 100 & 120, Fremont, CA 94538
(510) 791-1300

HUDSON SPINE AND PAIN MEDICINE
Jonathann C. Kuo, MD
Alexander Rances, DO
Jason Yu, MD
Kevin Pak, MD
Jessica Au, MD

281 Broadway, 2nd Floor, New York, NY 10007
(646) 596-7386

KERLAN-JOBE CLINIC
Vernon Williams, MD

6801 Park Terrace, Los Angeles, CA 90045
(310) 665-7280

LONSETH PAIN
Eric Lonseth, MD

720 Veterans Boulevard, Suite 200 Metairie, LA 70005
(504) 327-5857

LSU DEPT OF ORTHOPEDIC SURGERY
Vinod Dasa, MD

200 W Esplanade, Suite 500, Kenner, LA 70065
(504) 412-1700

MANHATTAN SPINE AND PAIN
Sudhir Diwan, MD
Galleria Bldg

115 E. 57th St. #610, New York, NY 10022
(877) 463-7264

MANNIE JOEL, MD

15035 E 14th Street, San Leandro, CA 94578
(510) 278-0226

MATAGORDA MEDICAL GROUP
Chris Hall, MD

600 Hospital Circle #100, Bay City, TX 77414
(979) 241-6160

MOUNT SINAI / BETH ISRAEL MEDICAL CENTER
Tolga Kapusuz, MD

309 West 23rd Street, New York, NY 10011
(212) 256-7040

MOUNT SINAI MEDICAL CENTER - PAIN MANAGEMENT

5 East 98th Street, New York, NY 10029
(212) 241-6372

NAPA PAIN INSTITUTE
Eric Grigsby, MD
Jacqueline Weisbein, DO

3434 Villa Lane Suite 150, Napa, CA 94558
(707) 252-9660

NORTH SHORE PHYSICAL MEDICINE & REHABILITATION SERVICES
Yakov Raufov, MD

1 Expressway Plaza, Suite 100, Roslyn Heights, NY 11577
(516) 801-4168

Showing 1 to 25 of 40 records

Previous 1 2 Next

Appendix 6
Page 2 of 5

46400 Fremont Blvd, Fremont, CA 94538 | (510) 933-1500

The iovera® system is designed and developed by myscience, ©2015 myscience, Inc. All rights reserved. MKT-0217 REV A

LOCATIONS

Click any practice listing to see map details, get directions and link to the practice website.

Choose your state



Show 25 entries Search

Practice/Physicians

Address/Phone Number

- NORTH TEXAS INSTITUTE OF NEUROLOGY AND HEADACHE
Brian Sorin, MD
5425 W. Spring Creek Pkwy Suite 275, Plano, TX 75024
(972) 403-8184
- NORTHSHORE UNIVERSITY HEALTH SYSTEM
Victoria A. Brander, MD
680 N. Lake Shore Dr. Suite 924, Chicago, IL 60611
(312) 475-5566
- OCHSNER BAPTIST MEDICAL CENTER - DEPT. OF NEUROLOGY
Jose Posas, MD
2700 Napoleon Ave. New Orleans, LA 70115
(504) 894-2700
- OCHSNER BAPTIST MEDICAL CENTER - DEPT. OF PAIN MANAGEMENT
Maged Guirguis, MD
2700 Napoleon Ave. New Orleans, LA 70115
(504) 842-5300
- PACIFIC PAIN CARE
Steven Mangar, MD
975 W. Alisal St Suite I Salinas, CA 93901
(831) 751-3334
- PAIN PHYSICIANS NY
Leon Reyfman, MD, FIPP, Rph
2279 Coney Island Avenue, Brooklyn, NY, 11223
(718) 998-9890
- PAIN PHYSICIANS NYC
Justin Boyd, PA
780 8th Avenue, Suite 201, New York, NY 10036
(212) 757-0222
- PODESTA ORTHOPEDICS
Luga Podesta, MD
351 Rolling Oaks Drive Suite 104, Thousand Oaks, CA 91361
(805) 267-2902
- REMEDY MEDICAL GROUP
David Smolins, MD
Elizabeth Mancada, DDS, MS
363 Main Street Suite C, Redwood City, CA 94063
(650) 306-9490
- THE PAIN & HEADACHE CENTER - ANCHORAGE
Andrea Trescot, MD
4301 E. 42nd Ave Suite 101 Anchorage, AK 99508
(907) 868-4848

THE PAIN & HEADACHE CENTER - WASILLA
Andrea Trescot, MD

5431 Mayflower Lane Suite 4 Wasilla, AK 99654
(907) 376-3715

UNIVERSITY OF KANSAS MEDICAL CENTER
Neil Segal, MD, MS

7405 Renner Rd., Pod C, Shawnee, KS 66217
(913) 588-1227

VIKTORIYA ALEKSANDROVICH, MD
Viktoriya Aleksandrovich, MD

3080 West 1st Street, Suite 102, Brooklyn, NY 11224
(718) 207-7071

WEILL CORNELL MEDICAL COLLEGE - PAIN MEDICINE CENTER

1305 York Avenue 10th Floor, New York, NY 10021
(646) 962-7246

YAKOV RAUFOV MEDICAL PC
Yakov Raufov, MD

1701 Quentin Rd, Suite A7, Brooklyn, NY 11229
(718) 339-4448

Showing 26 to 40 of 40 records

Previous 1 **2** Next

The iovera® device is intended to temporarily block pain at peripheral nerve sites. Longevity of pain relief varies; in a clinical study, 70% of patients reported their pain relief effect continuing for 2 months; 45% reported their pain relief effect lasting for 3 months. Common side effects include local pain, crusting, pigmentation changes, bruising and tingling.

about iovera® (http://ioverahealth.com/how_it_works.php) | [treatment \(http://ioverahealth.com/treatment.php\)](http://ioverahealth.com/treatment.php) | [success stories \(http://ioverahealth.com/stories.php\)](http://ioverahealth.com/stories.php) | [find a doctor \(http://ioverahealth.com/doctors.php\)](http://ioverahealth.com/doctors.php) | [contact](#)

46400 Fremont Blvd, Fremont, CA 94538 | (510) 933-1500

The iovera® system is designed and developed by myoscience. ©2015 myoscience, Inc. All rights reserved. MKT-0217 REV A

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
FOURTH JUDICIAL DISTRICT AT FAIRBANKS

PAIN SOLUTIONS, LLC,)
BILLY MCAFEE, individually, and)
JOHN SHANNON, individually,)
)
Appellants,)
)
vs.)
)
ALASKA BOARD OF)
CHIROPRACTIC EXAMINERS,)
)
Appellee.)
)

Case Number 4FA-15-02756CI

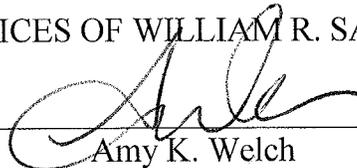
UNOPPOSED MOTION TO STAY APPEAL PENDING REQUEST FOR RECONSIDERATION

COMES NOW Pain Solutions, LLC, Dr. Billy McAfee, and Dr. John Shannon, by and through their attorney of record, the Law Offices of William R. Satterberg, Jr., and hereby motions this court to stay the appeal in the above-captioned case pending resolution of the Request for Reconsideration now before the Board of Chiropractic Examiners.

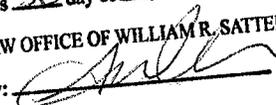
This Motion is supported by the Memorandum and Order filed contemporaneously herewith.

DATED this 30th day of November, 2015.

THE LAW OFFICES OF WILLIAM R. SATTERBERG, JR.

By: 
Amy K. Welch
Alaska Bar No. 1409064
Attorney for Appellants

CERTIFICATE OF SERVICE
I hereby certify that a true copy of the above document was mailed/hand-delivered to:
Todd Arayo, AAC

This 30 day of 11, 20 15
LAW OFFICE OF WILLIAM R. SATTERBERG, JR.
By: 

LAW OFFICES
WILLIAM R. SATTERBERG, JR.
ATTORNEY AT LAW
709 FOURTH AVENUE
FAIRBANKS, ALASKA 99701
(907) 452-4454
FAX (907) 452-3988
office@satterberg.net

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
FOURTH JUDICIAL DISTRICT AT FAIRBANKS

PAIN SOLUTIONS, LLC,)
BILLY MCAFEE, individually, and)
JOHN SHANNON, individually,)

RECEIVED
Juneau

NOV 09 2015

Appellants,)

CBPL

vs.)

ALASKA BOARD OF)
CHIROPRACTIC EXAMINERS,)

Appellee.)

Case Number 4FA-15-_____

ENTRY OF APPEARANCE

COMES NOW The Law Offices of William R. Satterberg, Jr., and enters its appearance in the above-captioned appeal and requests that copies of all future pleadings, correspondence and memoranda be served upon them at 709 Fourth Avenue, Fairbanks, Alaska, 99701.

DATED this 10th day of November, 2015.

THE LAW OFFICES OF WILLIAM R. SATTERBERG, JR.

By: _____

Amy K. Welch

Alaska Bar No. 1409064

Attorney for Appellants

LAW OFFICES
WILLIAM R. SATTERBERG, JR.
ATTORNEY AT LAW
709 FOURTH AVENUE
FAIRBANKS, ALASKA 99701
(907) 452-4454
FAX (907) 452-3988
office@satterberg.net

**IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
FOURTH JUDICIAL DISTRICT AT FAIRBANKS**

PAIN SOLUTIONS, LLC,) BILLY MCAFEE, individually, and) JOHN SHANNON, individually,)) Appellants,)) vs.)) ALASKA BOARD OF) CHIROPRACTIC EXAMINERS,)) Appellee.) Case Number 4FA-15-_____	RECEIVED Juneau NOV 09 2015 CBPL
--	--

NOTICE OF APPEAL

COMES NOW Dr. Billy McAfee and Dr. John Shannon by and through their attorney of record, the Law Offices of William R. Satterberg, Jr., and hereby appeal that oral decision of the Alaska Board of Chiropractic Examiners dated October 8, 2015.

This Appeal is supported by the Statement of Points on Appeal, Designation of Record on Appeal, Designation of Transcript, filing fee, and cash bond submitted contemporaneously herewith. This appeal is timely, having been filed within 30 days of the date of issuance of said oral decision. The Board of Chiropractic Examiners has yet to issue a written decision on the matter or to notify Appellants of their appeal rights pursuant to the Administrative Procedures Act. Nevertheless, this appeal is being taken as a cautionary measure.

DATED this 10th day of November, 2015.

THE LAW OFFICES OF WILLIAM R. SATTERBERG, JR.

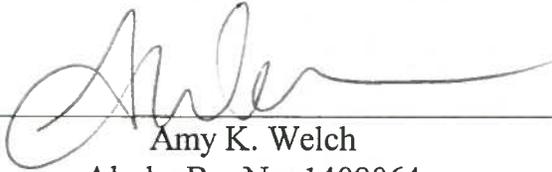
LAW OFFICES
WILLIAM R. SATTERBERG, JR.
 ATTORNEY AT LAW
 709 FOURTH AVENUE
 FAIRBANKS, ALASKA 99701
 (907) 452-4454
 FAX (907) 452-3988
 office@satterberg.net

RECEIVED
104
Jun 04

NOV 09 2015

CBPL

By: _____



Amy K. Welch
Alaska Bar No. 1409064
Attorney for Appellants

LAW OFFICES
WILLIAM R. SATTERBERG, JR.
ATTORNEY AT LAW
709 FOURTH AVENUE
FAIRBANKS, ALASKA 99701
(907) 452-4454
FAX (907) 452-3988
office@satterberg.net

practice when it determined that the iovera procedure is precluded from the chiropractic scope of practice.

4. The Alaska Board of Chiropractic Examiners erred in finding that an injectable anesthetic is a required component of the iovera procedure.

5. The Alaska Board of Chiropractic Examiners erred in finding that Dr. Billy McAfee and/or Dr. John Shannon deceived and/or misled the Board regarding iovera.

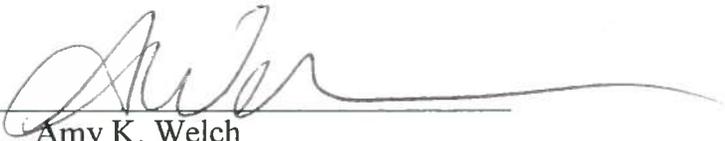
6. The Alaska Board of Chiropractic Examiners erred when it precluded iovera from the chiropractic scope of practice.

7. The Alaska Board of Chiropractic Examiners erred in failing to issue a written decision explaining its position on the iovera treatment.

DATED this 10th day of November, 2015.

THE LAW OFFICES OF WILLIAM R. SATTERBERG, JR.

By: _____


Amy K. Welch
Alaska Bar No. 1409064
Attorney for Appellants

RECEIVED
Juneau

NOV 09 2015

CBPL

**IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
FOURTH JUDICIAL DISTRICT AT FAIRBANKS**

PAIN SOLUTIONS, LLC,)
 BILLY MCAFEE, individually, and)
 JOHN SHANNON, individually,)
)
 Appellants,)
)
 vs.)
)
 ALASKA BOARD OF)
 CHIROPRACTIC EXAMINERS,)
)
 Appellee.)

RECEIVED
 Juneau
 NOV 09 2015
 CBPL

) Case Number 4FA-15-_____

DESIGNATION OF RECORD ON APPEAL

COMES NOW Appellants, Dr. Billy McAfee and Dr. John Shannon, by and through their attorney of record, the Law Offices of William R. Satterberg, Jr., and hereby designate the entire record of the Board of Chiropractic Examiner's consideration of the iovera procedure, including all testimony, exhibits, email communications, pamphlets, memoranda, any materials relied upon by the Board, post-hearing briefs, oral decision of the Board dated October 8, 2015, and any public comment on the issue of iovera.

DATED this 6th day of November, 2015.

THE LAW OFFICES OF WILLIAM R. SATTERBERG, JR.

By: _____
 Amy K. Welch
 Alaska Bar No. 1409064
 Attorney for Appellants

LAW OFFICES
WILLIAM R. SATTERBERG, JR.
 ATTORNEY AT LAW
 709 FOURTH AVENUE
 FAIRBANKS, ALASKA 99701
 (907) 452-4454
 FAX (907) 452-3988
 office@satterberg.net

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
FOURTH JUDICIAL DISTRICT AT FAIRBANKS

PAIN SOLUTIONS, LLC,)
BILLY MCAFEE, individually, and)
JOHN SHANNON, individually,)

RECEIVED
Juneau

NOV 09 2015

Appellants,)

CBPL

vs.)

ALASKA BOARD OF)
CHIROPRACTIC EXAMINERS,)

Appellee.)

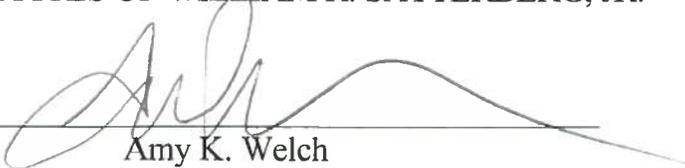
Case Number 4FA-15-_____

DESIGNATION OF TRANSCRIPTS ON APPEAL

COMES NOW Appellants, Dr. Billy McAfee and Dr. John Shannon, by and through their attorney of record, the Law Offices of William R. Satterberg, Jr., and hereby designate the complete transcript of the entire meeting of the Board of Chiropractic Examiners, which was held on September 18, 2015, and the entire meeting of the Board of Chiropractic Examiners, which was held on October 8, 2015.

DATED this 10th day of November, 2015.

THE LAW OFFICES OF WILLIAM R. SATTERBERG, JR.

By: 

Amy K. Welch
Alaska Bar No. 1409064
Attorney for Appellants

LAW OFFICES
WILLIAM R. SATTERBERG, JR.
ATTORNEY AT LAW
709 FOURTH AVENUE
FAIRBANKS, ALASKA 99701
(907) 452-4454
FAX (907) 452-3988
office@satterberg.net

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
FOURTH JUDICIAL DISTRICT AT FAIRBANKS

PAIN SOLUTIONS, LLC,)
BILLY MCAFEE, individually,)
JOHN SHANNON, individually,)

Appellants,)

vs.)

ALASKA BOARD OF)
CHIROPRACTIC EXAMINERS,)

Appellee.)

RECEIVED
Juneau

NOV 09 2015

CBPL

Case Number 4FA-15-_____

I am depositing cash in lieu of a bond as described below. I understand that if the appeal is dismissed or if the judgment/decision is affirmed or modified, the court may order that part or all of this cash deposit be paid to the appellee to cover appeal costs, and if the cash deposit is in lieu of a supersedeas bond the court may also order that it be paid to the appellee to pay the judgment, post-judgment costs and interest. If the court reverses the judgment/decision, the money I am depositing will be returned to me without interest.

X Cash deposit in the amount of \$750.00 in lieu of a **Cost Bond** . I understand that this deposit will not result in a stay of execution of the judgment.

_____ Cash deposit in the amount of \$_____ in lieu of a **Supersedeas Bond** . I understand that this deposit will stay execution of the judgment.

I am the owner of the cash deposited. I submit myself to the jurisdiction of the court and irrevocably appoint the clerk of court as my agent upon whom any papers affecting this deposit may be served. I agree that it is not necessary for an independent action to be filed in order for this deposit to be used as described above.

11/6/2015
Date

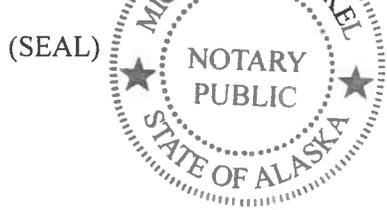
[Signature] attorney for appellants
Signature of Owner of Cash

Amy K. Welch (907) 452-4454 709 4th Avenue, Fairbanks, Alaska 99701

Type or Print Name Telephone No. Mailing Address City State Zip

ACKNOWLEDGMENT

The foregoing instrument was acknowledge before me this date, November 6 , 2015, by Amy K. Welch who personally appeared before me and acknowledged that he executed the instrument for the purposes stated in it.



Michelle R. Pickel

Clerk of Court/Notary Public

My Commission Expires: 12/25/2016

I certify that on _____
a copy of this form was
____ mailed ____ personally delivered
to (list names):

Amt. Deposited \$ _____ Date _____
Receipt No. _____ Clerk _____

By: _____
AP-110 (3/01)(cs)
CASH DEPOSIT ON APPEAL

App. R. 204(c), 602(f)
Civil Rule 80(f) & (g)

RECEIVED
Juneau

NOV 09 2015

CBPL

**IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
FOURTH JUDICIAL DISTRICT AT FAIRBANKS**

PAIN SOLUTIONS, LLC,) BILLY MCAFEE, individually, and) JOHN SHANNON, individually,)) Appellants,)) vs.)) ALASKA BOARD OF) CHIROPRACTIC EXAMINERS,)) Appellee.) Case Number 4FA-15-_____	RECEIVED Juneau NOV 09 2015 CBPL
--	---

CERTIFICATE OF MAILING

MICHELLE PICKEL, being first duly sworn on oath, deposes and states as follows:

1. That, I am employed in the office of William R. Satterberg, Jr.;
2. That, on the 6th day of November, 2015, I served a copy of the Docketing Statement, Entry of Appearance, Statement of Points on Appeal, Notice of Appeal, Designation of Record on Appeal, Designation of Transcripts, Cash in Lieu of Cost Bond Form, and a Certificate of Mailing in the above-captioned case, on:

Craig W. Richards
 Attorney General
 PO Box 110300
 Juneau, Alaska 99811

Harriet Milks
 Assistant Attorney General
 P.O. Box 110300
 Juneau, Alaska 99811

Laura Carrillo
 Licensing Examiner
 Board of Chiropractic Examiners
 333 Willoughby Avenue

LAW OFFICES
WILLIAM R. SATTERBERG, JR.
 ATTORNEY AT LAW
 709 FOURTH AVENUE
 FAIRBANKS, ALASKA 99701
 (907) 452-4454
 FAX (907) 452-3988
 office@satterberg.net

RECEIVED¹¹²
Juneau

NOV 09 2015

CBPL

Juneau, Alaska 99801

by placing true copies thereof in the U.S. Mail, postage prepaid and properly addressed.


