

ALASKA BOARD OF CHIROPRACTIC EXAMINERS

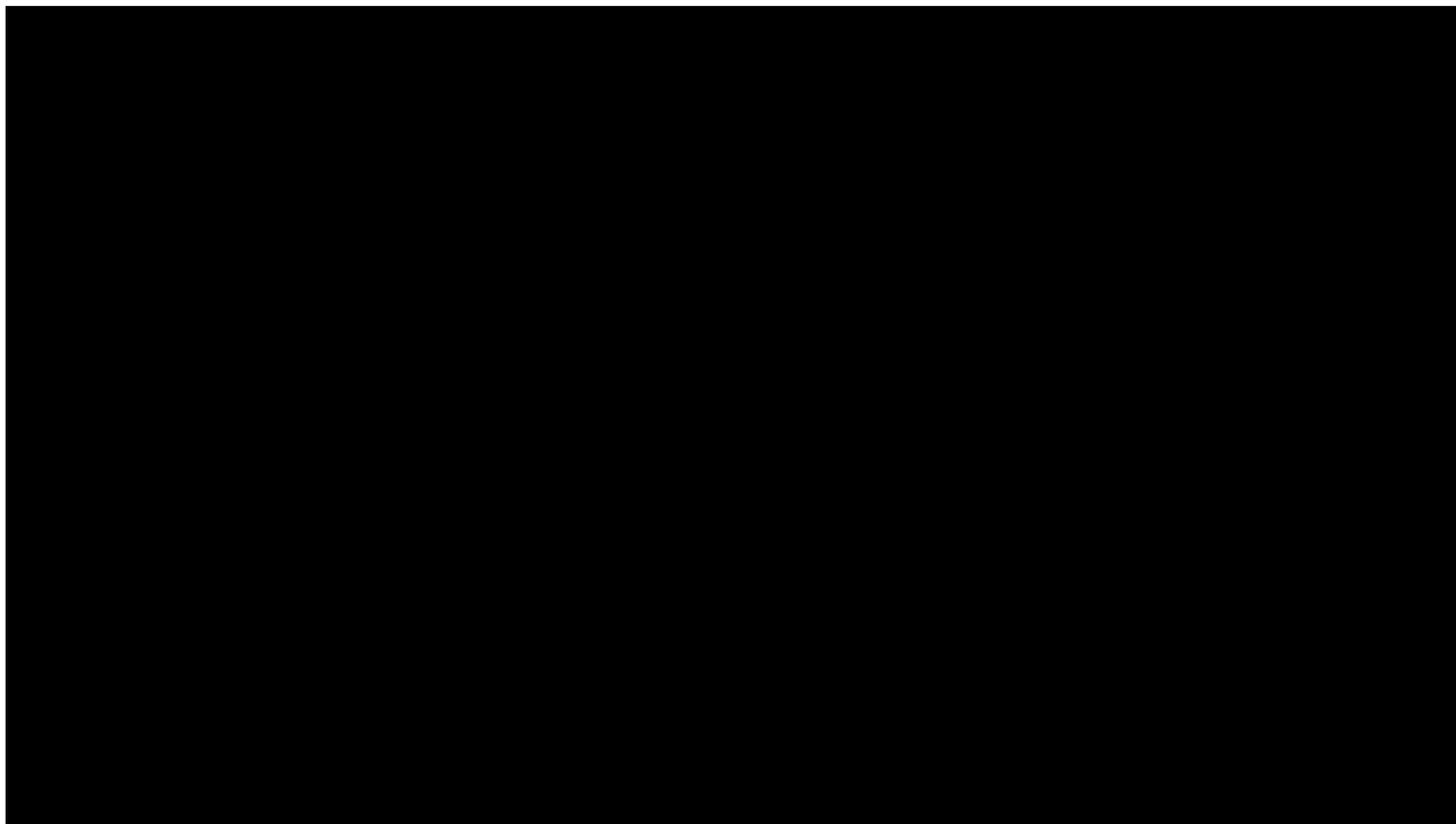


BOARD PACKET

Meeting of May 20th, 2016

Fairbanks, Alaska

Alaska Board of Chiropractic Examiners



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
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gov.alaska.gov
Governor@alaska.gov

Governor Bill Walker
STATE OF ALASKA

December 16, 2015

Mr. John Aderhold

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

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Governor Bill Walker
STATE OF ALASKA

December 16, 2015

Mr. Jeffrey Reinhardt

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

2016 STATE HOLIDAY CALENDAR ⁵

JANUARY

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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
WESTMARK FAIRBANKS HOTEL AND CONFERENCE CENTER
813 NOBLE STREET, FAIRBANKS, AK 99701
TENTATIVE MEETING AGENDA
Friday, May 20th, 2016