MICHELLE PICKEL

LAW OFFICES
WILLIAM R. SATTERBERG, JR.
ATTORNEY AT LAW
709 FOURTH AVENUE
FAIRBANKS, ALASKA 99701
(907) 452-4454
FAX (907) 452-3988
office@satterberg.net

CASE DESCRIPTION – SUPERIOR COURT

Case Number: 4FA-15 -

Type of Action	For Court Use Only	
	Case Type	Action Code
Check the box that best describes the case. Mark one box only. For district court cases, use form CIV-125D.		
Domestic Relations		
Divorce With Children (or Pregnant)	Div or Cust w/Children	CISDVC
Divorce Without Children	Divorce Without Children	CISDIV
Uncontested Divorce With Children (or Pregnant)	Div or Cust w/Children	CISUDVC
Uncontested Divorce Without Children	Divorce Without Children	CISUDIV
Custody (Unmarried Parents)	Div or Cust w/Children	CISCUS
Uncontested Custody (Unmarried Parents)	Div or Cust w/Children	CISUCUS
Visitation by Person Other than Parent	Domestic Relations Other	CIVIS
Property Division – Unmarried Partners	Domestic Relations Other	CISPROP
Legal Separation With Children (or Pregnant)	Legal Separation	CICLS
Legal Separation Without Children	Legal Separation	CISLS
Annulment	Domestic Relations Other	CIANNUL
Paternity - Establishment	Domestic Relations Other	CISPAT
Paternity - Disestablishment	Domestic Relations Other	CIDPAT
Genetic Testing - Failure to Comply with Order for Testing	Domestic Relations Other	CIOSCP
Administrative Child Support Order – Modification or Enforcement	Domestic Relations Other	CIPCS
PFD or Native Dividend Case	Domestic Relations Other	CIPND
Foreign Support Order - Registration, Modification or Enforcement under AS 25.25	Domestic Relations Other	CIUIFSA
Foreign Custody Order – Registration, Modification or Enforcement under AS 25.30	Domestic Relations Other	DR483
<u>Both</u> Foreign Custody & Support Order – Registration, Modification or Enforcement under AS 25.30 and AS 25.25	Domestic Relations Other	CIFCS
Foreign Domestic Relations Order (Not Custody or Support) – Registration, Modification or Enforcement	Domestic Relations Other	CIDRFJ
Landlord/Tenant		
Eviction (May Include Rent or Damages)	Eviction-Superior Court	CISFED
Other Landlord/Tenant (No Eviction)	Civil Superior Court	CISLT
Debt/Contract		
Debt Collection	Civil Superior Court	CISDEB
Claim by Buyer Against Seller of Goods/Services	Civil Superior Court	CISCLAIM
Employment – Discrimination	Civil Superior Court	CISEMPD
Employment – Other Than Discrimination	Civil Superior Court	CISEMP
Other Contract	Civil Superior Court	CISOCT
Real Property Actions		
Condemnation	Civil Superior Court	CISCNDM
Foreclosure	Civil Superior Court	CISFOR
Quiet Title	Civil Superior Court	CISQIT
Real Property Tax Foreclosure	Superior Court Misc Petition	CISTAX
Other Real Estate Matter	Civil Superior Court	CISREM

RECEIVED
Juneau

NOV 09 2015

CBPL

CASE DESCRIPTION – SUPERIOR COURT

Case Number: _____

Type of Action		For Court Use Only	
Check the box that best describes the case. Mark one box only. For district court cases, use form CIV-125D.		Case Type	Action Code
Tort			
<input type="checkbox"/>	Wrongful Death	Civil Superior Court	CISPID
<input type="checkbox"/>	Automobile Tort (But Not Wrongful Death)	Civil Superior Court	CISIDA
<input type="checkbox"/>	Claim Against Owner of Real Property for Personal Injury	Civil Superior Court	CISPIO
<input type="checkbox"/>	Product Liability	Civil Superior Court	CISPL
<input type="checkbox"/>	Intentional Tort (e.g., assault, battery, vandalism)	Civil Superior Court	CISIT
<input type="checkbox"/>	Slander/Libel/Defamation	Civil Superior Court	CISSLD
<input type="checkbox"/>	Other Tort	Civil Superior Court	CISIDO
<input type="checkbox"/>	Approval of Minor Settlement – Civil Petition <i>May also be filed as probate case.</i>	Superior Court Misc Petition	CISPET
Malpractice			
<input type="checkbox"/>	Legal Malpractice	Civil Superior Court	CISLMP
<input type="checkbox"/>	Medical Malpractice	Civil Superior Court	CISMMP
<input type="checkbox"/>	Other Malpractice	Civil Superior Court	CISOMP
Foreign Judgment			
<input type="checkbox"/>	Registration of Foreign Judgment – SEE DOMESTIC RELATIONS FOR FOREIGN SUPPORT/CUSTODY ORDERS	Foreign Judgment Superior Ct	CISFOJ
Other Civil			
<input type="checkbox"/>	Election Contest or Recount Appeal	Civil Superior Court	CISELE
<input type="checkbox"/>	Confession of Judgment	Civil Superior Court	CISCONF
<input type="checkbox"/>	Structured Settlement – AS 09.60.200	Superior Court Misc Petition	CISSS
<input type="checkbox"/>	Administrative Agency Proceeding – Request for Court Assistance	Superior Court Misc Petition	CISWRNT
<input type="checkbox"/>	Arbitration - Action Under Uniform Arbitration Act	Civil Superior Court	CISAP
<input type="checkbox"/>	Fraud	Civil Superior Court	CISFRAUD
<input type="checkbox"/>	Unfair Trade Practice and Consumer Protection	Civil Superior Court Clerk: Issue form CIV-128	CISUTP
<input type="checkbox"/>	Writ of Habeas Corpus	Civil Superior Court	CIWHC
<input type="checkbox"/>	Fish & Game - Abatement & Forfeiture of Equipment	Superior Court Misc Petition	CISAF
<input type="checkbox"/>	Appointment of Trustee Counsel	Superior Court Misc Petition	CISTC
<input type="checkbox"/>	Other Superior Court Complaint	Civil Superior Court	CISOCI
<input type="checkbox"/>	Other Superior Court Petition	Superior Court Misc Petition	CISPET
Post-Conviction Relief to Superior Court			
<input type="checkbox"/>	Post-Conviction Relief	Post-Conviction Relief-Sup Ct	CISPCR
Appeal to Superior Court - From Administrative Agency			
<input type="checkbox"/>	Election Contest or Recount Appeal – SEE OTHER CIVIL		
<input type="checkbox"/>	DMV Appeal	Appeal from Admin Agency	CIADDMV
<input type="checkbox"/>	Employment Security Appeal	Appeal from Admin Agency	CIADRESA
<input checked="" type="checkbox"/>	Administrative Agency Appeal - Other	Appeal from Admin Agency	CIADR
<input type="checkbox"/>	CSSD License Review Action	Petition for Review or Relief	CICSED
<input type="checkbox"/>	Petition for Review from Administrative Agency	Petition for Review or Relief	CIPRA
<input type="checkbox"/>	Petition for Relief from Administrative Agency – AS 44.62.305	Petition for Review or Relief	CIPRLF
Appeal to Superior Court - From District Court			
<input type="checkbox"/>	Civil or Small Claims Appeal	Appeal from District Court	CIACI
<input type="checkbox"/>	Criminal Appeal	Appeal from District Court	CIACRM
<input type="checkbox"/>	Minor Offense Appeal	Appeal from District Court	CIAMO
<input type="checkbox"/>	Petition for Review from District Court	Petition for Review or Relief	CIPRD

**IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
FOURTH JUDICIAL DISTRICT AT FAIRBANKS**

PAIN SOLUTIONS, LLC,)	
BILLY MCAFEE, individually, and)	
JOHN SHANNON, individually,)	
)	
Appellants,)	
)	
vs.)	
)	
ALASKA BOARD OF)	
CHIROPRACTIC EXAMINERS,)	
)	
Appellee.)	Case Number 4FA-15-02756CI

**MEMORANDUM IN SUPPORT OF UNOPPOSED MOTION TO STAY
APPEAL PENDING REQUEST FOR RECONSIDERATION**

On November 6, 2015, Appellants filed a timely Notice of Appeal of the Board of Chiropractic Examiners’ decision dated October 8, 2015. On that same date, Appellants filed a Request for Reconsideration with the Board of Chiropractic Examiners.

It is expected that the Board of Chiropractic Examiners will hold its next meeting on January 22, 2016. Appellants anticipate that the Board will address the Request for Reconsideration at that meeting.

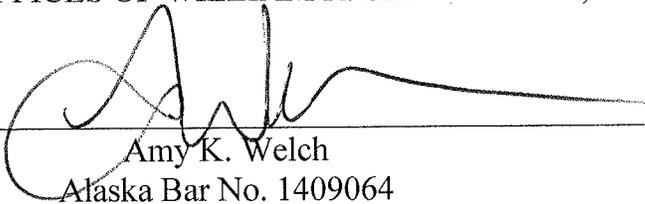
It is respectfully submitted that the ends of justice will be best served and judicial economy will be best promoted by a stay of the above-captioned case pending the Board’s decision regarding the Request for Reconsideration.

Undersigned counsel has spoken with Mr. Araujo, counsel for the Board, and he indicated that he will not oppose this Motion.

LAW OFFICES
WILLIAM R. SATTERBERG, JR.
ATTORNEY AT LAW
709 FOURTH AVENUE
FAIRBANKS, ALASKA 99701
(907) 452-4454
FAX (907) 452-3988
office@satterberg.net

DATED this 30th day of November, 2015.

THE LAW OFFICES OF WILLIAM R. SATTERBERG, JR.

By: 
Amy K. Welch
Alaska Bar No. 1409064
Attorney for Appellants

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the above document was ~~mailed~~ hand-delivered to:

Todd Araujo, AACCP

This 30 day of 11, 20 15

LAW OFFICE OF WILLIAM R. SATTERBERG, JR.

By: 

LAW OFFICES
WILLIAM R. SATTERBERG, JR.
ATTORNEY AT LAW
709 FOURTH AVENUE
FAIRBANKS, ALASKA 99701
(907) 452-4454
FAX (907) 452-3988
office@satterberg.net

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
FOURTH JUDICIAL DISTRICT AT FAIRBANKS

PAIN SOLUTIONS, LLC,)
BILLY MCAFEE, individually, and)
JOHN SHANNON, individually,)
)
Appellants,)
)
vs.)
)
ALASKA BOARD OF)
CHIROPRACTIC EXAMINERS,)
)
Appellee.) Case Number 4FA-15-02756CI
_____)

**ORDER GRANTING UNOPPOSED MOTION TO STAY APPEAL PENDING
REQUEST FOR RECONSIDERATION**

The Court being fully advised in the premises;

IT IS HEREBY ORDERED that the above-captioned appeal be stayed pending the Board of Chiropractic Examiners' decision on Appellants' Request for Reconsideration.

DATED this ____ day of _____, 201 ____.

SUPERIOR COURT JUDGE

LAW OFFICES
WILLIAM R. SATTERBERG, JR.
ATTORNEY AT LAW
709 FOURTH AVENUE
FAIRBANKS, ALASKA 99701
(907) 452-4454
FAX (907) 452-3988
office@satterberg.net

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

STATE CAPITOL
P.O. Box 110001
Juneau, AK 99811-0001
907-465-3500
Fax: 907-465-3532



550 West Seventh Avenue, Suite 1700
Anchorage, AK 99501
907- 269-7450
fax: 907- 269-7463
gov.alaska.gov
Governor@alaska.gov

Governor Bill Walker
STATE OF ALASKA

December 16, 2015

Mr. John Aderhold
353 Grubstake Avenue
Homer, AK 99603

Dear Mr. Aderhold:

Congratulations on your appointment to the Board of Chiropractic Examiners effective March 1, 2016, for a term ending March 1, 2020. I appreciate your willingness to provide this public service to Alaskans.

On March 1, 2016, you will be sent an Oath of Office. Your first official responsibility will be to sign the Oath of Office form in the presence of a notary and return it to my office immediately. Upon our receipt of the completed form, you will be authorized to exercise the powers and perform the duties of your appointment.

At that time, you will also be sent information and materials regarding the process for legislative confirmation. Please feel free to contact my staff at 907-269-7450 should you have any questions. Thank you for agreeing to serve and best wishes to you as a member.

Sincerely,

A handwritten signature in cursive script that reads "John F. Hozey".

John Hozey
Director
Boards and Commissions

cc: Laura Carrillo, Occupational Licensing Examiner, Corporations, Business, and Professional Licensing

JH/li Code: 0109.05 Board Appointment Letters/ D1

STATE CAPITOL
P.O. Box 110001
Juneau, AK 99811-0001
907-465-3500
Fax: 907-465-3532



550 West Seventh Avenue, Suite 1700
Anchorage, AK 99501
907- 269-7450
fax: 907- 269-7463
gov.alaska.gov
Governor@alaska.gov

Governor Bill Walker
STATE OF ALASKA

December 16, 2015

Mr. Jeffrey Reinhardt
315 Lincoln Street, Suite 207
Sitka, AK 99835

Dear Mr. Reinhardt:

Congratulations on your appointment to the Board of Chiropractic Examiners effective March 1, 2016, for a term ending March 1, 2020. I appreciate your willingness to provide this public service to Alaskans.

On March 1, 2016, you will be sent an Oath of Office. Your first official responsibility will be to sign the Oath of Office form in the presence of a notary and return it to my office immediately. Upon our receipt of the completed form, you will be authorized to exercise the powers and perform the duties of your appointment.

At that time, you will also be sent information and materials regarding the process for legislative confirmation. Please feel free to contact my staff at 907-269-7450 should you have any questions. Thank you for agreeing to serve and best wishes to you as a member.

Sincerely,

A handwritten signature in cursive script that reads "John F. Hozey".

John Hozey
Director
Boards and Commissions

cc: Laura Carrillo, Occupational Licensing Examiner, Corporations, Business, and Professional Licensing

JH/li Code: 0109.05 Board Appointment Letters/ D1

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Agenda Item #7

Division Update/Budget Report

Board of Chiropractic Examiners
Schedule of Revenues and Expenditures

	<u>FY 10</u>	<u>FY 11</u>	<u>FY 12</u>	<u>FY 13</u>	<u>FY 14</u>	<u>FY 15</u>
Licensing Revenue	35,295	139,294	34,529	144,686	24,503	146,375
Allowable Third Party Reimbursement	-	-	-	-	537	557
Total Revenue	<u>35,295</u>	<u>139,294</u>	<u>34,529</u>	<u>144,686</u>	<u>25,039</u>	<u>146,932</u>
Direct Expenditures						
Personal Services	44,397	60,992	58,635	33,003	49,928	54,744
Travel	18,662	16,889	18,169	11,866	17,350	15,990
Contractual	18,600	20,873	4,526	3,747	13,399	12,687
Supplies	314	31	255	233	325	80
Equipment	-	-	-	-	-	-
Total Direct Expenditures	<u>81,973</u>	<u>98,786</u>	<u>81,585</u>	<u>48,848</u>	<u>81,001</u>	<u>83,502</u>
Indirect Expenditures	<u>14,651</u>	<u>13,247</u>	<u>17,238</u>	<u>21,128</u>	<u>23,695</u>	<u>31,212</u>
Total Expenses	96,624	112,033	98,823	69,977	104,695	114,713
Annual Surplus (Deficit)	<u>(61,329)</u>	<u>27,261</u>	<u>(64,294)</u>	<u>74,709</u>	<u>(79,656)</u>	<u>32,219</u>
Beginning Cumulative Surplus (Deficit)	103,997	42,668	69,930	5,635	80,344	688
Ending Cumulative Surplus (Deficit)	<u><u>42,668</u></u>	<u><u>69,930</u></u>	<u><u>5,635</u></u>	<u><u>80,344</u></u>	<u><u>688</u></u>	<u><u>32,907</u></u>

Collocation Code Name	CHIROPRACTORS
Acct Type	EX

Account Number	Account Name	Sum of Actual
71172	REGULAR PAY	29,444
71322	OT STRAIGHT TIME	6
71324	OT - TIME & ONE-HALF	181
71670	HOLIDAY PAY	1,432
71680	ANNUAL LEAVE	9
71685	PERSONAL LEAVE	1,903
71700	MILITARY LEAVE	17
71790	AK SUPPLEMNTL BENEFIT	2,026
71795	MEDICARE TAX	460
71800	PERS DB	2,454
71801	PERS DCR	1,140
71815	PERS DCR HRA	995
71816	PERS DCR RMP	363
71818	PERS DB UNF'D LIAB	2,307
71820	UNEMPLYMNT INSURANCE	91
71830	GROUP HLTH INSURANCE	9,805
71835	BASIC LIFE & TRAVEL	25
71840	WORKERS' COMP INS	313
71870	LEAVE CASHIN EMPR CH	745
71871	TERMINAL LV EMPR CHG	375
71925	ASEA LEGAL TRUST	57
71936	ASEA INJURY LV USAGE	0
71940	GGU BUS LV BANK CONT	109
71950	SUPERVSRS LEGAL TRST	10
71970	PERSONAL SVCE TRANS	481
72111	AIRFARE	1,168
72112	SURFACE TRANSPORT	94
72113	LODGING	297
72114	MEALS & INCIDENTALS	289
72124	MEALS & INCIDENTALS	656
72125	TAXABLE PER DIEM	60
72126	NONTAX REIMBURSEMENT	4,786
72411	AIRFARE	654
72412	SURFACE TRANSPORT	36
72413	LODGING	1,485
72414	MEALS & INCIDENTALS	500
72424	MEALS & INCIDENTALS	603
72426	NONTAX REIMBURSEMENT	5,342
72930	CASH ADVANCE FEE	22
73026	TRAINING/CONFERENCES	1,045
73029	MEMBERSHIPS	970
73051	ACCOUNTING/AUDITING	2,109
73079	EXPERT WITNESS	1,350
73226	FREIGHT	53

Collocation Code Name	CHIROPRACTORS
Acct Type	EX

Account Number	Account Name	Sum of Actual
73227	COURIER	66
73228	POSTAGE	108
73401	LONG DISTANCE	6
73451	ADVERTISING	416
73668	ROOM/SPACE	20
73757	HONORARIUMS/STIPEND	112
73809	I/A MAIL	656
73812	I/A LEGAL	5,728
73819	I/A COMMISSION SALES	47
74229	BUSINESS SUPPLIES	80
Grand Total		83,502

Grand Total Equals Direct Expenditures on Board Report

Board of Chiropractic Examiners
Schedule of Revenues and Expenditures

	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY16 1st Qtr
Licensing Revenue	35,295	139,294	34,529	144,686	24,503	146,375	6,100
Allowable Third Party Reimbursement*	-	-	-	-	537	557	-
Total Revenue	<u>35,295</u>	<u>139,294</u>	<u>34,529</u>	<u>144,686</u>	<u>25,039</u>	<u>146,932</u>	<u>6,100</u>
Direct Expenditures							
Personal Services	44,397	60,992	58,635	33,003	49,928	54,744	8,037
Travel	18,662	16,889	18,169	11,866	17,350	15,990	-
Contractual	18,600	20,873	4,526	3,747	13,399	12,687	54
Supplies	314	31	255	233	325	80	-
Equipment	-	-	-	-	-	-	-
Total Direct Expenditures	<u>81,973</u>	<u>98,786</u>	<u>81,585</u>	<u>48,848</u>	<u>81,001</u>	<u>83,502</u>	<u>8,091</u>
Indirect Expenditures**	<u>14,651</u>	<u>13,247</u>	<u>17,238</u>	<u>21,128</u>	<u>23,695</u>	<u>31,212</u>	<u>7,803</u>
Total Expenses	96,624	112,033	98,823	69,977	104,695	114,713	15,894
Annual Surplus (Deficit)	<u>(61,329)</u>	<u>27,261</u>	<u>(64,294)</u>	<u>74,709</u>	<u>(79,656)</u>	<u>32,219</u>	<u>(9,794)</u>
Beginning Cumulative Surplus (Deficit)	103,997	42,668	69,930	5,635	80,344	688	32,907
Ending Cumulative Surplus (Deficit)	<u><u>42,668</u></u>	<u><u>69,930</u></u>	<u><u>5,635</u></u>	<u><u>80,344</u></u>	<u><u>688</u></u>	<u><u>32,907</u></u>	<u><u>23,113</u></u>

*The allocation of the \$20,000 in allowable third party reimbursements will be completed at year-end

**Current year indirect costs are based on the prior fiscal year's total budgeted amount. These costs are averaged over the current fiscal year, then adjusted after the close of the year.

Activity Name Board of Chiropractic Examiners

Object Code	Object Name	Sum of Expenditures
0102	Regular Pay	4,358
0147	Holiday Pay	245
0151	Personal Leave	699
1028	AK Supplemntl Beneft	326
1029	Pers DB	649
1030	Pers DCR	123
1034	Pers DCR HRA	103
1035	Pers DCR RMP	40
1037	Pers DB Unf'D Liab	252
1039	Unemplmnt Insurance	17
1040	Group Hlth Insurance	895
1041	Basic Life & Travel	2
1042	Workers' Comp Ins	64
1047	Leave Cashin Empr Ch	120
1048	Terminal Lv Empr Chg	61
1053	Medicare Tax	74
1077	ASEA Legal Trust	8
1079	ASEA Injury Lv Usage	2
1080	Supervsrs Legal Trst	0
3046	Advertising	45
3057	Structure, Infrastructure and Land - Rentals/Leases	9
Grand Total		8,091

Grand Total Equals Direct Expenditures on Board Report

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Agenda Item #8

Correspondence

From: [Andrea](#)
To: [Carrillo, Laura N \(CED\)](#)
Subject: chiropractic board business
Date: Thursday, January 07, 2016 9:57:32 AM

Ms Carillo and chiropractic board:

I want to inquire about the possibility of the board granting 2 hours of coding credits to every chiropractor working in the state for this license period.

Since there was a conversion last year (year 1 of 2 year licensing cycle) from ICD-9 to ICD-10, all chiropractors would have spent at least that to understand the change. I purchased a program from ChiroCode for several hundred dollars and spent far more than 2 hours going through the program . I did inquire of them if they were in any way pace certified and they were not. I'm sure most chiropractors use the one of the chirocode books in their office.

To have to now purchase and attend an additional 2 hours of coding seems redundant and unnecessary.

Appreciate your consideration in this matter that affects all chiropractors.

Sincerely,

Dr. Andrea Iverson, dc, dabco

907-463-5557

I appreciate you forwarding this to all board members as I am unable to locate emails on line.



Online Continuing Education Courses
www.OnlineCE.com info@onlinece.com

PO Box 428 Wallingford, CT 06492
Phone (860)463-9003 Fax (860)606-9555

October 29, 2015

TO: Board of Chiropractic Examiners

RECEIVED
Juneau

NOV 02 2015

CBPL

Enclosed, please find five copies of our Newsletter: Chiropractic Continuing Education Updates for Licensing Boards.

This newsletter contains short articles that may be of interest to your Board Members in regard to continuing education topics, research articles and other information on distanced based learning.

Please feel free to distribute it and make additional copies as needed.

The New ICD-10 Diagnosis Codes are Here (continued from page 1)

at time, boards on random. With the advent of the implementation of the new ICD-10 codes, physicians, administrators, researchers, policy makers and third party payors can better develop, "Best practices."



Change is always met with concerns and fear. Many providers feel that the new ICD-10 codes will simply be used to deny payment, afraid that the complexity of the coding will lead to errors on billing and rejection of claims by insurers.

Others are worried that the end result will be a decrease in physician autonomy in clinical decision making. Hopefully all stakeholders will realize that with the greater diagnostic specificity comes the ability to ensure that the best and safest possible treatments are being provided for our patients.

*This excellent 4 day event, being held February 24 through 27, 2016, focuses on education for practicing doctor and more importantly provides an opportunity for the profession to lobby congress on issues critical to chiropractic and the health of Americans.....
.....Please strongly consider joining with your colleagues and represent your state at NCLC 2016.*

Course Highlight: Cultural Competency 201

Cultural Competency 201: Developing an appreciation, sensitivity, knowledge and skills in caring for those from other races, cultures, ages, etc.

Cultural Competency defined: The ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.

Educational Objectives:

- Develop an appreciation of the impact of culture group, minority group and racial group on the health care relationship
- Increase sensitivity, knowledge and skills to promote effective intercultural interactions
- Identify the professional's own cultural identity/judgments/biases and their impact on their behavior and how they are perceived by clients and patients
- Recognize cultural variables that appear in verbal and non-verbal communication
- Examine the historical background of the various ethnic groups in the U.S. and why they have come here
- Summarize specific traits of various ethnic/racial groups and how to narrow the gap between us

This is a one credit course by renowned author Dr. Angelica Redleaf. Additional coursework in this topic is available.

The National Chiropractic Leadership Conference – NCLC 2016 (continued from page 1)

NCLC is one of the largest gatherings of chiropractic students held every year. The students that attend are the ones most interested in the legislative and regulatory side of our profession. They constitute the cadre of future doctors most likely to participate in a leadership role in state and national associations and serve on regulatory boards and commissions. NCLC is an excellent time to meet these young professionals and share your experiences and insight.

As with any organization's efforts on a national scale, participation and representation are critical to success. Members of the house and senate are deluged every day by appeals from lobbyists. The wish lists presented range from requests to have legislation

enacted with a very narrow scope only benefiting the group being represented to items that have far reaching consequences that impact the entire nation. It is impossible for our elected senators and congressional delegates to pay attention to all the issues that are presented to them by their constituents. I am not telling you anything new when I say the voice of chiropractic pales in comparison to other branches of organized medicine, the insurance industry and big pharma. This makes it critical that we have a broad and significant level of involvement by everyone in the profession.

You already give unselfishly of your time and effort serving your Board. As members of an agency of your state, you are in an excellent position to bring your expertise to the discussion table to help get our message heard. We need you in Washington. Please strongly consider joining with your colleagues and represent your state at NCLC 2016. For information contact the ACA or go to:

http://www.acatoday.org/level2_css.cfm?TIID=478T2ID=300

Chiropractic Continuing Education Updates for Licensing Boards

Courtesy of Online Continuing Ed, LLC—Home of

ChiroCredit.com and OnlineCE.com

November 2015

Special points of interest:

- * The New ICD-10 Diagnosis Codes are Here
- * The National Chiropractic Leadership Conference—NCLC 2016
- * Course Highlight: Cultural Competency 201

Inside this issue:

New ICD-10	1
National Chiropractic Leadership Conference	1
Cultural Competency 201	2

Contact Us

OnlineContinuingEd, LLC
PO Box 428
Wallingford CT, 06492

Email: info@OnlineCE.com
Fax: 860-606-9555
Phone: 860-463-9003



Providing Healthcare Professionals with high quality and clinically relevant distance based continuing education to educate the Professional and Protect the Public

The New ICD-10 Diagnosis Codes are Here

As you are all aware, on October 1, 2015, utilization of the new ICD-10 codes began. I use the term "new," with a bit of sarcasm since the codes have been in use for over 2 decades. ICD-10 expands the number of available codes from just over 13,000 in the ICD-9 code set to over 63,000. In addition, ICD-10 allows for greater specificity as to causation, laterality and whether the condition is an initial occurrence of a subsequent occurrence. By now we have all seen examples of the humorous entries this has generated such as W59.22xD: Struck by turtle, subsequent encounter and V91.07: Burns due to water-skis on fire.

There were two major motivating factors that drove the creation of the new code set. One has been a principle

rationale for all previous iterations of the codes, the need for more room to expand the number of entities. In the case of the ICD-9 codes, there were numerous categories of disease that were unable to be expanded. As a result new conditions that fell in the same etiological or anatomical groupings had to be placed in an unrelated section making it difficult to locate.

The second, and more compelling reason is clarity and specificity. Making rational decisions regarding treatment is dependent on assessing the success of a particular intervention for a particular condition. When there is lack of distinction between etiology, causation, co-morbidities and occurrence, establishing the best therapeutic approach for a particular condition,

(continued page 2)



Distanced Based Learning Programs for the Chiropractic Profession

The National Chiropractic Leadership Conference - NCLC 2016

Each year hundreds of chiropractic physicians, office staff and faculty and students from the Nation's chiropractic colleges descend on Washington, DC, for the National Chiropractic Leadership Conference. Many of you are aware of NCLC and hopefully have attended. This excellent 4 day event, being held February 24 through 27, 2016, focuses on education for practicing doctors and more importantly

provides an opportunity for the profession to lobby congress on issues critical to chiropractic and the health of Americans. Each year the list of speakers is a who's-who of congressional leaders from both sides of the isle and both ends of the ideological spectrum, all engaging in the proposition that America's health care can be better and chiropractic is part of the solution.

Most recently the emphasis of NCLC and the lobbying effort has been in 3 main areas; expansion of chiropractic services to retirees, dependents and survivors of active duty military personnel under the TRICARE health plan, and continued expansion of chiropractic services in all major Veterans Administration facilities and the inclusion of doctors of chiropractic in the National Health Service Corp.

(continued page 2)

The New ICD-10 Diagnosis Codes are Here (continued from page 1)

at time, boarders on random. With the advent of the implementation of the new ICD-10 codes, physicians, administrators, researchers, policy makers and third party payors can better develop, "Best practices."



Change is always met with concerns and fear. Many providers feel that the new ICD-10 codes will simply be used to deny payment, afraid that the complexity of the coding will lead to errors on billing and rejection of claims by insurers.

Others are worried that the end result will be a decrease in physician autonomy in clinical decision making. Hopefully all stakeholders will realize that with the greater diagnostic specificity comes the ability to ensure that the best and safest possible treatments are being provided for our patients.

*This excellent 4 day event, being held February 24 through 27, 2016, focuses on education for practicing doctor and more importantly provides an opportunity for the profession to lobby congress on issues critical to chiropractic and the health of Americans.....
.....Please strongly consider joining with your colleagues and represent your state at NCLC 2016.*

Course Highlight: Cultural Competency 201

Cultural Competency 201: Developing an appreciation, sensitivity, knowledge and skills in caring for those from other races, cultures, ages, etc.

Cultural Competency defined: The ability of systems to provide **care** to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, **cultural**, and linguistic needs.

Educational Objectives:

- Develop an appreciation of the impact of culture group, minority group and racial group on the health care relationship
- Increase sensitivity, knowledge and skills to promote effective intercultural interactions
- Identify the professional's own cultural identity/judgments/biases and their impact on their behavior and how they are perceived by clients and patients
- Recognize cultural variables that appear in verbal and non-verbal communication
- Examine the historical background of the various ethnic groups in the U.S. and why they have come here
- Summarize specific traits of various ethnic/racial groups and how to narrow the gap between us

This is a one credit course by renowned author Dr. Angelica Redleaf. Additional coursework in this topic is available.

The National Chiropractic Leadership Conference – NCLC 2016 (continued from page 1)

NCLC is one of the largest gatherings of chiropractic students held every year. The students that attend are the ones most interested in the legislative and regulatory side of our profession. They constitute the cadre of future doctors most likely to participate in a leadership role in state and national associations and serve on regulatory boards and commissions. NCLC is an excellent time to meet these young professionals and share your experiences and insight.

As with any organization's efforts on a national scale, participation and representation are critical to success. Members of the house and senate are deluged every day by appeals from lobbyists. The wish lists presented range from requests to have legislation

enacted with a very narrow scope only benefiting the group being represented to items that have far reaching consequences that impact the entire nation. It is impossible for our elected senators and congressional delegates to pay attention to all the issues that are presented to them by their constituents. I am not telling you anything new when I say the voice of chiropractic pales in comparison to other branches of organized medicine, the insurance industry and big pharma. This makes it critical that we have a broad and significant level of involvement by everyone in the profession.

You already give unselfishly of your time and effort serving your Board. As members of an agency of your state, you are in an excellent position to bring your expertise to the discussion table to help get our message heard. We need you in Washington. Please strongly consider joining with your colleagues and represent your state at NCLC 2016. For information contact the ACA or go to:

http://www.acatoday.org/level2_css.cfm?TID=47&T2ID=300

Chiropractic Continuing Education Updates for Licensing Boards

Courtesy of Online Continuing Ed, LLC—Home of
ChiroCredit.com and OnlineCE.com

November 2015

Special points of interest:

- * The New ICD-10 Diagnosis Codes are Here
- * The National Chiropractic Leadership Conference—NCLC 2016
- * Course Highlight: Cultural Competency 201

Inside this issue:

New ICD-10	1
National Chiropractic Leadership Conference	1
Cultural Competency 201	2

Contact Us

OnlineContinuingEd, LLC
PO Box 428
Wallingford CT, 06492

Email: info@OnlineCE.com
Fax: 860-606-9555
Phone: 860-463-9003



Providing Healthcare Professionals with high quality and clinically relevant distance based continuing education to educate the Professional and Protect the Public

The New ICD-10 Diagnosis Codes are Here

As you are all aware, on October 1, 2015, utilization of the new ICD-10 codes began. I use the term "new," with a bit of sarcasm since the codes have been in use for over 2 decades. ICD-10 expands the number of available codes from just over 13,000 in the ICD-9 code set to over 63,000. In addition, ICD-10 allows for greater specificity as to causation, laterality and whether the condition is an initial occurrence of a subsequent occurrence. By now we have all seen examples of the humorous entries this has generated such as W59.22xD: Struck by turtle, subsequent encounter and V91.07: Burns due to water-skis on fire.

There were two major motivating factors that drove the creation of the new code set. One has been a principle

rationale for all previous iterations of the codes, the need for more room to expand the number of entities. In the case of the ICD-9 codes, there were numerous categories of disease that were unable to be expanded. As a result new conditions that fell in the same etiological or anatomical groupings had to be placed in an unrelated section making it difficult to locate.

The second, and more compelling reason is clarity and specificity. Making rational decisions regarding treatment is dependent on assessing the success of a particular intervention for a particular condition. When there is lack of distinction between etiology, causation, co-morbidities and occurrence, establishing the best therapeutic approach for a particular condition,

(continued page 2)



Distanced Based Learning Programs for the Chiropractic Profession

The National Chiropractic Leadership Conference – NCLC 2016

Each year hundreds of chiropractic physicians, office staff and faculty and students from the Nation's chiropractic colleges descend on Washington, DC, for the National Chiropractic Leadership Conference. Many of you are aware of NCLC and hopefully have attended. This excellent 4 day event, being held February 24 through 27, 2016, focuses on education for practicing doctors and more importantly

provides an opportunity for the profession to lobby congress on issues critical to chiropractic and the health of Americans. Each year the list of speakers is a who's-who of congressional leaders from both sides of the aisle and both ends of the ideological spectrum, all engaging in the proposition that America's health care can be better and chiropractic is part of the solution.

Most recently the emphasis of NCLC and the lobbying effort has been in 3 main areas; expansion of chiropractic services to retirees, dependents and survivors of active duty military personnel under the TRICARE health plan, and continued expansion of chiropractic services in all major Veterans Administration facilities and the inclusion of doctors of chiropractic in the National Health Service Corp.

(continued page 2)

The New ICD-10 Diagnosis Codes are Here (continued from page 1)

at time, boarders on random. With the advent of the implementation of the new ICD-10 codes, physicians, administrators, researchers, policy makers and third party payors can better develop, "Best practices."



Change is always met with concerns and fear. Many providers feel that the new ICD-10 codes will simply be used to deny payment, afraid that the complexity of the coding will lead to errors on billing and rejection of claims by insurers.

Others are worried that the end result will be a decrease in physician autonomy in clinical decision making. Hopefully all stakeholders will realize that with the greater diagnostic specificity comes the ability to ensure that the best and safest possible treatments are being provided for our patients.

*This excellent 4 day event, being held February 24 through 27, 2016, focuses on education for practicing doctor and more importantly provides an opportunity for the profession to lobby congress on issues critical to chiropractic and the health of Americans.....
.....Please strongly consider joining with your colleagues and represent your state at NCLC 2016.*

Course Highlight: Cultural Competency 201

Cultural Competency 201: Developing an appreciation, sensitivity, knowledge and skills in caring for those from other races, cultures, ages, etc.

Cultural Competency defined: The ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.

Educational Objectives:

- Develop an appreciation of the impact of culture group, minority group and racial group on the health care relationship
- Increase sensitivity, knowledge and skills to promote effective intercultural interactions
- Identify the professional's own cultural identity/judgments/biases and their impact on their behavior and how they are perceived by clients and patients
- Recognize cultural variables that appear in verbal and non-verbal communication
- Examine the historical background of the various ethnic groups in the U.S. and why they have come here
- Summarize specific traits of various ethnic/racial groups and how to narrow the gap between us

This is a one credit course by renowned author Dr. Angelica Redleaf. Additional coursework in this topic is available.

The National Chiropractic Leadership Conference – NCLC 2016 (continued from page 1)

NCLC is one of the largest gatherings of chiropractic students held every year. The students that attend are the ones most interested in the legislative and regulatory side of our profession. They constitute the cadre of future doctors most likely to participate in a leadership role in state and national associations and serve on regulatory boards and commissions. NCLC is an excellent time to meet these young professionals and share your experiences and insight.

As with any organization's efforts on a national scale, participation and representation are critical to success. Members of the house and senate are deluged every day by appeals from lobbyists. The wish lists presented range from requests to have legislation

enacted with a very narrow scope only benefiting the group being represented to items that have far reaching consequences that impact the entire nation. It is impossible for our elected senators and congressional delegates to pay attention to all the issues that are presented to them by their constituents. I am not telling you anything new when I say the voice of chiropractic pales in comparison to other branches of organized medicine, the insurance industry and big pharma. This makes it critical that we have a broad and significant level of involvement by everyone in the profession.

You already give unselfishly of your time and effort serving your Board. As members of an agency of your state, you are in an excellent position to bring your expertise to the discussion table to help get our message heard. We need you in Washington. Please strongly consider joining with your colleagues and represent your state at NCLC 2016. For information contact the ACA or go to:

http://www.acatoday.org/level2_css.cfm?TIID=476T2ID=300

Chiropractic Continuing Education Updates for Licensing Boards

Courtesy of Online Continuing Ed, LLC—Home of

ChiroCredit.com and OnlineCE.com

Providing Healthcare Professionals with high quality and clinically relevant distance based continuing education to educate the Professional and Protect the Public

November 2015

Special points of interest:

- * The New ICD-10 Diagnosis Codes are Here
- * The National Chiropractic Leadership Conference—NCLC 2016
- * Course Highlight: Cultural Competency 201

Inside this issue:

New ICD—10	1
National Chiropractic Leadership Conference	1
Cultural Competency 201	2

Contact Us

OnlineContinuingEd, LLC
PO Box 428
Wallingford CT, 06492

Email: info@OnlineCE.com
Fax: 860-606-9555
Phone: 860-463-9003



The New ICD-10 Diagnosis Codes are Here

As you are all aware, on October 1, 2015, utilization of the new ICD-10 codes began. I use the term "new," with a bit of sarcasm since the codes have been in use for over 2 decades. ICD-10 expands the number of available codes from just over 13,000 in the ICD-9 code set to over 63,000. In addition, ICD-10 allows for greater specificity as to causation, laterality and whether the condition is an initial occurrence of a subsequent occurrence. By now we have all seen examples of the humorous entries this has generated such as W59.22xD: Struck by turtle, subsequent encounter and V91.07: Burns due to water-skis on fire.

There were two major motivating factors that drove the creation of the new code set. One has been a principle

rationale for all previous iterations of the codes, the need for more room to expand the number of entities. In the case of the ICD-9 codes, there were numerous categories of disease that were unable to be expanded. As a result new conditions that fell in the same etiological or anatomical groupings had to be placed in an unrelated section making it difficult to locate.

The second, and more compelling reason is clarity and specificity. Making rational decisions regarding treatment is dependent on assessing the success of a particular intervention for a particular condition. When there is lack of distinction between etiology, causation, co-morbidities and occurrence, establishing the best therapeutic approach for a particular condition,

(continued page 2)



Distanced Based Learning Programs for the Chiropractic Profession

The National Chiropractic Leadership Conference – NCLC 2016

Each year hundreds of chiropractic physicians, office staff and faculty and students from the Nation's chiropractic colleges descend on Washington, DC, for the National Chiropractic Leadership Conference. Many of you are aware of NCLC and hopefully have attended. This excellent 4 day event, being held February 24 through 27, 2016, focuses on education for practicing doctors and more importantly

provides an opportunity for the profession to lobby congress on issues critical to chiropractic and the health of Americans. Each year the list of speakers is a who's-who of congressional leaders from both sides of the isle and both ends of the ideological spectrum, all engaging in the proposition that America's health care can be better and chiropractic is part of the solution.

Most recently the emphasis of NCLC and the lobbying effort has been in 3 main areas: expansion of chiropractic services to retirees, dependents and survivors of active duty military personnel under the TRICARE health plan, and continued expansion of chiropractic services in all major Veterans Administration facilities and the inclusion of doctors of chiropractic in the National Health Service Corp.

(continued page 2)

The New ICD-10 Diagnosis Codes are Here (continued from page 1)

at time, boarders on random. With the advent of the implementation of the new ICD-10 codes, physicians, administrators, researchers, policy makers and third party payors can better develop, "Best practices."



Change is always met with concerns and fear. Many providers feel that the new ICD-10 codes will simply be used to deny payment, afraid that the complexity of the coding will lead to errors on billing and rejection of claims by insurers.

Others are worried that the end result will be a decrease in physician autonomy in clinical decision making. Hopefully all stakeholders will realize that with the greater diagnostic specificity comes the ability to ensure that the best and safest possible treatments are being provided for our patients.

*This excellent 4 day event, being held February 24 through 27, 2016, focuses on education for practicing doctor and more importantly provides an opportunity for the profession to lobby congress on issues critical to chiropractic and the health of Americans.....
.....Please strongly consider joining with your colleagues and represent your state at NCLC 2016.*

Course Highlight: Cultural Competency 201

Cultural Competency 201: Developing an appreciation, sensitivity, knowledge and skills in caring for those from other races, cultures, ages, etc.

Cultural Competency defined: The ability of systems to provide **care** to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, **cultural**, and linguistic needs.

Educational Objectives:

- Develop an appreciation of the impact of culture group, minority group and racial group on the health care relationship
- Increase sensitivity, knowledge and skills to promote effective intercultural interactions
- Identify the professional's own cultural identity/judgments/biases and their impact on their behavior and how they are perceived by clients and patients
- Recognize cultural variables that appear in verbal and non-verbal communication
- Examine the historical background of the various ethnic groups in the U.S. and why they have come here
- Summarize specific traits of various ethnic/racial groups and how to narrow the gap between us

This is a one credit course by renowned author Dr. Angelica Redleaf. Additional coursework in this topic is available.

The National Chiropractic Leadership Conference – NCLC 2016 (continued from page 1)

NCLC is one of the largest gatherings of chiropractic students held every year. The students that attend are the ones most interested in the legislative and regulatory side of our profession. They constitute the cadre of future doctors most likely to participate in a leadership role in state and national associations and serve on regulatory boards and commissions. NCLC is an excellent time to meet these young professionals and share your experiences and insight.

As with any organization's efforts on a national scale, participation and representation are critical to success. Members of the house and senate are deluged every day by appeals from lobbyists. The wish lists presented range from requests to have legislation

enacted with a very narrow scope only benefiting the group being represented to items that have far reaching consequences that impact the entire nation. It is impossible for our elected senators and congressional delegates to pay attention to all the issues that are presented to them by their constituents. I am not telling you anything new when I say the voice of chiropractic pales in comparison to other branches of organized medicine, the insurance industry and big pharma. This makes it critical that we have a broad and significant level of involvement by everyone in the profession.

You already give unselfishly of your time and effort serving your Board. As members of an agency of your state, you are in an excellent position to bring your expertise to the discussion table to help get our message heard. We need you in Washington. Please strongly consider joining with your colleagues and represent your state at NCLC 2016. For information contact the ACA or go to:

http://www.acatoday.org/level2_css.cfm?TIID=47&T2ID=300

Chiropractic Continuing Education Updates for Licensing Boards

Courtesy of Online Continuing Ed, LLC—Home of

ChiroCredit.com and OnlineCE.com

November 2015

Special points of interest:

- * The New ICD-10 Diagnosis Codes are Here
- * The National Chiropractic Leadership Conference—NCLC 2016
- * Course Highlight: Cultural Competency 201

Inside this issue:

New ICD—10	1
National Chiropractic Leadership Conference	1
Cultural Competency 201	2

Contact Us

OnlineContinuingEd, LLC
PO Box 428
Wallingford CT, 06492

Email: info@OnlineCE.com
Fax: 860-606-9555
Phone: 860-463-9003



Providing Healthcare Professionals with high quality and clinically relevant distance based continuing education to educate the Professional and Protect the Public

The New ICD-10 Diagnosis Codes are Here

As you are all aware, on October 1, 2015, utilization of the new ICD-10 codes began. I use the term “new,” with a bit of sarcasm since the codes have been in use for over 2 decades. ICD-10 expands the number of available codes from just over 13,000 in the ICD-9 code set to over 63,000. In addition, ICD-10 allows for greater specificity as to causation, laterality and whether the condition is an initial occurrence of a subsequent occurrence. By now we have all seen examples of the humorous entries this has generated such as W59.22xD: Struck by turtle, subsequent encounter and V91.07: Burns due to water-skis on fire.

There were two major motivating factors that drove the creation of the new code set. One has been a principle

rationale for all previous iterations of the codes, the need for more room to expand the number of entities. In the case of the ICD-9 codes, there were numerous categories of disease that were unable to be expanded. As a result new conditions that fell in the same etiological or anatomical groupings had to be placed in an unrelated section making it difficult to locate.

The second, and more compelling reason is clarity and specificity. Making rational decisions regarding treatment is dependent on assessing the success of a particular intervention for a particular condition. When there is lack of distinction between etiology, causation, co-morbidities and occurrence, establishing the best therapeutic approach for a particular condition,

(continued page 2)



Distanced Based Learning Programs for the Chiropractic Profession

The National Chiropractic Leadership Conference – NCLC 2016

Each year hundreds of chiropractic physicians, office staff and faculty and students from the Nation’s chiropractic colleges descend on Washington, DC, for the National Chiropractic Leadership Conference. Many of you are aware of NCLC and hopefully have attended. This excellent 4 day event, being held February 24 through 27, 2016, focuses on education for practicing doctors and more importantly

provides an opportunity for the profession to lobby congress on issues critical to chiropractic and the health of Americans. Each year the list of speakers is a who’s-who of congressional leaders from both sides of the aisle and both ends of the ideological spectrum, all engaging in the proposition that America’s health care can be better and chiropractic is part of the solution.

Most recently the emphasis of NCLC and the lobbying effort has been in 3 main areas; expansion of chiropractic services to retirees, dependents and survivors of active duty military personnel under the TRICARE health plan, and continued expansion of chiropractic services in all major Veterans Administration facilities and the inclusion of doctors of chiropractic in the National Health Service Corp.

(continued page 2)

The New ICD-10 Diagnosis Codes are Here (continued from page 1)

at time, boarders on random. With the advent of the implementation of the new ICD-10 codes, physicians, administrators, researchers, policy makers and third party payors can better develop, "Best practices."



Change is always met with concerns and fear. Many providers feel that the new ICD-10 codes will simply be used to deny payment, afraid that the complexity of the coding will lead to errors on billing and rejection of claims by insurers.

Others are worried that the end result will be a decrease in physician autonomy in clinical decision making. Hopefully all stakeholders will realize that with the greater diagnostic specificity comes the ability to ensure that the best and safest possible treatments are being provided for our patients.

*This excellent 4 day event, being held February 24 through 27, 2016, focuses on education for practicing doctor and more importantly provides an opportunity for the profession to lobby congress on issues critical to chiropractic and the health of Americans.....
.....Please strongly consider joining with your colleagues and represent your state at NCLC 2016.*

Course Highlight: Cultural Competency 201

Cultural Competency 201: Developing an appreciation, sensitivity, knowledge and skills in caring for those from other races, cultures, ages, etc.

Cultural Competency defined: The ability of systems to provide **care** to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, **cultural**, and linguistic needs.

Educational Objectives:

- Develop an appreciation of the impact of culture group, minority group and racial group on the health care relationship
- Increase sensitivity, knowledge and skills to promote effective inter-cultural interactions
- Identify the professional's own cultural identity/judgments/biases and their impact on their behavior and how they are perceived by clients and patients
- Recognize cultural variables that appear in verbal and non-verbal communication
- Examine the historical background of the various ethnic groups in the U.S. and why they have come here
- Summarize specific traits of various ethnic/racial groups and how to narrow the gap between us

This is a one credit course by renowned author Dr. Angelica Redleaf. Additional coursework in this topic is available.