CONFERENCE CALL #: 1-800-315-6338, ACCESS CODE#: 44374

	<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	Daniel Holt, Chair
3.	10:00 a.m.	Call to Order/Roll Call	Chair
		• Welcome new Board members	
4.	10:05 a.m.	Review/Approve Agenda	Chair
5.	10:10 a.m.	Review/Approve Meeting Minutes	Chair
		• January 22 nd , 2016 meeting	
6.	10:15 a.m.	Board Business	Chair
		• Ethics Reporting	
		• Ratify New Licenses	
		○ Tyler Best	
		○ Truman Davidson	
		○ Crystal Glaser	
		○ Laura Homacki	
		○ Laura Huling	
		○ James Petersen	
		• Review Applications	
		• Correspondence	
7.	11:00 a.m.	Division Update/Budget Report	Martha Hewlett & Sarah Chambers
8.	11:30 a.m.	Old Business	Chair
		• Review Goals & Objectives	
		○ Add Goal 7, 2 objectives [AS 08.01.050(d), <i>Barrington task</i>]	
		• Position statements	
		○ Injectable nutrients	
		○ Advertising of Free Services	
		○ Sexual Harassment	
		• Myoscience/Iovera ^o update	
		• SB69 update	
9.	12:14 p.m.	Peer Review Committee	Chair
10.	12:15 p.m.	Lunch	
11.	1:15 p.m.	Public Comment	
12.	1:30 p.m.	Investigative Report	Brian Howes, Investigator
13.	1:45 p.m.	New Business	Chair
		• Regulation project	
		○ Courtesy License, 12 AAC 16.205 (amendment approved 01/22/16)	
		○ Specialty Des., 12 AAC 16.047 (amendment approved 01/22/16)	
		○ NBCE exams, 12 AAC 16.033(7) and 12 AAC 16.037(b)	
		○ Surgery definition, 12 AAC 16.990	
		• Annual Report	
14.	2:45 p.m.	FCLB/NBCE Update	Chair/Licensing Examiner
15.	3:30 p.m.	ACS Update	Sheri Ryan
16.	3:45 p.m.	Administrative Business	Chair
		○ Sign wall certificates and meeting minutes	
		○ Set next meeting date	
		○ Task list	
		○ TA's & Receipts	
17.	3:50p.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

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, January 22nd, 2016

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 Friday, January 22nd, 2016, beginning at 10:03 a.m. The meeting was held at State Office Building, 9th Floor, Conference Room A in Juneau, Alaska.

Agenda Item 3 Call to Order/Roll Call

The meeting was called to order by Chair James Heston at 10:03 a.m.

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 *(via telephone)*

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

Laura Carrillo, Licensing Examiner
 Janey Hovenden, Director
 Martha Hewlett, Administrative Officer
 Brian Howes, Investigator *(via telephone)*
 Harriet Milks, Attorney (Department of Law)

Attending from the public was:

Amy Welch, Attorney for Drs. McAfee and Shannon (*via telephone*)

Present from the Public:

No one from the public was present.

Agenda Item 2 Oral Interviews

Time: 9:14 a.m.

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

Crystal Glaser entered the room for her interview with the Board. Dr. Glaser is from Tooele, Utah, and moved to Alaska after finding a job in Sitka. Dr. Glaser stated that she attended the University of Western States and had been working under a temporary permit with Dr. Karen Zamzou. When asked what started her interest in chiropractic, Dr. Glaser responded that after seeing a chiropractor for headache and back pain issues, she realized that she preferred the chiropractic rather than the medical model, and wanted to be a part of the former's profession. Dr. Glaser stated that she had initially intended on focusing on pediatrics and obstetrics, but that the current demand in chiropractic functional medicine would likely guiding her ultimate focus. The Board informed her that she passed the examination and encouraged her to become involved with the ACS, and that registration for the first year is free.

Laura Huling was called next to interview with the Board. Dr. Huling stated to the Board that she is originally from Iowa, where she attended Palmer Chiropractic College. Dr. Huling commented that she was attracted to Alaska for its vast outdoor opportunities, such as hunting and fishing. The Board then inquired whether she had a specialty or a prospective clinic in which to work. Dr. Huling responded that she was currently training at Better Health Chiropractic, and would eventually be opening up a clinic in Kenai as one of their new locations. The Board informed Dr. Huling that she passed the examination and encouraged her to become involved with the ACS.

James Petersen entered the room for his interview with the Board. Dr. Petersen is from Cedar City, Utah and attended Parker University. Dr. Petersen added that he was practicing under a temporary permit for Arctic Chiropractic in Eagle River. When asked what started his interest in Chiropractic, Dr. Petersen responded that his older brother, also a chiropractor practicing in Alaska, influenced him to join the profession. Dr. Petersen commented to the Board that his specific interests are in soft tissue rehabilitation. The Board informed him that he passed the examination, and encouraged him to become involved with the ACS.