The National Chiropractic Leadership Conference – NCLC 2016 (continued from page 1)

NCLC is one of the largest gatherings of chiropractic students held every year. The students that attend are the ones most interested in the legislative and regulatory side of our profession. They constitute the cadre of future doctors most likely to participate in a leadership role in state and national associations and serve on regulatory boards and commissions. NCLC is an excellent time to meet these young professionals and share your experiences and insight.

As with any organization's efforts on a national scale, participation and representation are critical to success. Members of the house and senate are deluged every day by appeals from lobbyists. The wish lists presented range from requests to have legislation

enacted with a very narrow scope only benefiting the group being represented to items that have far reaching consequences that impact the entire nation. It is impossible for our elected senators and congressional delegates to pay attention to all the issues that are presented to them by their constituents. I am not telling you anything new when I say the voice of chiropractic pales in comparison to other branches of organized medicine, the insurance industry and big pharma. This makes it critical that we have a broad and significant level of involvement by everyone in the profession.

You already give unselfishly of your time and effort serving your Board. As members of an agency of your state, you are in an excellent position to bring your expertise to the discussion table to help get our message heard. We need you in Washington. Please strongly consider joining with your colleagues and represent your state at NCLC 2016. For information contact the ACA or go to:

http://www.acatoday.org/level2_css.cfm?TIID=47&T2ID=300

Chiropractic Continuing Education Updates for Licensing Boards

Courtesy of Online Continuing Ed, LLC—Home of
ChiroCredit.com and OnlineCE.com

November 2015

Special points of interest:

- * The New ICD-10 Diagnosis Codes are Here
- * The National Chiropractic Leadership Conference—NCLC 2016
- * Course Highlight: Cultural Competency 201

Inside this issue:

New ICD—10	1
National Chiropractic Leadership Conference	1
Cultural Competency 201	2

Contact Us

OnlineContinuingEd, LLC
PO Box 428
Wallingford CT, 06492

Email: info@OnlineCE.com
Fax: 860-606-9555
Phone: 860-463-9003



Providing Healthcare Professionals with high quality and clinically relevant distance based continuing education to educate the Professional and Protect the Public

The New ICD-10 Diagnosis Codes are Here

As you are all aware, on October 1, 2015, utilization of the new ICD-10 codes began. I use the term “new,” with a bit of sarcasm since the codes have been in use for over 2 decades. ICD-10 expands the number of available codes from just over 13,000 in the ICD-9 code set to over 63,000. In addition, ICD-10 allows for greater specificity as to causation, laterality and whether the condition is an initial occurrence of a subsequent occurrence. By now we have all seen examples of the humorous entries this has generated such as W59.22xD: Struck by turtle, subsequent encounter and V81.07: Burns due to water-skis on fire.

There were two major motivating factors that drove the creation of the new code set. One has been a principle

rationale for all previous iterations of the codes, the need for more room to expand the number of entities. In the case of the ICD-9 codes, there were numerous categories of disease that were unable to be expanded. As a result new conditions that fell in the same etiological or anatomical groupings had to be placed in an unrelated section making it difficult to locate.

The second, and more compelling reason is clarity and specificity. Making rational decisions regarding treatment is dependent on assessing the success of a particular intervention for a particular condition. When there is lack of distinction between etiology, causation, co-morbidities and occurrence, establishing the best therapeutic approach for a particular condition,

(continued page 2)



Distanced Based Learning Programs for the Chiropractic Profession

The National Chiropractic Leadership Conference – NCLC 2016

Each year hundreds of chiropractic physicians, office staff and faculty and students from the Nation’s chiropractic colleges descend on Washington, DC, for the National Chiropractic Leadership Conference. Many of you are aware of NCLC and hopefully have attended. This excellent 4 day event, being held February 24 through 27, 2016, focuses on education for practicing doctors and more importantly

provides an opportunity for the profession to lobby congress on issues critical to chiropractic and the health of Americans. Each year the list of speakers is a who’s-who of congressional leaders from both sides of the aisle and both ends of the ideological spectrum, all engaging in the proposition that America’s health care can be better and chiropractic is part of the solution.

Most recently the emphasis of NCLC and the lobbying effort has been in 3 main areas; expansion of chiropractic services to retirees, dependents and survivors of active duty military personnel under the TRICARE health plan, and continued expansion of chiropractic services in all major Veterans Administration facilities and the inclusion of doctors of chiropractic in the National Health Service Corp.

(continued page 2)

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

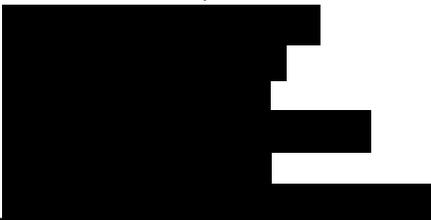
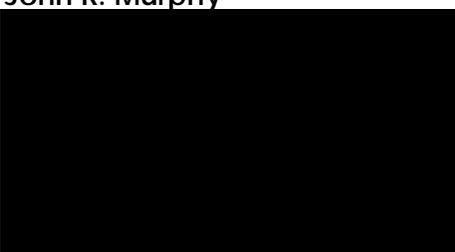
Agenda Item #9

Peer Review Comittee

PEER REVIEW COMMITTEE

Advisory to the

Alaska State Board of Chiropractic Examiners

	Date Appointed	Ori. Exp.	Reappointed	Term Expires
Ben J. Pontius, DC 	10/4/13	10/4/15		10/4/15
N. Todd Lovell, DC 	10/4/13	10/4/13		10/4/15
Evan E. Frisk, DC 	05/15/2015	05/15/2015		05/15/2017
John R. Murphy 	10/4/13	10/4/13		10/4/15

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Agenda Item #11

FCLB/NBCE Update

From: Carrillo, Laura N (CED)
To: "drjamesheston@gmail.com"; "drdanielholt@gci.net"; "akauktion@gci.net"; "drcampbell@arcticchiropractic.com"; "dredbarrington@gci.net"
Subject: FW: NBCE Part IV Schedule of Meetings and Exams
Date: Monday, December 21, 2015 9:36:00 AM
Attachments: [May 2016 Nomination Form distributed.pdf](#)

Hello,

Please see the nomination form/below e-mail. We can go over this during our January meeting.

Laura Carrillo
 Licensing Examiner
 Board of Chiropractic Examiners
 State of Alaska – DCCED – CBPL
 Phone: 907-465-2588
 E-mail: laura.carrillo@alaska.gov
 Fax: 907-465-2974

From: Deborah Beeman [<mailto:dbeeman@NBCE.org>]
Sent: Wednesday, December 16, 2015 1:12 PM
To: Hannasch, Dawn K (CED); 'james@drjimheston.com'
Subject: NBCE Part IV Schedule of Meetings and Exams

Each year the National Board of Chiropractic Examiners administers two Part IV Practical Examinations and hosts a Part IV Test Committee meeting. Many of you hold board meetings quarterly; therefore, we want to inform you of our 2016 schedule in advance. We hope this assists in planning for your state board members to participate.

We invite you to recommend two state board members (licensed DC's) to participate as examiners in the administration of each practical exam; and one state board member (licensed DC) to participate in the June Test Committee meeting, if their schedules permit.

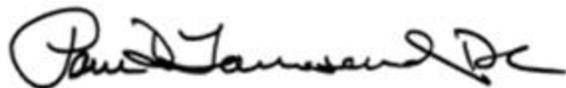
The dates for the two Part IV examinations and the Part IV Test Committee meeting for 2016 are as follows:

Spring Part IV Exam – May 13, 14 & 15, 2016
 Part IV Test Committee meeting – June 10 & 11, 2016
 Fall Part IV exam – November 11, 12 & 13, 2016

Attached is the nomination form for the Spring Part IV Exam in May 2016. Please return it via email or fax to 970-356-1095 as soon as you know your nominated board members.

If you have any questions, you can email me; or you may call me at 1-800-964-6223 Ext. 163, or Debora Beeman at Ext. 154.

Sincerely,

A handwritten signature in black ink on a white rectangular background. The signature reads "Paul Townsend" in a cursive script, followed by a stylized "Dr." monogram.

Dr. Paul Townsend
Director of Practical Testing,
Research & Development

State Board Nominees' Participation Form
for May 13, 14 & 15, 2016
National Board of Chiropractic Examiners'
Part IV Practical Examination

FAX: Debora Beeman - 970-356-1095

Nominated State Board Rep. Name:

Address:

City: State: Zip Code:

Office Phone #: Cell #:

E-mail Address:

Test Site Choice #1:

Test Site Choice #2:

Left click mouse on drop down arrows to view and select test sites.

Deadline for this form to be turned into NBCE is [March 25, 2016](#)

*If you have any problems filling in this form, or sending it by e-mail,
please call Debora Beeman at 1-800-964-6223 Ext. 154.*

**Please provide a copy
of the nominee's resume!**

From: kwebb@fclb.org
To: [Carrillo, Laura N \(CED\)](#)
Subject: Sad News
Date: Thursday, December 10, 2015 6:17:19 AM

Good morning,

We recently received some sad news and wanted to pass it on.

Ms. Carol Hall, Executive Director of the North Carolina Board of Chiropractic, passed away last week.

As those of you who worked with her know, she was a wonderful, cheerful woman who was dedicated to our shared mission of public protection.

Our thoughts and prayers are with her family and friends.

[More information is posted here.](#)

Take care,
Kelly

Kelly R. Webb

PR and PACE Coordinator
Federation of Chiropractic Licensing Boards
5401 W. 10th Street, Suite 101
Greeley, CO 80634
(970) 356-3500
www.fclb.org
kwebb@fclb.org
[Like us on FaceBook!](#)



**Federation of Chiropractic
Licensing Boards**

5401 W. 10th Street, Suite 101
Greeley, Colorado 80634 USA
(970) 356-3500 / FAX (970) 356-3599

Email: vyoung@fclb.org Website: www.fclb.org
Federal Employee Identification # 83-0208564

INVOICE¹⁵⁶

Date	09/04/2015
Customer ID#	34204803
Balance Due Upon Receipt In US Funds	\$295.00

TO: Dr. James Fredrick Heston
AK Board of Chiropractic Examiners
141 W Pioneer Ave

Homer, AK 99603

If any portion of this amount is to be paid by your organization or another party, please forward a copy to them.

Secure payment by credit card? Visit www.fclb.org **CLICK PAY INVOICE TAB**

2015 District I and IV

Invoice # 3204

Purchase Order #

Description
Standard Registration

<u>Quantity</u>	<u>Unit Cost</u>	<u>TOTAL</u>
1	\$295.00	\$295.00

Your user name: JHeston
Forgot your password? You can retrieve it online.

For your reference:
Check # or CC transaction # _____

Thank you for your support of excellence in chiropractic regulation!

Subtotal	\$295.00
Shipping	\$0.00
Tax	\$0.00
Invoice Total	\$295.00
Discount/Credit	\$0.00
Payments	\$0.00
TOTAL DUE	\$295.00

If mailing, please return this portion with your payment

Dr. James Fredrick Heston
AK Board of Chiropractic Examiners
141 W Pioneer Ave

Customer ID# 34204803
Invoice # 3204

Homer, AK 99603

AMOUNT DUE
\$295.00

Email: heston@alaska.net
Phone: 907-235-7146

Amount Paid: \$ _____

Please make any changes to your name or contact information above.

From: [Chambers, Sara C. \(CED\)](#)
To: [Kautz, Colleen K. \(CED\)](#)
Cc: [Carrillo, Laura N. \(CED\)](#); [Hannasch, Dawn K. \(CED\)](#); [Hewlett, Martha A. \(CED\)](#)
Subject: RE: Dr. Heston's FCLB District I and IV invoice
Date: Thursday, November 05, 2015 3:09:10 PM

Yes, for now, please print and submit to Dawn for review, then she can put in my basket.

Thanks!

Sara Chambers
Division Operations Manager

Alaska Division of Corporations, Business and Professional Licensing

P.O. Box 110806, Juneau, AK 99811-0806

commerce.alaska.gov/web/cbpl

Phone: (907) 465-2144

FAX: (907) 465-2974

Any guidance provided by this electronic communication is not a binding legal opinion, ruling, or interpretation that may be relied upon, but merely guidance concerning existing statutes and regulations. There may be other unique or undisclosed facts, circumstances, and information that may have changed any guidance provided in this communication.

CONFIDENTIALITY NOTICE: *This communication is intended for the sole use of the individual or entity to whom it is addressed to and is covered by the Electronic Communications Privacy Act (18 USC § 2510-2521), and may contain Confidential Official Use Only Information that may be exempt from public release under the Freedom of Information Act (5 USC § 552). If you are not the intended recipient, you are prohibited from disseminating, distributing or copying any information contained in this communication.*

The State of Alaska cannot guarantee the security of e-mails sent to or from a state employee outside the state e-mail system. If you are not the intended recipient or receive this communication in error, please notify the sender by reply e-mail and delete the original message and all copies from your computer.

From: Kautz, Colleen K (CED)
Sent: Thursday, November 05, 2015 2:09 PM
To: Chambers, Sara C (CED)
Cc: Carrillo, Laura N (CED); Hannasch, Dawn K (CED); Hewlett, Martha A (CED)
Subject: FW: Dr. Heston's FCLB District I and IV invoice

I'm forwarding this to Sara. She and I have not discussed who will approve invoices. She will let us know when procedures change, until then carry on as you have been.

Thanks.

Colleen K. Kautz
 Program Coordinator
 Division of Corporations, Business and Professional Licensing
 Alaska Dept. of Commerce, Community and Economic Development
 Phone: (907) 465-2524
commerce.alaska.gov/web/cbpl

From: Carrillo, Laura N (CED)
Sent: Thursday, November 05, 2015 1:52 PM

To: Hewlett, Martha A (CED)
Cc: Kautz, Colleen K (CED); Hannasch, Dawn K (CED)
Subject: FW: Dr. Heston's FCLB District I and IV invoice

FCLB Invoice for CHI Board/Dr. Heston's participation.

Laura Carrillo
Licensing Examiner
Board of Chiropractic Examiners
State of Alaska – DCCED – CBPL
Phone: 907-465-2588
E-mail: laura.carrillo@alaska.gov
Fax: 907-465-2974

From: Vicki Young [<mailto:VYoung@fclb.org>]
Sent: Thursday, November 05, 2015 1:50 PM
To: Carrillo, Laura N (CED)
Cc: heston@alaska.net
Subject: Dr. Heston's FCLB District I and IV invoice

Laura-

Dr. Heston asked me to send this invoice to you to process payment.

Thank you,

Vicki

Vicki J. Young
Finance and Benefits Manager
Federation of Chiropractic Licensing Boards
5401 W 10th Street, Suite #101
Greeley, CO 80634
970-356-3500
970-356-3599 (fax)
vyoung@fclb.org

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Agenda Item #12

Position Statements

- Advertising of Free Services
- Sexual Harassment
- Massage Therapists/Chiropractic Assistants
- Injectable Nutrients

**ALASKA BOARD OF CHIROPRACTIC EXAMINERS
POSITION STATEMENT: ADVERTISEMENT OF FREE SERVICES**

Date:

Status:

Organized by:

Adopted by:

PURPOSE:

The purpose of this position statement is to discourage the public advertisement of free services at a chiropractic office, including but not limited to: x-rays, examinations, therapies or other services. Free offerings of appliances, vitamins and other non-service items are not condemned.

HISTORY:

Advertising of chiropractic services has historically been a source of friction in the chiropractic community. Recently, a complaint by a chiropractic office regarding the advertisement by another office for free x-rays and examinations was made verbally to a Board member, expressing the feeling that this form of advertisement demeaned the profession, and lessened the seriousness of examination and x-ray. It was also stated that this type of offer might lead to a “no-out-of-pocket-expense” (NOOPE) scheme where insurance would be billed, but the patient would not be charged.

SUPPORTIVE MATERIAL:

None available.

SUMMARY:

As there is very little public distinction between chiropractic practices and chiropractic is often categorized, unfairly, as a “one service” profession, the Board is sympathetic to the need for many chiropractic offices to advertise services publicly. NOOPE schemes are not allowed. The Board agrees that advertising free services, although not specifically prohibited, promotes an unfavorable public perception of the profession and lends to confusion. Free public or in-office “screenings” are encouraged and supported.

ALASKA BOARD OF CHIROPRACTIC EXAMINERS POSITION STATEMENT: INJECTABLE NUTRIENTS

Date:

Status:

Organized by:

Adopted by:

PURPOSE:

The purpose of this statement is to support the use of injectable nutrients by qualified Chiropractic Physicians.

STATEMENT:

The ABOCE supports the use of injectable nutrients by Chiropractic Physicians with appropriate training. Although the Alaska Chiropractic Statutes and Regulations do not specifically mention injectable nutrients, the chiropractic profession has historically been an authority on nutrition for Alaskans to rely upon when consulting for health care needs and issues, and nutrition science is part of the core curriculum training of Chiropractic Physicians. As the science of nutrition evolves, the method of application of vitamins, minerals and homeopathic solutions may change, and the ABOCE supports new methods with appropriate training.

HISTORY:

The issue of chiropractic use of injectable nutrients has been discussed by the Board since 2006 when Dr. John Shannon, Chiropractic Physician licensed in Alaska, first came to the Board for approval of this treatment method. Since that time, there has been at least one Board letter allowing the procedure and an opinion from the State Ombudsman's office stating that the law is vague enough to allow the treatment.

The definition of Chiropractic describes a healing method which does not use "prescription drugs or surgery". Since those regulations were established, vitamins have been labeled a drug by certain governmental agencies, and in 2010, the State of Alaska added to the Chiropractic Regulations that any substance which had the label "Warning, Federal law prohibits the use without prescription", could not be prescribed by a chiropractor. The ABOCE believes that the Statutes and Regulations regarding Chiropractic should be modernized to specifically allow certain substances and devices with this label to be used by Chiropractic Physicians in Alaska, and had not anticipated these changes in a timely manner

in order to prevent this situation. Also, a testimony in front of the Board (telephonically) on July 12, 2013 by Todd Araujo, Esq. from the Attorney General's office, urged the Board to condemn the use of injectable nutrients because it was not part of Chiropractic "core curriculum", and when sterile water is added to a vitamin, it becomes a "prescription drug". The Board, however, maintains that the science of nutrition is part of the core curriculum training of Chiropractic Physicians, and the method of application: oral, parenteral or injectable, is something a Chiropractic Physician may study and learn to provide safely to patients.

SUPPORTIVE MATERIAL:

Statute Sec. 08.20.900(1) "ancillary methodology"; methods, procedures, modalities, devices, and measures commonly used by trained and licensed health care providers"; "counseling on dietary regimen".

SUMMARY:

Chiropractic Physicians are trained in nutrition as part of their core education and have historically been a professional source for nutritional advice and treatment by Alaskans. Current Statutes and Regulations for the Chiropractic profession in Alaska should be modernized to specifically allow chiropractors to continue to provide quality service and in the manner and form that patient's health condition may require. The ABOCE will work with the Alaska Chiropractic Society to introduce appropriate legislative changes to bring the profession of Chiropractic to the level demanded by changes in the profession itself as well as regulatory bodies. At present, the ABOCE supports the use of injectable nutrients by Chiropractic Physicians with appropriate training and support, as implied by current regulation.

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Agenda Item #13

ACS Update

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Agenda Item #14

Public Comment

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Agenda Item #15

Investigations Report

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Agenda Item #16

Administrative Business

Wall certificates for:

- Dana-August Manelick
- John Lloyd
- Michael McClaskey

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

- (1) matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- (2) subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;
- (3) matters which by law, municipal charter, or ordinance are required to be confidential;
- (4) matters involving consideration of government records that by law are not subject to public disclosure.

MOTION WORDING:

“In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

- (1) **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; *OR***
- (2) **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion; *OR***
- (3) **matters which by law, municipal charter, or ordinance are required to be confidential; *OR***
- (4) **matters involving consideration of government records that by law are not subject to public disclosure.**

**Board staff is requested to remain during the session *OR*
Board only to remain during session.”**

Staff will then state **“The board is off the record at _____(time).”**

Statutes/Regulations

Statutes and Regulations **Chiropractors**

August 2014

(Centralized Statutes and Regulations not included)



DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT

***DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING***

NOTE: The official version of the statutes in this document is printed in the Alaska Statutes, copyrighted by the State of Alaska. The official version of the regulations in this document is published in the Alaska Administrative Code, copyrighted by the State of Alaska. If any discrepancies are found between this document and the official versions, the official versions will apply.

TABLE OF CONTENTS

Section	Page
1. Chiropractor Statutes (AS 08.20).....	1
2. Chiropractor Regulations (12 AAC 16)	7
3. Appendix A: Radiation Protection Regulation (18 AAC 85)	21
4. Appendix B: Notice on Superiority Advertising	31

**CHAPTER 20.
CHIROPRACTORS.**

Article

1. **Board of Chiropractic Examiners (§§ 08.20.010—08.20.090)**
2. **Licensing and Regulation (§§ 08.20.100—08.20.185)**
3. **Unlawful Acts and Penalties (§§ 08.20.200—08.20.210)**
4. **General Provisions (§§ 08.20.230—08.20.900)**

**ARTICLE 1.
BOARD OF CHIROPRACTIC EXAMINERS.**

Section

10. **Creation and membership of Board of Chiropractic Examiners**
20. **Members of board**
25. **Removal of board members**
40. **Organization of board**
50. **Power of officers to administer oaths and take testimony**
55. **Board regulations**
60. **Seal**
90. **Quorum of board**

Sec. 08.20.010. Creation and membership of Board of Chiropractic Examiners. There is created the Board of Chiropractic Examiners consisting of five members appointed by the governor.

Sec. 08.20.020. Members of board. Four members of the board shall be licensed chiropractic physicians who have practiced chiropractic in this state not less than two years. One member of the board shall be a person with no direct financial interest in the health care industry. Each member serves without pay but is entitled to per diem and travel expenses allowed by law.

Sec. 08.20.025. Removal of board members. A member of the board may be removed from office by the governor for cause.

Sec. 08.20.040. Organization of board. Every two years, the board shall elect from its membership a president, vice-president and secretary.

Sec. 08.20.050. Power of officers to administer oaths and take testimony. The president and the secretary may administer oaths in conjunction with the business of the board.

Sec. 08.20.055. Board regulations. The board shall adopt substantive regulations necessary to effect the provisions of this chapter, including regulations establishing standards for

- (1) continuing education; and
- (2) the application, performance, and evaluation of chiropractic core methodology.

Sec. 08.20.060. Seal. The board shall adopt a seal and affix it to all licenses issued.

Sec. 08.20.090. Quorum of board. A majority of the board constitutes a quorum for the transaction of business.

**ARTICLE 2.
LICENSING AND REGULATION.**

Section

100. **Practice of chiropractic**
110. **Application for license**
120. **Qualifications for license**
130. **Examinations**
141. **Licensure by credentials**
155. **Professional designation**
160. **Temporary permits**
163. **Temporary permit for locum tenens practice**
165. **Inactive license status**
167. **Retired license status**
170. **Disciplinary sanctions; refusal to issue or renew license**

180. Fees**185. Peer review committee; confidentiality**

Sec. 08.20.100. Practice of chiropractic. (a) A person may not practice chiropractic or use chiropractic core methodology in the state without a license.

(b) A person licensed under this chapter may

(1) analyze, diagnose, or treat the chiropractic condition of a patient by chiropractic core methodology or by ancillary methodology;

(2) accept referrals for chiropractic treatment;

(3) consult on chiropractic matters;

(4) refer patients to other health care professionals;

(5) sign

(A) within the scope of chiropractic practice, certificates of physical examinations for children before they enter school;

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

(C) authorizations for sick leave;

(6) perform preemployment and workplace health examinations;

(7) provide disability and physical impairment ratings; and

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

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

Sec. 08.20.110. Application for license. A person desiring to practice chiropractic shall apply in writing to the board.

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

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

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

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

(A) is accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board; or

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

(i) 150 hours of chiropractic philosophy or principles;

(ii) 1,200 hours of basic sciences, including anatomy, chemistry, physiology, and pathology;

(iii) 1,400 hours of preclinical technique, including diagnosis, chiropractic technique, and x-ray; and

(iv) 700 hours of clinical training;

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

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

(6) passes, to the satisfaction of the board, the parts of the examination of the National Board of Chiropractic Examiners required by the board.

(b) Repealed 1996.

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

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

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

(d) An applicant may take a reexamination within one year after failing the examination.

Sec. 08.20.141. Licensure by credentials. The board may issue a license by credentials to an applicant who pays the appropriate fee and presents satisfactory proof that the applicant

(1) is a graduate of a school or college of chiropractic that

(A) is accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board; or

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

(i) 150 hours of chiropractic philosophy or principles;

(ii) 1,200 hours of basic sciences, including anatomy, chemistry, physiology, and pathology;

(iii) 1,400 hours of preclinical technique, including diagnosis, chiropractic technique, and x-rays; and

(iv) 700 hours of clinical training;

(2) has held a license in good standing to practice chiropractic in another jurisdiction for the five years preceding the date of application; for purposes of this paragraph, "good standing" means that

(A) no action has been reported about the applicant in the national licensee database of the Federation of Chiropractic Licensing Boards;

(B) the applicant has not, within the five years preceding the date of application, been the subject of an unresolved review or an adverse decision based on a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a foreign, state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients;

(C) the applicant has not been convicted of a felony within the five years preceding the date of application;

(3) has been in active licensed clinical chiropractic practice for at least three of the five years immediately preceding the date of application;

(4) has passed, to the satisfaction of the board, the parts of the examination of the National Board of Chiropractic Examiners required by the board;

(5) has passed an examination approved by the board that is designed to test the applicant's knowledge of the laws of the state governing the practice of chiropractic and the regulations adopted under those laws; and

(6) has completed 120 hours of formal training in physiological therapeutics or has passed, to the satisfaction of the board, a physiological therapeutics examination of the National Board of Chiropractic Examiners required by the board.

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

Sec. 08.20.160. Temporary permits. Temporary permits may be issued to persons apparently qualified until the next regular meeting of the board.

Sec. 08.20.163. Temporary permit for locum tenens practice. (a) The board may grant a temporary permit to a chiropractor for the purpose of the chiropractor's substituting for another chiropractor licensed in this state. The permit is valid for 60 consecutive days. If circumstances warrant, an extension of the permit may be granted by the board.

(b) A chiropractor applying under (a) of this section shall pay the required fee and shall meet the

(1) requirements of AS 08.20.120; or

(2) following requirements:

(A) submit evidence of a current license in good standing, including

(i) no action reported in the national licensee database of the Federation of Chiropractic Licensing Boards;

(ii) not having been, within the five years preceding the date of application, the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients; and

(iii) no conviction for a felony within the five years preceding the date of application;

(B) submit evidence of five years of active licensed clinical practice;

(C) 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 a successor accrediting agency recognized by the board;

(D) have completed 120 hours of formal training in physiological therapeutics or have passed, to the satisfaction of the board, a physiological therapeutic examination of the National Board of Chiropractic Examiners required by the board;

(E) have passed, to the satisfaction of the board, Parts I and II of the examination of the National Board of Chiropractic Examiners; and

(F) pass an examination given by the board.

(c) Permits and extensions of permits issued under this section to an individual are not valid for more than 240 days during any consecutive 24 months.

Sec. 08.20.165. Inactive license status. (a) A licensee who does not practice in the state may convert a license to inactive status when renewing the license. A person who practices in the state, however infrequently, shall hold an active license. A person renewing an inactive license shall meet the same renewal requirements that would be applicable if the person were renewing an active license.

(b) A person who has an inactive license certificate under (a) of this section may reactivate the license by

applying for an active license and paying the required fees.

Sec. 08.20.167. Retired license status. (a) Upon retiring from practice and upon payment of an appropriate one-time fee, a licensee in good standing with the board may apply for the conversion of an active or inactive license to a retired status license. A person holding a retired status license may not practice chiropractic in the state. A retired status license is valid for the life of the license holder and does not require renewal. A person holding a retired status license is exempt from continuing education requirements adopted by the board under AS 08.20.170 (d).

(b) A person with a retired status license may apply for active licensure. Before issuing an active license under this subsection, the board may require the applicant to meet reasonable criteria, as determined under regulations of the board, that may include submission of continuing education credits, reexamination requirements, physical and psychiatric examination requirements, an interview with the board, and a review of information in the national licensee database of the Federation of Chiropractic Licensing Boards.

Sec. 08.20.170. Disciplinary sanctions; refusal to issue or renew license. (a) The board may impose a disciplinary sanction on a person licensed under this chapter or refuse to issue a license under this chapter when the board finds that the person

- (1) secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation;
 - (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
 - (3) advertised professional services in a false or misleading manner;
 - (4) has been convicted, including a conviction based on a guilty plea or plea of nolo contendere, of
 - (A) a felony or other crime that affects the person's ability to practice competently and safely; or
 - (B) a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs;
 - (5) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards established by regulation regardless of whether actual injury to the patient occurred;
 - (6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;
 - (7) continued or attempted to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) addiction or severe dependency on alcohol or a drug that impairs the person's ability to practice safely;
 - (C) physical or mental disability or an infectious or contagious disease;
 - (8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients; or
 - (9) failed to satisfy continuing education requirements adopted by the board.
- (b) AS 44.62 (Administrative Procedure Act) applies to any action taken by the board for the suspension or revocation of a license.
- (c) A person whose license is suspended or revoked may within two years from date of suspension apply for reinstatement, and if the board is satisfied that the applicant should be reinstated, it shall order reinstatement.
- (d) The board shall adopt regulations which ensure that renewal of license is contingent on proof of continued competency by a practitioner.

Sec. 08.20.180. Fees. (a) An applicant for an examination, reexamination, issuance of a temporary permit under AS 08.20.160, issuance of a locum tenens permit under AS 08.20.163, issuance of a license by credentials under AS 08.20.141, one-time issuance of a retired status license, or initial issuance or renewal of an active or inactive license shall pay a fee established under AS 08.01.065.

(b) *Repealed Sec. 24 ch. 22 SLA 2001.*

Sec. 08.20.185. Peer review committee; confidentiality. (a) In addition to peer review authorized under AS 08.01.075, the board may establish a peer review committee to review complaints concerning the reasonableness or appropriateness of care provided, fees charged, or costs for services rendered by a licensee to a patient. A review conducted by a peer review committee under this section may be utilized by the board in considering disciplinary action against a licensee but the results or recommendations of a peer review committee are not binding upon the board. A member of a peer review committee established under this section who in good faith submits a report under this section or participates in an investigation or judicial proceeding related to a report submitted under this section is immune from civil liability for the submission or participation.

(b) The board shall charge a complainant a fee, established under AS 08.01.065, for peer review under this section.

(c) Patient records presented to a peer review committee for review under this section that were confidential before their presentation to the committee are confidential to the committee members and to the board members and are not subject to inspection or copying under AS 40.25.110 - 40.25.125. A committee member or board member to whom confidential records are presented under this subsection shall maintain the confidentiality of the records. A person who violates this subsection is guilty of a class B misdemeanor.

**ARTICLE 3.
UNLAWFUL ACTS AND PENALTIES.**

Section

200. Unlicensed practice a misdemeanor

210. Fraudulent certificates

Sec. 08.20.200. Unlicensed practice a misdemeanor. A person who practices chiropractic in the state without a license in violation of AS 08.20.100 is guilty of a misdemeanor, and upon conviction is punishable by a fine of not more than \$1,000, or by imprisonment for not more than a year, or by both.

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

**ARTICLE 4.
GENERAL PROVISIONS.**

Section

230. Practice of chiropractic

900. Definitions

Sec. 08.20.230. Practice of chiropractic. The practice of chiropractic

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

(2) involves the diagnosis, analysis, or formulation of a chiropractic diagnostic impression regarding the chiropractic conditions of the patient to determine the appropriate method of chiropractic treatment.

Sec. 08.20.900. Definitions. In this chapter,

(1) "ancillary methodology" means employing within the scope of chiropractic practice, with appropriate training and education, those methods, procedures, modalities, devices, and measures commonly used by trained and licensed health care providers and includes

(A) physiological therapeutics; and

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

(2) "board" means the Board of Chiropractic Examiners;

(3) "chiropractic" is the clinical science of human health and disease that focuses on the detection, correction, and prevention of the subluxation complex and the employment of physiological therapeutic procedures preparatory to and complementary with the correction of the subluxation complex for the purpose of enhancing the body's inherent recuperative powers, without the use of surgery or prescription drugs; the primary therapeutic vehicle of chiropractic is chiropractic adjustment;

(4) "chiropractic adjustment" means the application of a precisely controlled force applied by hand or by mechanical device to a specific focal point of the anatomy for the express purpose of creating a desired angular movement in skeletal joint structures in order to eliminate or decrease interference with neural transmission and correct or attempt to correct subluxation complex; "chiropractic adjustment" utilizes, as appropriate, short lever force, high velocity force, short amplitude force, or specific line-of-correction force to achieve the desired angular movement, as well as low force neuro-muscular, neuro-vascular, neuro-cranial, or neuro-lymphatic reflex technique procedures;

(5) "chiropractic core methodology" means the treatment and prevention of subluxation complex by chiropractic adjustment as indicated by a chiropractic diagnosis and includes the determination of contra-indications to chiropractic adjustment, the normal regimen and rehabilitation of the patient, and patient education procedures; chiropractic core methodology does not incorporate the use of prescription drugs, surgery, needle acupuncture, obstetrics, or x-rays used for therapeutic purposes;

(6) "chiropractic diagnosis" means a diagnosis made by a person licensed under this chapter based on a chiropractic examination;

(7) "chiropractic examination" means an examination of a patient conducted by or under the supervision of a person licensed under this chapter for the express purpose of ascertaining whether symptoms of subluxation complex exist and consisting of an analysis of the patient's health history, current health status, results of diagnostic procedures including x-ray and other diagnostic imaging devices, and postural, thermal, physical, neuro-physical, and spinal examinations that focuses on the discovery of

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

(B) interference with normal nerve transmission and expression;

(8) “manipulation” means an application of a resistive movement by applying a nonspecific force without the use of a thrust, that is directed into a region and not into a focal point of the anatomy for the general purpose of restoring movement and reducing fixations;

(9) “physiological therapeutics” means the therapeutic application of forces that induce a physiologic response and use or allow the natural processes of the body to return to a more normal state of health; physiological therapeutics encompasses the diagnosis and treatment of disorders of the body, utilizing

(A) manipulation;

(B) the natural healing forces associated with air, cold, heat, electricity, exercise, light, massage, water, nutrition, sound, rest, and posture;

(C) thermotherapy, cryotherapy, high frequency currents, low frequency currents, interferential currents, hydrotherapy, exercise therapy, rehabilitative therapy, meridian therapy, vibratory therapy, traction and stretching, bracing and supports, trigger point therapy, and other forms of therapy;

(10) “subluxation complex” means a biomechanical or other disrelation or a skeletal structural disrelationship, misalignment, or dysfunction in a part of the body resulting in aberrant nerve transmission and expression.

CHAPTER 16.
BOARD OF CHIROPRACTIC EXAMINERS.

Article

1. **The Board (12 AAC 16.010—12 AAC 16.020)**
2. **Licensing (12 AAC 16.030—12 AAC 16.270)**
3. **Continuing Education (12 AAC 16.280—12 AAC 16.390)**
4. **Peer Review (12 AAC 16.400—12 AAC 16.430)**
5. **General Provisions (12 AAC 16.900—12 AAC 16.990)**

ARTICLE 1.
THE BOARD.

Section

10. **Objectives**
20. **Meetings**

12 AAC 16.010. OBJECTIVES. (a) It is the objective of the board to foster professional standards consistent with the best interests of the public.

(b) It is the objective of the board to adhere to the Code of Ethics of the American Chiropractic Association or International Chiropractic Association as a basis for considering what comprises the duties and obligations of chiropractors to the public.

Authority: AS 08.20.055

12 AAC 16.020. MEETINGS. The board will, in its discretion, meet at least twice each year for the transaction of business and examination of applicants.

Authority: AS 08.20.055 AS 08.20.130

ARTICLE 2.
LICENSING.

Section

30. **Application for licensure by examination**
31. **Application for temporary permit for locum tenens practice**
32. **(Repealed)**
33. **Application for licensure by credentials**
35. **(Repealed)**
37. **National examination requirements**
40. **Evaluation of academic study in liberal arts or science**
45. **Accredited school or college**
46. **Chiropractic specialty designation**
47. **Chiropractic specialty program criteria**
48. **Approved chiropractic specialty programs**
50. **(Repealed)**
60. **(Repealed)**
70. **(Repealed)**
80. **(Repealed)**
90. **(Repealed)**
100. **(Repealed)**
110. **(Repealed)**
120. **(Repealed)**
130. **State chiropractic examination**
140. **(Repealed)**
150. **Reexamination**
160. **(Repealed)**
170. **Special examination**
180. **(Repealed)**
185. **(Repealed)**
190. **(Repealed)**
200. **Temporary permits**
205. **Courtesy license**

- 210. (Repealed)
- 211. (Repealed)
- 220. (Repealed)
- 230. (Repealed)
- 240. (Repealed)
- 250. (Repealed)
- 260. (Repealed)
- 270. (Repealed)

12 AAC 16.030. APPLICATION FOR LICENSURE BY EXAMINATION. (a) Except as provided in (b) of this section, a person applying for chiropractic licensure by examination shall submit, at least 45 days before the next scheduled state chiropractic examination,

- (1) a completed application on a form provided by the department;
- (2) the fees established in 12 AAC 02.150;
- (3) official college transcripts showing that the applicant has met the education requirements of AS 08.20.120(a)(1), (3), and (4);
- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has passed the applicable examination described in 12 AAC 16.037;
- (5) either
 - (A) official college transcripts showing that the applicant has met the education requirements of AS 08.20.120(a)(2); or
 - (B) evidence of active licensed practice of chiropractic for at least three of the four years preceding the date that the application was filed;
- (6) if the applicant holds or has ever held a license to practice chiropractic, verification of the present status of the applicant's license from each jurisdiction where the applicant holds or has ever held a license to practice chiropractic, sent directly to the department from the licensing jurisdiction; and
- (7) a report under AS 12.62 containing criminal history record information concerning the applicant and issued no earlier than 90 days before the application; if a state other than this state is the applicant's primary state of residence, or if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, the applicant shall also submit an equivalent report issued by that other state and issued no earlier than 90 days before the application.

(b) The board may approve an applicant to take the state chiropractic examination before the applicant meets the requirements of (a)(3), (4), and (5)(A) of this section, if the registrar of the applicant's chiropractic college provides a letter to the board verifying that the applicant

- (1) is currently enrolled in the chiropractic college;
 - (2) is actively pursuing completion of a chiropractic curriculum; and
 - (3) has obtained senior status and is working on the clinical portion of the curriculum.
- (c) *Repealed 1/29/2009.*

Authority: AS 08.20.055 AS 08.20.120 AS 08.20.170
AS 08.20.110 AS 08.20.130

12 AAC 16.031. APPLICATION FOR TEMPORARY PERMIT FOR LOCUM TENENS PRACTICE.

(a) A person applying for a temporary permit for locum tenens practice must meet the applicable requirements of AS 08.20.163 and this section, including passing the state chiropractic examination described in 12 AAC 16.130.

(b) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163(b)(1) and this section shall submit

- (1) a completed application on a form provided by the department;
- (2) the applicable fees established in 12 AAC 02.150;
- (3) official college transcripts showing that the applicant meets the education requirements of AS 08.20.120(a)(2) - (4); and
- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the applicable national examinations described in 12 AAC 16.037.

(c) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163(b)(2) and this section shall submit

- (1) a completed application on a form provided by the department;
- (2) the applicable fees established in 12 AAC 02.150;
- (3) official college transcripts showing that the applicant meets the education requirements of AS 08.20.163(b)(2)(C) and (D);
- (4) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the examinations described in AS 08.20.163(b)(2)(D) and (E);
- (5) verification of practice showing that the applicant meets the requirements of AS 08.20.163(b)(2)(B);

(6) verification of the applicant's licensure status and complete information regarding any disciplinary action or investigation taken or pending, sent directly to the department from all licensing jurisdictions where the applicant holds or has ever held a chiropractic license; and

(7) a notarized, sworn statement by the applicant that the applicant has not been, within the five years preceding the date of application, the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on ability or competence to engage in the practice of chiropractic or the safety or well-being of patients;

(8) *repealed 5/27/2006.*

(d) An applicant applying for a temporary permit for locum tenens practice under AS 08.20.163 and this section shall submit

(1) a notarized, sworn statement by the chiropractor licensed in this state for whom the applicant will substitute, including the dates of the substitute practice and the date that the chiropractor licensed in this state will resume practice; and

(2) a report under AS 12.62 containing criminal history record information concerning the applicant and issued no earlier than 90 days before the application; if a state other than this state is the applicant's primary state of residence, or if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, the applicant shall also submit an equivalent report issued by that other state and issued no earlier than 90 days before the application.

Authority: AS 08.20.055 AS 08.20.163 AS 08.20.170
AS 08.20.120

12 AAC 16.032. APPLICATION FOR LICENSURE BY CREDENTIALS. *Repealed 12/7/97.*

12 AAC 16.033. APPLICATION FOR LICENSURE BY CREDENTIALS. An applicant for licensure by credentials must meet the requirements of AS 08.20.141, pass the examination required under AS 08.20.141(5), and submit, at least 45 days before the next scheduled state chiropractic examination, the following:

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

(2) the applicable fees established in 12 AAC 02.150;

(3) evidence that the applicant has held a license in good standing to practice chiropractic in another jurisdiction for the five years preceding the date of application;

(4) verification of the present status of the applicant's license from each jurisdiction where the applicant holds or has ever held a license to practice chiropractic;

(5) evidence of active licensed clinical chiropractic practice for at least three out of the last five years immediately preceding the date of application;

(6) official transcripts showing that the applicant is a graduate of a school or college of chiropractic that was, at the time of graduation, accredited by or a candidate for accreditation by the Council on Chiropractic Education or a successor accrediting agency recognized by the board;

(7) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed either the Special Purposes Examination of Chiropractic (SPEC) or both parts one and two of the national examination;

(8) either

(A) evidence of completion of 120 hours of formal training in physiological therapeutics; or

(B) an official grade transcript sent directly to the department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the physiological therapeutics examination;

(9) a notarized sworn statement by the applicant that the applicant has not, within the five years preceding the date of application, been the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a foreign, state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients;

(10) a report under AS 12.62 containing criminal history record information concerning the applicant and issued no earlier than 90 days before the application; if a state other than this state is the applicant's primary state of residence, or if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, the applicant shall also submit an equivalent report issued by that other state and issued no earlier than 90 days before the application.

Authority: AS 08.20.055 AS 08.20.130 AS 08.20.170
AS 08.20.110 AS 08.20.141

12 AAC 16.035. LICENSE-BY-EXAMINATION; NATIONAL BOARD CERTIFICATION. *Repealed 5/10/90.*

12 AAC 16.037. NATIONAL EXAMINATION REQUIREMENTS. (a) To satisfy the examination requirements of AS 08.20.120(a)(6), an applicant must pass each subject of the following parts of the examination of the National Board of Chiropractic Examiners, and the elective physiotherapy examination;

(1) if the applicant graduated before 1987 from a school or college of chiropractic that meets the requirements of AS 08.20.120(a)(3), parts one and two of the national examination;

(2) if the applicant graduated after 1986 from a school or college of chiropractic that meets the requirements of AS 08.20.120(a)(3), parts one, two, and three of the national examination.

(b) An applicant who has been in the active practice of chiropractic for five continuous years before the date of application for a license in the state may substitute successful passage of the Special Purposes Examination of Chiropractic (SPEC) of the National Board of Chiropractic Examiners for part three of the examination of the National Board of Chiropractic Examiners.

(c) To pass a national examination subject, an applicant must achieve a minimum score of

(1) 75 percent for an examination taken before October 1983; or

(2) 375 for an examination taken on or after October 1983.

(d) Beginning September 1, 1998, to satisfy the examination requirements of AS 08.20.120(a)(6), in addition to the requirements of (a) of this section, an applicant must also pass part four of the national examination.

Authority: AS 08.20.055 AS 08.20.120 AS 08.20.130

12 AAC 16.040. EVALUATION OF ACADEMIC STUDY IN LIBERAL ARTS OR SCIENCE. After evaluating an applicant's academic study as required by AS 08.20.120(a)(3), it must be apparent that the course of academic study corresponds with that which is available from the University of Alaska or is acceptable to a regional accrediting agency for approved colleges of liberal arts or sciences.

Authority: AS 08.20.055 AS 08.20.120

12 AAC 16.045. ACCREDITED SCHOOL OR COLLEGE. (a) For the purpose of AS 08.20.120(a)(3), an accredited school or college of chiropractic is a chiropractic program or institution that is accredited by or meets standards equivalent to those of the Council on Chiropractic Education.

(b) The definition in (a) of this section applies to all colleges of chiropractic from which an applicant for licensure matriculates after the effective date of this section.

Authority: AS 08.20.055 AS 08.20.120

12 AAC 16.046. CHIROPRACTIC SPECIALTY DESIGNATION. (a) A chiropractor licensed under AS 08.20 and this chapter applying for an initial or renewal specialty chiropractic designation shall submit

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

(2) the specialty designation fee established in 12 AAC 02.150;

(3) for the initial specialty chiropractic designation, documentation of the successful completion of a postgraduate specialty program at an accredited school approved by the board, mailed directly to the department from the accredited school;

(4) documentation of certification or diplomate status issued by the certification program or diplomate board verifying that the licensee has met the protocols, guidelines, standards, continuing competency examinations, and coursework established by the certification program or diplomate board, mailed directly to the department from the certifying body.

(b) Upon approval by the board, the department will issue a new license with the specialty designation.

Authority: AS 08.20.055 AS 08.20.155

12 AAC 16.047. CHIROPRACTIC SPECIALTY PROGRAM CRITERIA. (a) To be approved by the board, a postgraduate diplomate chiropractic specialty program must

(1) be comprised of a minimum of 300 classroom hours; and

(2) require passage of appropriate examinations administered by the approved specialty board.

(b) To be approved by the board, a postgraduate chiropractic specialty certification program must

(1) be offered by a program or institution accredited by the Council on Chiropractic Education;

(2) be comprised of a minimum of 120 classroom hours; and

(3) require passage of appropriate examinations administered by the approved program.

Authority: AS 08.20.055 AS 08.20.155

12 AAC 16.048. APPROVED CHIROPRACTIC SPECIALTY PROGRAMS. (a) The following postgraduate diplomate specialty programs are approved by the board, if the board determines that the program meets the requirements of 12 AAC 16.047:

(1) Chiropractic Diagnostic Imaging (DACBR) program administered by the American Chiropractic Association Council on Diagnostic Imaging (Roentgenology);

(2) Chiropractic Rehabilitation (DACRB) program administered by the American Chiropractic Association Council on Chiropractic Physiological Therapeutics and Rehabilitation;

(3) Chiropractic Clinical Nutrition (DACBN) program administered by the American Chiropractic Association Council on Nutrition;

(4) Chiropractic Diagnosis and Management of Internal Disorders (DABCI) program administered by the American Chiropractic Association Council on Family Practice;

(5) Chiropractic Orthopedics (DABCO) program administered by the American Chiropractic Association Council on Orthopedists;

(6) Chiropractic Clinical Neurology program administered by the

(A) American Chiropractic Academy of Neurology (DACAN or FACCN);

(B) American Chiropractic Association Council on Neurology (DABCN);

(C) American Chiropractic Neurology Board (DACNB);

(7) Chiropractic Sports Physician (DACBSP) program administered by the American Chiropractic Board of Sports Physicians;

(8) Chiropractic Forensics (DABFP) program administered by the American Board of Forensic Professionals.

(b) The following postgraduate specialty certification programs are approved by the board, if the board determines that the program meets the requirements of 12 AAC 16.047:

(1) Certified Chiropractic Sports Physician (CCSP) program administered by the American Chiropractic Association Sports Council;

(2) Certificate in Chiropractic Thermography (CACBT) program administered by the American Chiropractic Association Council on Thermography;

(3) Certificate in Chiropractic Pediatrics program administered by the International Chiropractors Association (ICA) Council on Chiropractic Pediatrics.

(c) The board may approve other postgraduate diplomate specialty programs or specialty certification programs upon written request by the program sponsor. In order to be approved by the board, the program sponsor must include in the written request documentation showing that the program meets the requirements in 12 AAC 16.047.

Authority: AS 08.20.055 AS 08.20.155

12 AAC 16.050. NOTIFICATION. *Repealed 6/3/89.*

12 AAC 16.060. SCHEDULE. *Repealed 9/30/81.*

12 AAC 16.070. BASIS OF QUESTIONS. *Repealed 8/21/91.*

12 AAC 16.080. IDENTIFICATION OF EXAMINATION APPLICANTS. *Repealed 1/6/2002.*

12 AAC 16.090. METHOD OF EXAMINATION. *Repealed 6/3/89.*

12 AAC 16.100. MATERIALS. *Repealed 1/6/2002.*

12 AAC 16.110. LEAVING THE EXAMINATION ROOM. *Repealed 1/6/2002.*

12 AAC 16.120. DISTURBANCE. *Repealed 1/6/2002.*

12 AAC 16.130. STATE CHIROPRACTIC EXAMINATION. (a) The state chiropractic examination consists of a written and oral examination, administered by the board or the board's agent, covering AS 08.01 – AS 08.03, AS 08.20, 12 AAC 02, 12 AAC 16, and 18 AAC 85, and any other subjects that the board determines are necessary to demonstrate knowledge of chiropractic as defined in AS 08.20.

(b) An examination candidate may not

(1) have on the examination table any paper or object other than the examination questions, examination paper, blotter, pencil, pens, ink, eraser, and a timepiece;

(2) while the examination is in session, leave the examination room for any reason, unless accompanied by a proctor or board member;

(3) communicate with another candidate during the examination; communication with another candidate will result in immediate dismissal from the entire examination.

(c) A score of 75 percent or above is required to receive a passing grade on the state chiropractic examination.

Authority: AS 08.20.055 AS 08.20.120 AS 08.20.130

12 AAC 16.140. FAILED SUBJECTS. *Repealed 5/10/98.*

12 AAC 16.150. REEXAMINATION. An applicant who has failed the state chiropractic examination may apply for reexamination by submitting to the board at least 30 days before the next scheduled examination

(1) a written request for reexamination; and

- (2) *repealed 5/10/98*;
- (3) the examination fee established in 12 AAC 02.150.

Authority: AS 08.20.055 AS 08.20.130

12 AAC 16.160. TIME. *Repealed 9/30/81.*

12 AAC 16.170. SPECIAL EXAMINATION. (a) *Repealed 5/27/2006.*

(b) A special examination may be administered at a time other than during a scheduled examination to an applicant for a locum tenens permit that meets the requirements of AS 08.20.163 and 12 AAC 16.031.

Authority: AS 08.20.055 AS 08.20.130

12 AAC 16.180. RECONSIDERATION OF PAPERS. *Repealed 6/3/89.*

12 AAC 16.185. EXAMINERS. *Repealed 5/10/98.*

12 AAC 16.190. LICENSES AND CERTIFICATES. *Repealed 1/29/2009.*

12 AAC 16.200. TEMPORARY PERMITS. (a) The board may issue a temporary permit to an applicant for licensure by examination or credentials who is scheduled to sit for the next state chiropractic examination and who otherwise

- (1) meets the requirements of 12 AAC 16.030(a) or 12 AAC 16.033, as applicable;
- (2) furnishes the board with the name of the licensed chiropractor in the state with whom the applicant will associate while practicing under the authority of the temporary permit;
- (3) has not previously taken and failed the examination; and
- (4) has not previously held a temporary permit.

(b) *Repealed 12/7/97.*

(c) A temporary permit holder must

(1) provide the board with a statement, sworn to by a licensed chiropractor in the state with whom the temporary permit holder will practice, that the licensed chiropractor assumes all legal liability for the practice of the temporary permit holder and is physically present in the same facility when the temporary permit holder is practicing;

(2) display the temporary permit in a conspicuous place in the office where the holder practices chiropractic; and

(3) inform the board of a change in the temporary permit holder's mailing and practicing address.

(d) A temporary permit is valid until the results of the next scheduled examination are received by the applicant. If an applicant is unable to appear for the first scheduled examination, the board will, in its discretion, extend the temporary permit until the results of the next scheduled examination are received. The board will not extend a temporary permit more than once.

(e) If, after having been warned by the board once, a permittee continues to practice in an unethical or unlawful manner, the board will, in its discretion, terminate that permittee's temporary permit.

Authority: AS 08.20.055 AS 08.20.160 AS 08.20.170

12 AAC 16.205. COURTESY LICENSE. (a) The board will issue a courtesy license to an applicant who meets the requirements of this section. A courtesy license authorizes the licensee to practice chiropractic for a special event only. A courtesy license does not authorize the licensee to conduct a general chiropractic practice or to perform services outside the scope of practice specified in the courtesy license required for that special event.

(b) An applicant for a courtesy license must submit a complete application on a form provided by the department no later than 45 days before the special event for which the courtesy license is requested. A complete application includes

- (1) the applicable fees established in 12 AAC 02.150;
- (2) a current signed photograph of the applicant;
- (3) a certification from the applicant certifying that the applicant is not a resident of this state;
- (4) verification of a valid and active license to practice chiropractic in another state or other jurisdiction for the scope of practice specified in the application;
- (5) a description of the special event for which the courtesy license is requested;
- (6) the scope of practice required for the special event;
- (7) certification that the applicant has not
 - (A) had a chiropractor license suspended or revoked in any jurisdiction; and
 - (B) been convicted of
 - (i) a felony or other crime that affects the applicant's ability to practice chiropractic competently and safely; or
 - (ii) a crime involving the unlawful procurement, sale, prescription, or dispensing of a controlled

substance listed in AS 11.71.140 – 11.71.190 or conviction in another jurisdiction of a crime having substantially similar elements;

(8) a report, issued by the applicant's primary state of residence no earlier than 90 days before the application, and that is equivalent to a report under AS 12.62 issued by this state containing criminal history record information concerning the applicant; if the applicant holds or has ever held a license in a state other than this state to practice chiropractic, a complete application also includes a report, issued by that state no earlier than 90 days before the application, and that is equivalent to a report under AS 12.62 issued by this state containing criminal history record information concerning the applicant.

(c) A courtesy license will be issued only after the department receives the results of a background check of the applicant from the Federation of Chiropractic Licensing Boards that reports no disciplinary action against the applicant.

(d) The board will waive the 45-day application deadline in (b) of this section if the board determines that the applicant's failure to meet the application deadline is for good cause beyond the control of the applicant. If the board grants the applicant a waiver under this subsection, the applicant may submit a notarized copy of the applicant's license that meets the requirements of (b)(4) of this section in place of license verification from the other jurisdiction.

(e) A document required by (b) or (d) of this section that is not in English must be accompanied by a certified English translation of the document.

(f) A courtesy license is valid for a period beginning seven days before and ending seven days after the event for which the courtesy license was issued. A person may not be issued more than two courtesy licenses in a 12-month period.

(g) The holder of a courtesy license must meet the minimum professional standards of 12 AAC 16.920 and is subject to the discipline under AS 08.01.075 and AS 08.20.170.

(h) The holder of a courtesy license is limited to the practice of chiropractic identified under AS 08.20.100, 08.20.230, and 08.20.900, and may not exceed the scope of practice specified in the courtesy license.

(i) The holder of a courtesy license may offer chiropractic services only to those individuals involved with the special event for which the courtesy license was issued, such as athletes, coaches, and staff.

(j) In this section, "special event" means an athletic, cultural, or performing arts event held in this state.

Authority: AS 08.01.062 AS 08.20.055 AS 08.20.170

12 AAC 16.210. ASSOCIATES. *Repealed 9/30/81.*

12 AAC 16.211. CHIROPRACTIC ASSOCIATES. *Repealed 6/29/84.*

12 AAC 16.220. DUPLICATE LICENSES. *Repealed 6/3/89.*

12 AAC 16.230. MISREPRESENTATION. *Repealed 6/29/84.*

12 AAC 16.240. UNPROFESSIONAL CONDUCT. *Repealed 6/29/84.*

12 AAC 16.250. VIOLATIONS. *Repealed 6/29/84.*

12 AAC 16.260. ADVERTISING. *Repealed 9/30/81.*

12 AAC 16.270. DEFINITIONS. *Repealed 6/29/84.*

ARTICLE 3. CONTINUING EDUCATION.

Section

280. Statement of purpose of continuing education

290. Hours of continuing education required

300. Computation of nonacademic continuing education hours

310. Computation of academic credit continuing education hours

320. Approved subjects

330. Nonacademic program criteria

340. Approved nonacademic continuing education programs

345. Application for continuing education course approval

350. Individual study

360. Instructor or discussion leader

370. Publications

380. (Repealed)

390. Renewal and reinstatement of license

12 AAC 16.280. STATEMENT OF PURPOSE OF CONTINUING EDUCATION. The purpose of continuing chiropractic education is to insure that the renewal of licenses is contingent upon proof of continued competency and to assure the consumer of an optimum quality of chiropractic health care by requiring licensed chiropractors to pursue education designed to advance their professional skills and knowledge.

Authority: AS 08.20.055 AS 08.20.170(d)

12 AAC 16.290. HOURS OF CONTINUING EDUCATION REQUIRED. (a) Except as provided in (b) of this section, an applicant for renewal of a chiropractic license must obtain and document successful completion of the following:

(1) for an applicant who files a complete renewal application with the department for a license period that concludes on or before December 31, 2012, 24 credit hours of approved continuing education during the concluding licensing period; at least one-third and no more than one-half of the total hours required under this paragraph must be devoted to

- (A) radiographic safety;
- (B) radiographic techniques and interpretation; or
- (C) diagnostic imaging;

(2) for an applicant who files a complete renewal application with the department for a license period that concludes after January 1, 2013, 32 credit hours of approved continuing education during the concluding licensing period, as follows:

- (A) eight hours of the total hours required under this paragraph must be devoted to
 - (i) radiographic safety;
 - (ii) radiographic techniques and interpretation; or
 - (iii) diagnostic imaging;
- (B) two hours of the total hours required under this paragraph must be devoted to coding and documentation;
- (C) two hours of the total hours required under this paragraph must be devoted to ethics and boundaries;
- (D) two hours of the total hours required under this paragraph must be devoted to cardiopulmonary resuscitation (CPR) training.

(b) An applicant for renewal of a chiropractic license for the first time must obtain and document successful completion of the following:

(1) for a license period that concludes on or before December 31, 2012, 12 credit hours of approved continuing education for each complete calendar year the applicant was licensed during the concluding licensing period;

(2) for a license period that concludes after January 1, 2013, 16 credit hours of approved continuing education for each complete calendar year the applicant was licensed during the concluding licensing period.

(c) Two of the hours required under (a) of this section will be credited to each applicant for renewal for completing the jurisprudence review prepared by the board, covering the provisions of AS 08.20 and this chapter. An applicant for renewal must verify, in an affidavit, that the applicant has complied with this subsection before the applicant's license renewal will be processed.

(d) An applicant for renewal of a license to practice chiropractic must submit, on a form provided by the department, a sworn statement of the continuing education that the applicant completed during the concluding licensing period. The statement must include the following information:

- (1) the sponsoring organization;
- (2) the title and description of the course;
- (3) the dates of attendance or period of correspondence;
- (4) the number of continuing education hours claimed;
- (5) the course approval number issued by the department.

(e) An applicant for renewal of a chiropractic license may receive up to four hours of the credit

(1) required under (a)(1) of this section from one or more of the following subject areas:

- (A) cardiopulmonary resuscitation training (CPR);
- (B) automated external defibrillator training (AED);
- (C) basic life support training (BLS);

(2) required under (a)(2) of this section from one or more of the following subject areas:

- (A) automated external defibrillator training (AED);
- (B) basic life support training (BLS).

(f) No more than 16 credit hours of the credit hours required under (a)(2) of this section for a renewal of a chiropractic license may be obtained over the Internet or by distance learning.

Authority: AS 08.20.055 AS 08.20.170

12 AAC 16.300. COMPUTATION OF NONACADEMIC CONTINUING EDUCATION HOURS. (a) For the purposes of 12 AAC 16.280 — 12 AAC 16.390, 50 minutes of instruction constitutes one hour.

(b) Credit is given only for class hours and not for hours devoted to class preparation.

Authority: AS 08.20.055 AS 08.20.170(d)

12 AAC 16.310. COMPUTATION OF ACADEMIC CREDIT CONTINUING EDUCATION HOURS. (a) One quarter hour academic credit from a college or university constitutes 10 hours of continuing education.

(b) One semester hour academic credit from a college or university constitutes 15 hours of continuing education.

(c) Challenged courses are not acceptable for continuing education credit.

Authority: AS 08.20.055 AS 08.20.170(d)

12 AAC 16.320. APPROVED SUBJECTS. To be approved by the board, a subject must contribute directly to the professional competency of a person licensed to practice as a chiropractor and be directly related to the concepts of chiropractic principles, philosophy, and practice, including the following:

- (1) treatment and adjustment technique, including physiotherapy, nutrition and dietetics;
- (2) examination and diagnosis or analysis including physical, laboratory, orthopedic, neurological and differential;
- (3) radiographic technique and interpretation involving all phases of roentgenology as permitted by law;
- (4) study of the methods employed in the prevention of excessive radiation and safety precautions to the patient; and
- (5) diagnostic imaging.

Authority: AS 08.20.055 AS 08.20.170

12 AAC 16.330. NONACADEMIC PROGRAM CRITERIA. (a) Nonacademic continuing education programs requiring class attendance are approved by the board if

- (1) the program is at least one hour in length;
- (2) the program is conducted by a qualified instructor;
- (3) a record of registration or attendance is maintained; and
- (4) an examination or other method of assuring satisfactory completion of program by participant is incorporated.

(b) A qualified instructor or discussion leader is anyone whose background, training, education or experience makes it appropriate for the person to lead a discussion on the subject matter of the particular program.

Authority: AS 08.20.055 AS 08.20.170(d)

12 AAC 16.340. APPROVED NONACADEMIC CONTINUING EDUCATION PROGRAMS. (a) The following programs are approved by the board:

(1) educational meetings of the following associations, if the documentation required by 12 AAC 16.290 demonstrates that the meeting in question meets the requirements of 12 AAC 16.320 and 12 AAC 16.330.

- (A) American Chiropractic Association;
- (B) International Chiropractors Association;
- (C) Canadian Chiropractic Association;

(2) educational classes, if

(A) they are conducted by any chiropractic college that is accredited by or has accreditation status with the Council on Chiropractic Education; and

(B) the program sponsor or the applicant for renewal of a chiropractic license

(i) requests board approval; and

(ii) demonstrates to the board's satisfaction that the educational classes meet the requirements of 12 AAC 16.320 and 12 AAC 16.330

(3) continuing education programs that are certified by the Providers of Approved Continuing Education through the Federation of Chiropractic Licensing Boards.

(b) The board may approve other continuing education programs under 12 AAC 16.345.

(c) *Repealed 1/29/2009.*

Authority: AS 08.20.055 AS 08.20.120 AS 08.20.170

12 AAC 16.345. APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL. (a) Except as provided in 12 AAC 16.340(a), to be approved by the board to meet the continuing education requirements of 12 AAC 16.290, 12 AAC 16.320, and 12 AAC 16.330, an applicant for continuing education course approval shall submit to the board, not less than 90 days before the date of the proposed program presentation date,

- (1) a completed application on a form provided by the department;
- (2) the continuing education course approval fee specified in 12 AAC 02.150;
- (3) the name of the course provider;
- (4) a complete course description, including the course title and a description of the learning objectives;
- (5) a course syllabus; and

(6) an outline of the major topics covered by the course and the number of classroom hours allowed for each topic.

(b) Approval of a continuing education course under this section is valid until December 31 of the next even-numbered year.

(c) A sponsor who has a change in a condition required under (a)(3) – (6) of this section during the approval period described in (b) of this section must

(1) reapply to the board for continuing education credit approval; and

(2) submit the continuing education course change approval fee specified in 12 AAC 02.150.

(d) Notwithstanding the provisions of (a) of this section, the board may award continuing education credit for attendance at a course or seminar that has not previously been approved by the board if course or seminar meets the requirements of 12 AAC 16.320 and 12 AAC 16.330 and if the applicant submits supporting documentation to the board with the application for credit. The amount of credit awarded, if any, will be determined by the board on an individual basis.

(e) Falsification of any written evidence submitted to the board under this section is unprofessional conduct and constitutes grounds for censure, reprimand, or license revocation or suspension.

Authority: AS 08.20.055 AS 08.20.170

12 AAC 16.350. INDIVIDUAL STUDY. The number of hours of continuing education credit awarded for completion of a formal correspondence or other individual study program that requires registration and provides evidence of satisfactory completion will be determined by the board on an individual basis. A request for board approval for credit of hours of continuing education for an individual study program must be made to the board in writing before the applicant begins the individual study program.

Authority: AS 08.20.055 AS 08.20.170

12 AAC 16.360. INSTRUCTOR OR DISCUSSION LEADER. (a) One hour of continuing education credit is awarded for each hour completed in preparation for instruction or discussion as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280—12 AAC 16.390. The number of hours of credit so awarded may not exceed twice the number of hours awarded under (b) of this section.

(b) One hour of continuing education credit is awarded for each hour completed as an instructor or discussion leader of educational programs meeting the requirements of 12 AAC 16.280—12 AAC 16.390. Credit is awarded only for the initial course of instruction of the subject matter unless there have been substantial new developments in the subject since the prior presentation.

(c) The total credit awarded under this section may not exceed one-third of the total hours of continuing education reported in any licensing period.

Authority: AS 08.20.055 AS 08.20.170(d)

12 AAC 16.370. PUBLICATIONS. Continuing education credit may be awarded for publication of articles or books. The amount of credit so awarded will be determined by the board on an individual basis.

Authority: AS 08.20.055 AS 08.20.170(d)

12 AAC 16.380. REPORT OF CONTINUING EDUCATION. *Repealed 1/29/2009.*

12 AAC 16.390. RENEWAL AND REINSTATEMENT OF LICENSE. (a) The department will renew a license that has been lapsed or in retired status for less than two years if the applicant submits

(1) a completed application for renewal, on a form provided by the department;

(2) the following fees established in 12 AAC 02.150:

(A) biennial license renewal fee;

(B) delayed renewal penalty fee, if the license has been lapsed for more than 60 days, but less than two years; and

(3) documentation that all continuing education requirements of 12 AAC 16.290 – 12 AAC 16.370 have been met.

(b) Unless the board finds that reinstatement of a license is contrary to AS 08.20.170, the board will reinstate a license that has been lapsed or in retired status for at least two years, but less than five years if the applicant

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

(2) submits the applicable fees established in 12 AAC 02.150;

(3) submits documentation of completion of all continuing education requirements in 12 AAC 16.290 – 12 AAC 16.370 that would have been required to maintain a current license for the entire period that the license has been lapsed or in retired status; and

(4) passes the state chiropractic examination under 12 AAC 16.130.

(c) A person may not reinstate a license that has been lapsed or in retired status for five years or more at the time of application for reinstatement, and the former licensee must apply for a new license under AS 08.20 and this chapter.

(d) A licensee unable to obtain the required continuing education hours for renewal of a license due to reasonable cause or excusable neglect, must request exemption status in writing, to the board, accompanied by a statement explaining the reasonable cause or excusable neglect. If an exemption is granted, the board may prescribe an alternative method of compliance to the continuing education requirements as determined appropriate by the board for the individual situation.

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

- (1) chronic illness;
- (2) retirement; or
- (3) a hardship, as individually determined by the board.

Authority: AS 08.01.100 AS 08.20.167 AS 08.20.170
AS 08.20.055

ARTICLE 4. PEER REVIEW.

Section

- 400. Peer review committee**
- 410. Term of appointments to peer review committee**
- 420. Conduct of peer review**
- 430. Professional standards and guidelines**

12 AAC 16.400. PEER REVIEW COMMITTEE. (a) For the purposes of AS 08.20.185, the board will, in its discretion, appoint a peer review committee that is advisory to the board.

(b) A peer review committee appointed by the board will consist of four individuals. Three members of the peer review committee must be chiropractic physicians licensed under AS 08.20, and one member must be a public member who meets the requirements of AS 08.01.025.

(c) A member of a peer review committee may not review a case if the member is in a direct business relationship with the chiropractic physician, insurer, or patient in the case being reviewed.

(d) In this section, a "direct business relationship" includes an employer-employee relationship, doctor-patient relationship, and a legal contractual relationship.

Authority: AS 08.20.055 AS 08.20.185

12 AAC 16.410. TERM OF APPOINTMENTS TO PEER REVIEW COMMITTEE. (a) Members of the peer review committee are appointed for staggered terms of two years.

(b) *Repealed 1/29/2009.*

(c) A member of the peer review committee may be removed by the board for cause.

(d) A member of the peer review committee may not serve on the committee for more than four consecutive years. The member may not be reappointed until two years have elapsed since the member last served on the committee.

Authority: AS 08.20.055 AS 08.20.185

12 AAC 16.420. CONDUCT OF PEER REVIEW. (a) A patient, patient's representative, insurer, or the patient's chiropractic physician may file a request for peer review with the board by submitting to the department

(1) a written request for review of the care provided, fees charged, or services rendered by a licensee to a patient;

(2) the peer review fee established in 12 AAC 02.150; and

(3) if the peer review committee requires a patient's treatment records for review, a completed release, on a form provided by the department, signed by the patient.

(b) A licensee's acceptance of or request for payment for treatment given to a patient constitutes the licensee's consent to submit to the peer review committee the information required in (c) of this section.

(c) A licensee involved in a case submitted to the peer review committee shall submit to the peer review committee all necessary records and other information concerning the patient's treatment.

(d) The peer review committee shall conduct a peer review for each request for peer review submitted to it in accordance with guidelines established by the board. Except as provided in (f) of this section, the peer review committee shall report its findings to the board and furnish a copy of its findings to the patient, licensee, and third-party payor involved in the case.

(e) The findings of the peer review committee must include a determination of whether the

- (1) licensee provided or ordered appropriate treatment or services; and

(2) fees charged are a reasonable and appropriate cost of treatment; in determining the reasonableness and appropriateness of costs, the committee may consider, among other appropriate factors, charges by health care providers other than chiropractors for the same or similar services.

(f) If the peer review committee determines that reasonable cause exists to believe the licensee has violated a provision of AS 08.20 or this chapter for which a licensee may be disciplined, the peer review committee may not report its finding to the board, but instead shall refer the matter to the department's investigative section. The peer review committee shall provide all information gathered in connection with the peer review to the department's investigative section.

(g) *Repealed 1/6/2002*

Authority: AS 08.20.055 AS 08.20.185

12 AAC 16.430. PROFESSIONAL STANDARDS AND GUIDELINES. (a) When making a determination as to whether a licensee provided reasonable and appropriate treatment or services or charged reasonable and appropriate costs of treatment to a patient, the peer review committee appointed under 12 AAC 16.400 may rely on the guidelines, standards, or recommendations of the following organizations accepted by the board:

- (1) Alaska Worker's Compensation Board;
- (2) American Chiropractic Association;
- (3) Canadian Chiropractic Association;
- (4) Council on Chiropractic Education;
- (5) Croft Guidelines published by the Spine Research Institute of San Diego;
- (6) Federation of Chiropractic Licensing Boards;
- (7) *repealed 9/7/2012*;
- (8) International Chiropractors Association;
- (9) National Board of Chiropractic Examiners;
- (10) World Chiropractic Alliance;
- (11) World Federation of Chiropractic;
- (12) a successor organization to an organization specified in this subsection.

(b) The peer review committee shall take into consideration the differences between the standards and guidelines of the organizations listed in (a) of this section when making a determination as to whether the care provided by the licensee was provided in a manner required of a reasonably competent practitioner acting under the same or similar circumstances.

Authority: AS 08.20.055 AS 08.20.185

ARTICLE 5. GENERAL PROVISIONS.

Section

- 900. Violations**
- 920. Minimum professional standards**
- 930. Lewd or immoral conduct with patients prohibited**
- 980. "Misrepresentation" defined**
- 990. Definitions**

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 department 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.

Authority: AS 08.20.055 AS 08.20.100

12 AAC 16.920. MINIMUM PROFESSIONAL STANDARDS. (a) Chiropractic care that may adversely affect the health and welfare of the public constitutes conduct that does not conform to minimum professional standards established under AS 08.20.170(a)(5) and this section. Conduct that does not conform to minimum professional standards in this chapter includes

- (1) failing to use sufficient knowledge, skills, or judgment in the practice of chiropractic;
- (2) failing to perform patient care within the chiropractor's scope of competence, which are necessary to prevent substantial risk or harm to a patient;
- (3) engaging in patient care outside the scope of chiropractic practice;
- (4) engaging in patient care outside the scope of the chiropractor's training and expertise;
- (5) violating established protocols in the delivery of chiropractic treatment or care;
- (6) violating the confidentiality of information or knowledge concerning a patient;
- (7) physically or verbally abusing a patient;

- (8) failing to maintain a record for a patient that accurately reflects the chiropractic problems and interventions for the patient;
 - (9) falsifying a patient's records;
 - (10) intentionally making an incorrect entry in a patient's chart;
 - (11) discrimination in the provision of chiropractic care on the basis of race, religion, color, national origin, ancestry, or sex;
 - (12) exploiting a patient for financial gain or offering, giving, soliciting, or receiving fees for referral of a patient;
 - (13) knowingly violating laws regulating health insurance, including those laws established in AS 21.36.360;
 - (14) using unsanitary or unsafe equipment;
 - (15) failing to adhere to the Code of Ethics of the American Chiropractic Association, as revised as of September 2007, adopted by reference;
 - (16) failing to provide copies of complete patient records in the licensee's custody and control within 30 days after receipt of a written request for the records from the patient or patient's guardian.
- (b) A licensee shall evaluate patient care on an individual basis and make a reasonable judgment on the course of treatment for each patient.

Authority: AS 08.20.055 AS 08.20.100 AS 08.20.170

***Editor's note:** A copy of the Code of Ethics of the American Chiropractic Association, September 2007 edition, adopted by reference in 12 AAC 16.920(a) is available for inspection at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska, or may be obtained from the American Chiropractic Association, 1701 Clarendon Boulevard, Arlington, VA 22209; telephone: (703)276-8800; website at <http://www.acatoday.org>.*

12 AAC 16.930. LEWD OR IMMORAL CONDUCT WITH PATIENTS PROHIBITED. (a) A licensee may not engage in lewd or immoral conduct in connection with the delivery of professional services to a patient or solicit sexual contact or a romantic relationship with a patient.

- (b) It is a defense to a disciplinary action alleging a violation of this section that
 - (1) at the time of, or immediately preceding, the contact the patient was the licensee's spouse, or was in a dating, courtship, or engagement relationship with the licensee; or
 - (2) the licensee terminated the doctor-patient professional relationship with the former patient more than six months before the contact occurred.
- (c) It is not a defense to a disciplinary action alleging a violation of this section that the contact occurred
 - (1) with the consent of the patient;
 - (2) outside professional treatment sessions; or
 - (3) off of the premises regularly used by the licensee for the professional treatment of patients.
- (d) As used in AS 08.20.170(a)(8) and this section, "lewd or immoral conduct" includes sexual misconduct, sexual contact, or attempted sexual contact, with a patient outside the scope of generally accepted methods of examination or treatment of the patient during the time the patient is receiving professional treatment from the licensee.
- (e) As used in this section,
 - (1) "attempted sexual contact" means engaging in conduct that constitutes a substantial step towards sexual contact;
 - (2) "sexual contact"
 - (A) means touching, directly or through clothing, a patient's genitals, anus, or female breast, or causing the patient to touch, directly or through clothing, the licensee's or patient's genitals, anus, or female breast;
 - (B) includes sexual penetration;
 - (C) does not include acts
 - (i) that may reasonably be construed to be normal caretaker responsibilities for a child, interactions with a child, or affection for a child; or
 - (ii) performed for the purpose of administering a recognized and lawful form of chiropractic examination or treatment that is reasonably adapted to promoting the physical or mental health of the person being treated;
 - (3) "sexual misconduct" means behavior, a gesture, or an expression that may reasonably be interpreted as seductive, sexually suggestive, or sexually demeaning to a patient; "sexual misconduct" includes
 - (A) encouraging the patient to masturbate in the presence of the licensee or masturbation by the licensee while the patient is present;
 - (B) offering to provide to a patient controlled substances or other drugs in exchange for sexual contact;
 - (C) disrobing or draping practice that is seductive, sexually suggestive, or sexually demeaning to a patient, such as deliberately watching a patient dress or undress or failing to provide privacy for disrobing;
 - (D) making a comment about or to the patient that is seductive, sexually suggestive, or sexually demeaning to a patient, including
 - (i) sexual comment about a patient's body or underclothing;

- (ii) sexualized or sexually demeaning comment to a patient;
- (iii) demeaning or degrading comments to the patient about the patient's sexual orientation, regardless of whether the patient is homosexual, heterosexual, or bisexual;
- (iv) comments about potential sexual performance of the patient during an examination or consultation, except when the examination or consultation is pertinent to the issue of sexual function or dysfunction;
- (v) requesting details of sexual history or sexual likes or dislikes of the patient if the details are not clinically indicated for the type of examination or consultation;

(E) initiation by the licensee of conversation with a patient regarding the sexual problems, preferences, or fantasies of the licensee;

(F) using the doctor-patient professional relationship with the patient to solicit sexual contact or a romantic relationship with the patient or another;

(G) kissing a patient in a romantic or sexual manner;

(4) "sexual penetration"

(A) means genital intercourse, cunnilingus, fellatio, anal intercourse, or an intrusion, however slight, of an object or any part of a person's body into the genitals or anus of another person's body; each party to any of the acts defined as "sexual penetration" is considered to be engaged in sexual penetration;

(B) does not include acts performed for the purpose of administering a recognized and lawful form of chiropractic examination or treatment that is reasonably adapted to promoting the physical health of the person being treated.

Authority: AS 08.20.055 AS 08.20.170

12 AAC 16.980. "MISREPRESENTATION" DEFINED. In AS 08.20.170, "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.

Authority: AS 08.20.055 AS 08.20.170(d)

12 AAC 16.990. DEFINITIONS. (a) In this chapter, unless the context requires otherwise,

(1) "appropriate treatment or services" means treatment or services performed, because of a substantiated and properly diagnosed condition, that is consistent with that diagnosis as reviewed by the peer review committee appointed under 12 AAC 16.400;

(2) "board" means the Board of Chiropractic Examiners;

(3) "department" means the Department of Commerce, Community, and Economic Development;

(4) "licensee" means a chiropractic physician licensed under AS 08.20;

(5) "reasonable and appropriate cost of treatment" means that charges submitted for services performed are necessary and reasonable charges in the judgment of the peer review committee appointed under 12 AAC 16.400;

(6) "criminal history record information" has the meaning given in AS 12.62.900.

(b) In AS 08.20.900,

(1) "prescription drug" means a drug that

(A) under federal law, before being dispensed or delivered, is required to be labeled with either of the following statements:

(i) "Caution: Federal law prohibits dispensing without prescription";

(ii) "Caution: Federal law restricts this drug to use by, or on the order of, a licensed veterinarian"; or

(B) is required by an applicable federal or state law or regulation to be dispensed only under a prescription drug order or is restricted to use by practitioners only;

(2) "surgery"

(A) means the use of a scalpel, sharp cutting instrument, laser, electrical current, or other device to incise or remove living tissue;

(B) does not include venipuncture or the removal of foreign objects from external tissue.

Authority: AS 08.20.055 AS 08.20.900

APPENDIX A

TITLE 18

ENVIRONMENTAL CONSERVATION REGULATIONS

CHAPTER 85.
RADIATION PROTECTION

NOTICE

Selected sections of the Department of Health and Social Services' radiation protection regulations (12 AAC 85) have been included in this booklet for the convenience of chiropractic students, applicants, licensees, and all other interested parties. For total information, please refer to the Alaska Administrative Code 18 AAC 85.020— 18 AAC 85.780, Radiation Protection.

Effective July 1, 1978 (Chapter 172, SLA 1978) statutory responsibility for control of all ionizing and non-ionizing radiation sources except for the discharge of radionuclides to the air, water, land or subsurface land was transferred from the Department of Environmental Conservation to the Department of Health and Social Services. Authority over the discharge of radionuclides to the environment remained with the Department of Environmental Conservation.

The Alaska Radiation Protection regulations in effect at the time of the transfer remain in effect (Section 10).

Requests for assistance or information on radiological health matters should be directed to:

Radiological Physicist
Division of Public Health Department of Health and Social Services
P.O. Box 110613
Juneau, Alaska 99811-0613
Phone: (907) 465-3019

CHAPTER 85.
RADIATION PROTECTION

Article

1. Registration of Ionizing Radiation Sources
(18 AAC 85.010—18 AAC 85.110)
3. Use of X-rays in the Healing Arts
(18 AAC 85.410—18 AAC 85.490)
4. Use of Sealed Radioactive Sources in the Healing Arts
(18 AAC 85.500)
8. General Provisions (18 AAC 85.740—18AAC 85.780)

ARTICLE 1.
REGISTRATION OF IONIZING RADIATION SOURCES

Section

10. Registration requirement
30. Approval not implied
40. Registration procedure
50. Maintenance of records
60. Access to records
70. Access to premises
80. Vendor notification
90. Out-of-state sources
100. Out-of-state users
110. Protection requirements

18 AAC 85.010. REGISTRATION REQUIREMENT. Registration with the Alaska Department of Environmental Conservation is required of every person, business, institution, or health facility that receives, possesses, uses, owns, transfers, or acquires any ionizing radiation source, except those specifically exempted in 18

AAC 85.020.

18 AAC 85.030. APPROVAL NOT IMPLIED. No advertisement may refer to the fact that an ionizing radiation source is registered with the department and it may not be stated or implied that any activity under such registration has been approved by the department.

18 AAC 85.040. REGISTRATION PROCEDURE. (a) Ionizing radiation sources shall be registered with the department within 30 days of the effective date provided in sec. 750 of this chapter. Radiation sources acquired subsequent to the effective date shall be registered with the department within 30 days of the date of acquisition.

(b) Registrations shall be renewed with the department within 30 days of the first day of January of every even numbered year, commencing January 1, 1972, and at such other times as the department shall deem necessary.

(c) Initial registration and renewal of registration shall be made on forms supplied by the department. Registrants shall provide all information necessary to complete the form and any other applicable information the department may request.

(d) A separate registration form shall be completed for each and every ionizing radiation source possessed by a registrant.

(e) If completion of the registration form is impractical, the department may, upon written request, approve registering by a special form as the department may prescribe.

(f) Registrants shall notify the department in writing within 30 days of any changes with respect to registered ionizing radiation sources so that all information registered with the department is accurate.

(g) Every registrant, or his estate, shall notify the department in writing within 30 days of the discontinuance of use or permanent disposal of each registered ionizing radiation source. Should a source be transferred to a new owner, or owners, the notification to the department shall include the name(s) and address(es) of the transferee(s).

18 AAC 85.050. MAINTENANCE OF RECORDS. After the effective date provided in sec. 750 of this chapter, possessors of ionizing radiation sources shall keep records of the receipt, transfer, or disposal of each source.

18 AAC 85.060. ACCESS TO RECORDS. Registrants shall, upon reasonable notice, make available for inspection by the department, or other official agency designated by the department, records pertaining to receipt, possession, use, transfer or disposal of ionizing radiation sources.

18 AAC 85.070. ACCESS TO PREMISES. Registrants shall afford the department, or other official agency designated by the department, at all reasonable times, opportunity to inspect all ionizing radiation sources in their possession and the facility wherein such sources are used or stored.

18 AAC 85.080. VENDOR NOTIFICATION. A distributor, retailer or other agent who sells, lends, or in any other manner transfers an ionizing radiation source requiring registration according to sec. 10 of this chapter shall, within 30 days of transfer, notify the department in writing of the name(s) and address(es) of the person(s) receiving the source and the date of transfer.

18 AAC 85.090. OUT-OF-STATE SOURCES. (a) Any person, business, institution, or health facility proposing to bring an out-of-state radiation source into Alaska for any temporary use shall give written notice to the department at least 15 days before such entry. The notice shall include the type, maximum potential energy of machines or maximum quantity of materials, proposed nature and scope of use, and the duration and exact location of use within Alaska. However, if the 15 day notification requirement would impose an undue hardship, the department may, upon application, grant permission by letter or telegram to proceed sooner.

(b) If an out-of-state radiation source is kept within Alaska for more than 30 days in any period of 12 consecutive months, it shall be subject to the registration provisions of this chapter.

18 AAC 85.100. OUT-OF-STATE USERS. Out-of-state persons proposing to use ionizing radiation sources within Alaska must:

- (1) comply with all applicable regulations of the department; and
- (2) supply the department with any information required in this chapter upon request.

18 AAC 85.110. PROTECTION REQUIREMENTS. Registrants, or their authorized agents, shall be responsible for complying with the applicable ionizing radiation protection requirements of secs. 120-400 of this chapter.

ARTICLE 3.
USE OF X-RAYS IN THE HEALING ARTS

Section

- 410. General safety provisions**
- 420. Waiver**
- 430. Proper use**
- 440. Shielding**
- 450. Fluoroscopic installations**
- 460. Medical radiographic installations**
- 490. Therapeutic X-ray installations**

18 AAC 85.410. GENERAL SAFETY PROVISIONS. (a) No person shall make, sell, lease, transfer, lend, or install medical, dental or veterinary X-ray equipment or supplies used in connection with such equipment unless such equipment and supplies, when properly installed and properly used, will meet the requirements of secs. 430-490 of this chapter.

(b) No registrant shall operate or permit the operation of medical, dental, or veterinary X-ray equipment unless the equipment and installation meet the applicable requirements of secs. 430-490 of this chapter.

18 AAC 85.420. WAIVER. The department may waive compliance with any specific requirement of secs. 430-490 of this chapter by an existing machine or installation if:

- (1) compliance would require replacement or substantial modification of the machine or installation; and
- (2) it is demonstrated, to the department's satisfaction, that protection has been achieved through other means equivalent to that required by secs. 430-490 of this chapter.

18 AAC 85.430. PROPER USE. A registrant of medical, dental or veterinary X-ray equipment shall

- (1) be responsible for assuring that all requirements of secs. 440-490 of this chapter are met;
- (2) assure that all X-ray equipment under his control is operated only by individuals adequately instructed in safe operating procedures and competent in safe use of the equipment; and
- (3) provide safety rules to each individual operating X-ray equipment under his control, including any restrictions of the operating technique required for the safe operation of the particular X-ray apparatus, and require that the operator demonstrates familiarity with these rules.

18 AAC 85.440. SHIELDING. All installations for the use of X-rays in the healing arts shall comply with the shielding requirements of this section:

(1) Each medical or veterinary X-ray installation shall be provided with such primary barriers and/or secondary barriers as are necessary to assure compliance with secs. 130, 170, and 180. This requirement shall be deemed to be met if the thickness and design of such barriers are equivalent to those as computed and designed in accordance with the recommendations of the National Committee on Radiation Protection and Measurements (NCRP) in NCRP Report No. 34, "Medical X-Ray and Gamma-Ray Protection for Energies up to 10 MeV-Structural Shielding Design and Evaluation," published December 1, 1969. This report is available from NCRP publications, 7910 Woodmont Avenue, Suite 800, Bethesda, Maryland, 20814 at a cost of \$1.50.

(2) Each dental X-ray installation shall be provided with such primary barriers and/or secondary barriers as are necessary to assure compliance with secs. 130, 170, and 180. This requirement shall be deemed to be met if the thickness and design of such barriers are equivalent to those as computed and designed in accordance with the recommendations of the National Committee on Radiation Protection and Measurements (NCRP) in NCRP Report No. 35, "Dental X-Ray Protection" published March 9, 1970. This report is available from NCRP publications, 7910 Woodmont Avenue, Suite 800, Bethesda, Maryland, 20814 at a cost of \$1.50.

(3) Lead barriers shall be mounted in such a manner that they will not sag or cold-flow because of their own weight and shall be protected against mechanical damage.

(4) All joints, including those between different kinds of protective materials, and joints at the floor and ceiling, shall be so designed that the overall protection provided by the barrier is not impaired.

(5) Windows, window frames, doors, and door frames shall have the same lead equivalent as that required of the adjacent wall.

(6) Holes in protective barriers shall be covered so that the overall protection is not impaired.

18 AAC 85.450. FLUOROSCOPIC INSTALLATIONS. All healing arts fluoroscopic installations shall comply with the following:

(1) A diagnostic type protective X-ray tube housing shall be used.

(2) The source-to-panel or source-to-table top distance of equipment installed before March 16, 1972 shall not be less than 12 inches, and shall not be less than 15 inches in equipment installed or re-installed thereafter.

(3) The total filtration permanently in the useful beam, including the aluminum equivalent of table top or panel top, shall not be less than 2.5 millimeters aluminum equivalent. [Note: This requirement may be assumed to have been met if the half-value layer is equivalent to not less than 2.5 millimeters aluminum at normal operating voltages].

(4) The equipment shall be so constructed that the entire cross-section of the useful beam is attenuated by a primary barrier designed to automatically terminate exposure when the barrier is removed from the useful beam (this barrier is usually the viewing device, either a conventional fluoroscopic screen or an image intensification mechanism), and:

(A) for equipment installed after March 16, 1972 the required lead equivalent of the barrier shall not be less than 1.5 millimeters for up to 100 kVp, not less than 1.8 millimeters for greater than 100 and less than 125 kVp, and not less than 2.0 millimeters for 125 kVp or greater. [Note: For conventional fluoroscopes these requirements may be assumed to have been met if the exposure rate measured at the viewing surface of the fluorescent screen does not exceed 20 milliroentgens per hour with the screen in the primary beam of the fluoroscope without a patient, under normal operating conditions];

(B) a collimator shall be provided to restrict the cross-sectional dimensions of the useful beam to less than the corresponding dimensions of the barrier. The tube and collimating system shall be linked with the fluorescent screen assembly so that the useful beam at the fluorescent screen is confined within the barrier irrespective of the panel-screen distance. The margin requirement does not apply to installations where image intensifiers are used, but a shutter or other protective shielding device shall be provided in these installations so that the useful beam is restricted to the diameter of the input phosphor;

(C) the tube mounting and the barrier (the viewing device) shall be so linked together that, under conditions of normal use, the barrier always intercepts the entire useful beam; and

(D) collimators and adjustable diaphragms or shutters used to restrict the size of the useful beam shall provide the same degree of protection as is required of the tube housing.

(5) The exposure switch shall be a dead-man type.

(6) A manual-reset, cumulative timing device activated by the exposure switch shall be used which will either indicate elapsed exposure time by an audible signal or turn off the machine when the total exposure exceeds a predetermined limit not exceeding five minutes in one or a series of exposures.

(7) A shielding device of at least 0.25 millimeters lead equivalent material shall be provided for covering the Bucky-slot during fluoroscopy.

(8) Protective drapes or hinges or sliding panels of at least 0.25 millimeters lead equivalent material shall be provided between the patient and fluoroscopist to intercept scattered radiation which would otherwise reach the fluoroscopist and others near the machine. [Note: Such devices shall not substitute for wearing of a protective apron].

(9) For routine fluoroscopy, the exposure rate measured where the beam enters the patient should be as low as practicable, but in any case shall not exceed 10 roentgens per minute.

(10) Mobile fluoroscopic equipment shall meet the requirements of this part where applicable, and the following additional requirements:

(A) in the absence of a table top, a cone or spacer frame shall limit the target-to-skin distance to not less than 30 centimeters (12 inches);

(B) image intensification shall always be provided as conventional fluoroscopic screens shall not be used;

(C) it shall be impossible to operate a machine except when the collimating cone or diaphragm is in place and the entire useful beam intercepted by the image intensifier; and

(D) the exposure rate measured at the minimum source-to-skin distance should be as low as practical but in any case shall not exceed 10 roentgens per minute.

(11) Protective aprons of at least 0.25 millimeters lead equivalent material shall be worn in the fluoroscopy room by each person (other than the patient) whose body is likely to be exposed to five milliroentgens per hours or more.

(12) Dark adaptation shall be observed by the operator for at least 15 minutes prior to a fluoroscopic examination if image intensification is not provided.

18 AAC 85.460. MEDICAL RADIOGRAPHIC INSTALLATIONS. All medical radiographic installations shall comply with the requirements of this section:

(1) A diagnostic type protective X-ray tube housing shall be used.

(2) Diaphragms, cones, or adjustable collimators capable of restricting the useful beam to the area of clinical interest shall be provided to define the beam and shall provide the same degree of attenuation as is required of the protective tube housing, and when used with photofluorographic equipment these devices shall restrict the useful beam to the area of the photofluorographic screen. Such devices shall be calibrated in terms of the size of the projected useful beam at specified source-film distances.

(3) Radiographic equipment equipped with adjustable collimators shall provide light localizers that define the entire field and produce a visible indication of adequate collimation and alignment on the X-ray film. Field size indication on adjustable collimators shall be accurately aligned with the X-ray field to within one inch for a source-to-film distance of 72 inches.

(4) Except when contra-indicated for a particular medical purpose, the aluminum equivalent of the total filtration in the useful beam shall not be less than 0.5 millimeters for equipment operating below 50 kVp, shall not be less than 1.5 millimeters for equipment operating from 50 kVp to 70 kVp, and shall not be less than 2.5 millimeters for equipment operating above 70 kVp. [Note: If the filter in the machine is not accessible for examination or the total filtration is unknown, the requirements of this section may be assumed to have been met in the half-value layer if the useful beam is not less than that shown in Table VI].

- (5) A device shall be provided to terminate the exposure after a preset time or exposure.
- (6) The exposure switch shall be of a dead-man type and shall be arranged so that it cannot be operated outside a shielded area, except that exposure switches for "spot film" devices used in conjunction with fluoroscopic tables and for mobile diagnostic radiographic equipment are exempt from this shielding requirement.
- (7) The exposure switch for mobile equipment shall be arranged so that the operator can stand at least six feet from the patient and well away from the useful beam.
- (8) The control panel shall include
 - (A) a device which will give positive indication of the production of X-rays whenever the X-ray tube is energized; and
 - (B) appropriate devices which will give positive indication of the physical factors (e.g. kVp, mA, exposure time) used for the exposure.
- (9) All wall, floor, and ceiling areas which could potentially intercept the useful beam shall have primary barriers.
- (10) Primary barriers in walls shall extend to a minimum height of 84 inches above the floor.
- (11) Secondary barriers shall be provided in all wall, floor, and ceiling areas not having primary barriers or where the primary barrier requirements are lower than the secondary barrier requirements. (Note: In radiographic installations where the average radiographic work load is comparatively low, the conventional structural material in ordinary walls, floors, and ceilings may suffice as primary and/or secondary barriers without the addition of special shielding materials, particularly if the useful beam cannot be directed at occupied areas.)
- (12) The operator's station shall be behind a protective barrier which will intercept the entire useful beam and any radiation which has been scattered only once, and it shall be impossible for the operator to energize the tube while outside the protective barrier. (Note: "Spot film" devices used in conjunction with fluoroscopic tables are exempted from this requirement.)
- (13) A window of lead equivalent glass equal to that required by the adjacent barrier, or a mirror system, shall be provided and it shall be large enough and so placed that the operator can see the patient during the exposure without having to leave the protective area.
- (14) When a mobile unit is used routinely in one location, it shall be considered a fixed installation subject to the shielding requirements specified in this section and sec. 440 of this chapter.
- (15) When a patient must be held in position for radiography, mechanical supporting or restraining devices shall be used unless such devices interfere with the diagnosis.
- (16) If a patient must be held by an individual, that individual shall be protected with appropriate shielding devices such as protective gloves and apron and he shall be so positioned that no part of his body will be struck by the useful beam.
- (17) No individual occupationally exposed to radiation shall be permitted to hold patients during exposures except during emergencies, nor shall any individual be regularly used for this service.
- (18) Only individuals required for the radiographic procedure shall be in the radiographic room during exposure and, except for the patient, no unprotected parts of their bodies shall be in the useful beam.
- (19) The useful beam shall be restricted to the area of the film.
- (20) Patients shall be provided with a shield to protect the gonadal area of the body unless the use of such shield prohibits proper diagnosis.
- (21) Mobile diagnostic radiographic equipment shall meet the requirements of this section, except for paragraph (18), and the following additional requirements:
 - (A) all individuals except the patient being examined shall be in shielded positions during exposure; and
 - (B) personnel monitoring shall be required for all individuals operating mobile X-ray equipment.
- (22) Chest photofluorographic installations shall meet the requirements of this section, and the following additional requirements:
 - (A) all individuals except the patient being examined shall be in shielded positions during exposure; and
 - (B) personnel monitoring shall be required for all individuals operating photofluorographic equipment.

18 AAC 85.490. THERAPEUTIC X-RAY INSTALLATIONS. All therapeutic X-ray installations shall comply with the following requirements:

- (1) A therapeutic type protective X-ray tube housing shall be used. Contact therapy machines shall meet the additional requirement that leakage radiation at two inches from the surface of the protective tube housing shall not exceed 0.1 roentgen per hour.
- (2) Permanent diaphragms or cones used for collimating the useful beam shall afford the same degree of protection as is required of the tube housing.
- (3) Adjustable or removable beam-defining diaphragms or cones shall transmit not more than five percent of the useful beam as determined at the maximum tube potential and with maximum treatment filter.
- (4) Filters shall be securely held in place to prevent them from dropping out during treatment.
- (5) The filter system shall be so arranged as to minimize the possibility of error in filter selection and alignment.
- (6) The filter slot shall be so constructed that the radiation escaping through it does not produce an exposure exceeding one roentgen per hour at one meter, or if the radiation escaping from the slot is accessible to the patient, 30 roentgens per hour at two inches from the external opening.
- (7) Removable filters shall be marked to indicate thickness and material.

(8) A filter indication system shall be used on all therapy machines using changeable filters, and shall indicate, from the control panel, the presence or absence of any filter, and shall be designed to permit easy recognition of the filter in place.

(9) The X-ray tube shall be so mounted that it cannot turn or slide with respect to the housing aperture.

(10) Means shall be provided to immobilize the tube housing during stationary portal treatment.

(11) A timer shall be provided to terminate the exposure after a preset time regardless of what other limiting devices are present.

(12) Equipment utilizing shutters to control the useful beam shall have a shutter position indicator on the control.

(13) There shall be on the control panel an easily discernible indicator which provides positive indication of the production of X-rays.

(14) Mechanical and/or electrical stops shall be provided on X-ray therapy machines capable of operating at 150 kVp or above to insure that the useful beam is oriented only toward primary barriers.

(15) Interlocks shall be provided for X-ray therapy equipment capable of operating above 150 kVp so that when any door to the treatment room is opened X-ray production will be shut off automatically. After such shut off it shall be possible to restore X-ray production only from the control panel.

(16) The following additional requirements apply to X-ray therapy equipment operated at potentials of 60 kVp and below:

(A) automatic timers shall be provided which will permit accurate presetting and termination of exposure as short as one second;

(B) in the therapeutic application of equipment constructed with beryllium or other low-filtration windows, the registrant shall insure that the unfiltered radiation reaches only the part intended and that the useful beam is blocked at all times except when actually being used;

(C) machines having an output of more than 1,000 roentgens per minute at any accessible place shall not be left unattended without the power being shut off at the primary disconnecting means; and

(D) if the tube is hand-held during irradiation, the operator shall wear protective gloves and protective apron of no less than 0.5 millimeters lead equivalent.

ARTICLE 4. USE OF SEALED RADIOACTIVE SOURCES IN THE HEALING ARTS.

Section

500. Interstitial, intercavitary and superficial applications

18 AAC 85.500. INTERSTITIAL, INTERCAVITARY AND SUPERFICIAL APPLICATIONS. (a) The provisions of this section apply to all registrants who use sealed sources in the healing arts and are in addition to, and not in substitution for, other applicable provisions of this chapter.

(b) Except as otherwise specifically authorized by the department, each registrant or user shall provide accountability of sealed sources and shall keep a permanent record of the issue and return of all sealed sources.

(c) When not in use, sealed sources and applicators containing sealed sources shall be kept in a protective enclosure of such material and wall thickness as may be necessary to assure compliance with the provisions of secs. 130, 170, and 180 of this chapter.

(d) Provision shall be made for testing sealed sources for leakage and contamination prior to initial use.

(e) All sealed sources shall be tested for leakage at least every six months or at any interval as may be specified by the department.

(f) If there is reason to suspect a sealed source might have been damaged, it shall be tested for leakage before further use.

(g) Leak tests shall be capable of detecting 0.005 microcurie of removable contamination on the sealed source.

(h) Any test conducted as required by this section which reveals the presence of 0.005 microcurie or more of removable contamination shall be considered evidence that the sealed source is leaking, and the source shall immediately be withdrawn from use and shall be decontaminated and repaired or disposed of in accordance with applicable provisions of secs. 210 and 270-310 of this chapter.

ARTICLE 8.
GENERAL PROVISIONS.

Section

- 740. Application of regulations**
- 750. Effective date**
- 760. Communications**
- 770. Definitions**

18 AAC 85.740. APPLICATION OF REGULATIONS. Except as otherwise specifically provided, the provisions of this chapter apply to all persons in Alaska who receive, possess, use, transfer, own or acquire any radiation source except radioactive materials subject to regulation by the United States Atomic Energy Commission. The provisions of these regulations shall not be construed to limit the dose of radiation which is intentionally applied to a patient for medical purposes by, or under the direction of, a practitioner of the healing arts licensed by the State of Alaska.

18 AAC 85.750. EFFECTIVE DATE. The provisions of secs. 10-780 of this chapter become effective on September 16, 1971, except where another effective date is specifically noted.

18 AAC 85.760. COMMUNICATIONS. All communications concerning this chapter, and applications filed thereunder, should be addressed to the Alaska Department of Environmental Conservation, Pouch O, Juneau, Alaska 99801.

18 AAC 85.770. DEFINITIONS. Definitions in this chapter:

- (1) "AAC" means Alaska Administrative Code;
- (2) "AS" means Alaska Statutes.
- (3) "agreement state" means any state with which the United States Atomic Energy Commission has entered into an agreement under sec. 274 b. of the Atomic Energy Act of 1954, as amended (73. Stat. 689);
- (4) "airborne radioactive material" means any radioactive material dispersed in the air in the form of dusts, fumes, mists, vapors, or gases;
- (5) "aluminum equivalent" means the thickness of aluminum affording the same attenuation, under specified conditions, as the material in question;
- (6) "beam blocking device" means a movable portion of any enclosure around a radiation source which may be opened or closed to permit or prevent the emergence of an exit beam;
- (7) "by-product material" means any radioactive material (except special nuclear material) yielded in or made radioactive by exposure to the radiation incident to the process of producing or utilizing special nuclear material;
- (8) "cabinet radiography" means industrial radiography, using ionizing radiation machines, which is conducted in an enclosed, interlocked cabinet, such that the radiation machine will not operate unless all openings are securely closed, and which cabinet is so shielded that every location on the exterior meets conditions for an uncontrolled area as specified in sec. 170 of this chapter;
- (9) "calendar quarter" means any period determined according to either of the following subdivision:
 - (A) the first period of any year may begin on any date in January; provided that the second, third and fourth periods accordingly begin on the same date in April, July and October, respectively, and that the fourth period extend into January of the succeeding year if necessary to complete a three-month quarter. During the first year of use of this method of determination by a registrant, the first period for that year shall also include any additional days in January preceding the starting date of the first period;
 - (B) the first period in a calendar year of 13 complete, consecutive calendar weeks; the second period in the calendar year of 13 complete, consecutive calendar weeks; the third period in a calendar year of 13 complete, consecutive calendar weeks; the fourth period in a calendar year of 13 complete, consecutive calendar weeks. Alternatively, the four periods may consist of the first 14 complete, consecutive calendar weeks; the next 12 complete, consecutive calendar weeks; the next 14 complete, consecutive calendar weeks; and the last 12 complete, consecutive calendar weeks. If at the end of a calendar year there are any days not falling within a complete calendar week of that year, such days shall be included within the last complete calendar week of the previous year. No registrant shall change the method observed by him of determining calendar quarters except at the beginning of a calendar year;
- (10) "cavity" means that portion of a microwave oven in which food may be heated, cooked, or dried;
- (11) "cold cathode gas discharge tube" means an electronic device in which electron flow is produced and sustained by ionization of contained gas atoms and ion bombardment of the cathode;
- (12) "collimator" means a device constructed of attenuating material used to confine a useful beam within a designated solid angle;
- (13) "commissioner" means the Commissioner of the Department of Environmental Conservation;
- (14) "cones" mean a type of collimator;
- (15) "continuous wave laser (c.w. laser)" means a laser which emanates a continuous beam as opposed to a pulsed laser;

(16) “controlled area” means any area access to which is controlled by a registrant for purposes of protection of individuals from exposure to radiation and radioactivity; provided, areas used for residential quarters are not included, although a separate room or rooms in a residential building may be set apart as a controlled area;

(17) “curie (Ci)” means that quantity of radioactive material which decays at the rate of 3.7×10^{10} disintegrations per second;

(18) “dead-man switch” means a switch so constructed that a circuit-closing contact can only be maintained by continuous pressure by the operator;

(19) “department” means the Department of Environmental Conservation;

(20) “diagnostic-type tube housing” means an X-ray tube housing so constructed that the leakage X-radiation at a distance of one meter from the target cannot exceed 100 milliroentgens in one hour when the tube is operated at any of its specified ratings;

(21) “diaphragms” means a type of collimator;

(22) “dose” means the quantity of radiation absorbed, per unit of mass, by the whole body or by any portion of the body. When these regulations specify a dose during a period of time, the dose means the total quantity of radiation absorbed, per unit of mass during such period or time. Several different units of dose are in current use. Definitions of units used in these regulations are provided in paragraphs (41) and (51) of this section;

(23) “enclosure” means a cabinet, box, or other container, provided by the manufacturer or user of a radiation machine, from which the source of the radiation cannot be removed without destroying the function of the source;

(24) “energy density” means the intensity of electromagnetic radiation energy per unit area; usually expressed in joules per square centimeter (j/cm^2);

(25) “field radiography” means all industrial radiography using ionizing radiation machines other than cabinet radiography and shielded room radiography;

(26) “filter” means any material placed in a useful beam to preferentially absorb less penetrating radiations;

(27) “gas laser” means a type of laser in which the laser action takes place in a gas medium, usually a c.w. laser;

(28) “half-value layer (hvl)” means the thickness of an absorbing material to reduce a beam of radiation to one-half of its incident exposure rate;

(29) “high ionizing radiation area” means any area, accessible to individuals, in which there exists ionizing radiation at such levels that a major portion of the body could receive in any one hours a dose in excess of 100 millirems;

(30) “individual” means any human being;

(31) “industrial radiography” means the examination of the microscopic structure of materials by nondestructive methods utilizing ionizing radiation sources;

(32) “inherent filtration” means any filtration in a useful beam due to a beam window or any other permanent part of a radiation source enclosure;

(33) “interlock” means a device for precluding exposure to a radiation hazard either by preventing entry to an area or by automatically removing the hazard;

(34) “ionizing radiation” means any electromagnetic or particulate radiation capable of producing ions, directly or indirectly, in its passage through matter. Ionizing radiation includes, but is not limited to, gamma rays, X-rays, alpha and beta particles, and high speed electrons, neutrons, and protons;

(35) “ionizing radiation” means any area, accessible to individuals, in which there exists ionizing radiation at such levels that a major portion of a body could receive in any one hour a dose in excess of five millirems or in any five consecutive days a dose in excess of 100 millirems;

(36) “kilovolts peak (kVp)” means the crest value of kilovolts of the potentials of a pulsating potential generator. When only one-half of the wave is used, the value refers to the useful half of the wave;

(37) “laser” means light amplification by stimulated emission of radiation and is a device which emits a monochromatic, coherent beam of light, i.e., light possessing single wave length and all waves in phase;

(38) “laser control area” means any area which contains one or more lasers in which the activity of employees and transient individuals is subject to control and supervision;

(39) “lead equivalent” means the thickness of lead affording the same attenuation, under specified conditions, as the material in question;

(40) “leakage radiation” means all radiation emitted from an enclosure except the useful beam;

(41) “microwave oven” means a device designed to heat, cook to dry food through the application of electromagnetic radiation with frequencies in the microwave region. The Federal Communications Commission has designed the frequencies of 915 MHz and 2450 MHz for microwave oven use;

(42) “microwave radiation” means electromagnetic waves in the frequency range of about 300 - 300,000 MHz;

(43) “non-ionizing” means any electromagnetic or particulate radiation not capable of producing ions, directly or indirectly in its passage through matter. Non-ionizing radiation includes, but is not limited to, microwaves, infrared light, ultra-violet light, and coherent, monochromatic light;

(44) “person” means any municipal corporation, political subdivision, public or private corporation, individual, partnership, or other entity;

(45) “personnel monitoring equipment” means devices designed to be worn or carried by an individual for the purpose of measuring doses (e.g., film badges, pocket chambers, pocket dosimeters, film rights, etc.);

(46) “power density” means the intensity of electromagnetic radiation power per unit area; usually expressed in watts per square centimeter (W/cm^2);

- (47) “primary protection barrier” means a barrier sufficient to attenuate a useful beam to a required degree;
- (48) “protective apron” means an apron made of attenuating materials used to reduce radiation exposure;
- (49) “protective barrier” means a barrier of attenuating materials used to reduce radiation exposure;
- (50) “protective glove” means a glove made of attenuating materials used to reduce radiating exposure;
- (51) “pulsed laser” means a laser that delivers energy in short pulses, not in a continuous beam as does a continuous wave laser;
- (52) “q-switched laser” means a laser capable of extremely high peak powers for very short durations (pulse length of several nanoseconds);
- (53) “rad” means a measure of the dose of any ionizing radiation to a material in terms of the energy absorbed per unit mass of material. One rad is the dose corresponding to the absorption of 100 ergs per gram of material;
- (54) “radiation” means all ionizing and non-ionizing radiation and sonic, infrasonic, and ultrasonic waves;
- (55) “radiation machine” means any device capable of producing radiation except devices which produce ionizing radiation only from radioactive material;
- (56) “radiation source” means a radiation machine or radioactive material;
- (57) “radioactive material” means any material, solid, liquid, or gas, which emits ionizing radiation spontaneously;
- (58) “radiographer” means an individual who performs, or who, in attendance at a site where ionizing radiation sources are being used, personally supervises industrial radiographic operations;
- (59) “radiographer’s assistant” means any individual who, under the personal supervision of a radiographer, used ionizing radiation sources, related handling tools, or survey instruments in industrial radiography;
- (60) “radiographic exposure device” means any instrument containing a sealed source of ionizing radiation, in which the source of shielding thereof may be moved, or otherwise changed, from shielded to unshielded position for purposes of making a radiographic exposure;
- (61) “radionuclide” means a radioactive element;
- (62) “registrant” means a person required by this chapter to registered with the department;
- (63) “rem” means a measure of dose of any ionizing radiation to body tissue in terms of the estimated biological effect relative to a dose of one roentgen of X-ray. The relation of the rem to other dose units depends upon the biological effect under consideration and upon the condition of irradiation. Any of the following is considered to be equivalent to a does of one rem:
- (A) an exposure to one roentgen of X- or gamma radiation;
 - (B) a does of one rad due to X-, gamma, or beta radiation;
 - (C) a dose of 0.1 rad due to neutrons or high energy protons;
 - (D) a dose of .05 rad due to particles heavier than protons and with sufficient energy to reach the lens of the eye;
- (64) “roentgen (R)” means an amount of X- or gamma radiation such that the associated corpuscular emission per 0.001293 grams of air produces in air ions carrying one electrostatic unit of quantity of electricity of either sign;
- (65) “scattered radiation” means radiation that, during passage through matter, has been deviated in direction;
- (66) “sealed source” means radioactive material that is permanently bonded or fixed in a capsule or matrix designed to prevent release and dispersal of the radioactive material under the most severe conditions which are likely to be encountered in normal use and handling;
- (67) “secondary protective barrier” means a barrier sufficient to attenuate stray radiation to a required degree;
- (68) “shielded room radiography” means industrial radiography, using ionizing radiation machines, which is conducted in an enclosed room, the interior of which is not occupied during radiographic operations, which is so shielded that every location on the exterior meets conditions for an uncontrolled area as specified in sec. 170 of this chapter, and the only access to which is through openings which are interlocked so that the ionizing radiation machine will not operate unless all openings are securely closed;
- (69) “shutter” means a device, generally of lead, fixed to an X-ray tube housing to intercept the useful beam;
- (70) “source material” means uranium or thorium, or any combination thereof, in any physical or chemical form or ores which contain 0.05 percent or more of uranium, thorium, or any combination thereof. Source material does not include special nuclear material;
- (71) “special nuclear material” means uranium -235, -233 and plutonium;
- (72) “specular reflection” means the reflection from a polished or mirrorlike surface;
- (73) “storage container” means a device in which sealed sources are transported or stored;
- (74) “stray radiation” means radiation not serving any useful purpose and includes leakage and scattered radiation;
- (75) “survey” means an evaluation of radiation protection practices. When appropriate, such evaluation includes a physical survey of the location of material and equipment, and measurements of levels of radiation or concentration of radioactive materials present;

(76) “therapeutic-type tube housing” means an X-radiation at a distance of one meter from the target cannot exceed one roentgen in one hour; and at a distance of five centimeters from any point on the surface of the housing accessible to the patient cannot exceed 30 roentgens in one hour when the tube is operated at any of its specified ratings;

(77) “uncontrolled area” means any area access to which is not controlled by the registrant for purposes of protection of individuals from exposure of radiation and radioactive materials, and any area used for residential quarters;

(78) “useful beam” means that part of an ionizing radiation which passes through a window, aperture, cone or other collimating device of a tube housing.

APPENDIX B**Notice on Superiority Advertising**

At the request of the Federal Trade Commission and with the concurrence of the Alaska Attorney General, the Board of Chiropractic Examiners has repealed two provisions of the Alaska Administrative Code, effective August 31, 1986.

One of the repealed paragraphs, 12 AAC 16.910(b)(2), prohibited the advertising of techniques or modalities to infer or imply superiority of treatment or diagnosis by their use. The other repealed paragraph, 12 AAC 16.910(b)(4), prohibited print advertising claiming superiority over or greater skill than other practitioners. These provisions were both repealed so that the advertising practices previously prohibited would no longer be considered "misrepresentation" and therefore would be allowed.