Laura Homacki was called next to interview with the Board. Dr. Homacki stated that she is originally from Philadelphia, and attended Desales University for undergraduate and New York Chiropractic for chiropractic education, respectively. Dr. Homacki added that she was previously a medic in the Pennsylvania Army National Guard for 12 years. When asked whether she had a place to practice, Dr. Homacki stated she would be practicing at Arctic Chiropractic in Dutch Harbor, and added that she had spent a day with Dr. Reinhardt in Sitka, who showed her some instrument adjusting techniques. Dr. Homacki appreciated the observations, as Dr. Reinhardt used different techniques than what was taught at school. The Board informed Dr. Homacki that she passed the examination and encouraged her to become involved with the ACS.

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

Off Record at 9:35 a.m.

On Record at 9:42 a.m.

Tyler Best came into the room for his interview with the Board. Dr. Best is from Grants Pass, Oregon and is currently completing his preceptorship through the University of Western States with Dr. Joel Atkins. Dr. Best commented to the Board that he moved to Alaska in 2009 after accepting a job in Anchorage. When asked what started his interest in Chiropractic, Dr. Best responded that he had served a mission for his church in 2005 and also has a long-running history working with his hands as a mechanic—he stated that it is in the chiropractic profession where he can continue his abilities and passion. The Board informed him that he passed the examination, and encouraged him to become involved with the ACS.

Truman Davidson was the last candidate called into the room for his oral interview with the Board. Chair, Dr. Heston asked Dr. Davidson whether he would like to remain on public record or have his oral interview conducted under executive session. Dr. Truman Davidson opted to stay on public record. Dr. Davidson attended Palmer College of Chiropractic in 1990, and commented to the Board that he had previously applied for an Alaska license in the past, but was not licensed due to an unfortunate situation involving fraud. The Board inquired when Dr. Davidson last practiced, to which he responded that he allowed his Texas license to go inactive and ultimately surrendered that license in 2009. Since not being able to practice, Dr. Truman stated he had been working various jobs in the commercial trucking and oil industry. He also added that he has been keeping up-to-date with the profession and

its events via media and through having recently taken—and passed—Part IV of the NBCE exam. The Board asked Dr. Truman to clarify his license status in Texas, to which he explained that he was designated in that state to conduct disability evaluations (impairment ratings). He also clarified that he did disclose with the TX licensing agency that he was a convicted felon, and later received a letter from one of the chiropractic board members stating that he should cease evaluation of workers compensation patients, to which Dr. Davidson obliged. Subsequent to that year, he added that he allowed his TX license to go inactive. Meanwhile, he was hoping his license status/fraud case in Louisiana would be settled as he hired lawyers and filed an appeal in Washington, DC. His appeal was ultimately declined due to the amount of time having lapsed. A hearing was called, however, due to limited resources; Dr. Davidson was unable to follow through with the hearing, resulting in the surrender of his TX license.

Dr. Davidson commented that the charges were for five re-examinations at \$18.00 each, and five massages at around \$8.00 each, and asserted that he had always kept detailed records of such charges but that the state of Louisiana had confiscated them during the investigation. When Dr. Davidson was later asked to supply his records in his defense, he was told by the state that the records had been lost, and thus couldn't show provide an arguable defense in this Medicaid fraud case. The Board then prompted Dr. Davidson to clarify whether the fraud case involved any violation in public safety, to which he asserted that it absolutely did not, and that it occurred more than 20 years ago. Dr. Davidson also commented that he has been compliant with fines and reprimands levied upon him, and that he has maintained his optimism in one day returning to the chiropractic profession. The Board informed him that he had passed the state jurisprudence examination, but that the Board would continue to deliberate on whether or not to approve his license.

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

Off Record at 9:56 a.m.

On Record at 10:01 a.m.

On a motion duly made by Dr. Edward Barrington, seconded by Dr. Walter Campbell, and approved unanimously, it was:

RESOLVED to approve the licensure of Truman Davidson.

TASK:

Ms. Carrillo will contact Truman Davidson via phone and inform him of the Board's decision to approve his license.

Amy Welch joined the room telephonically at 10:03 a.m.

Amy Welch left the room telephonically at 12:00 p.m.

Agenda Item 4 Review Agenda**Time: 10:03 a.m.**

The Board reviewed the agenda. Dr. Heston informed the Board that attorney, Harriet Milks would be attending the meeting during the Board's discussion on Iovera°. Ms. Carrillo commented the Board that 12 AAC 16.037 regarding NBCE examinations was in need of clarification as there are discrepancies between two sections. Mr. Heston suggested adding this to Agenda Item #11 during the FCLB/NBCE discussion.

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

RESOLVED to approve the agenda as amended.

Agenda Item 5 Review Minutes**Time: 10:13 a.m.**

The Board reviewed the minutes from the September 18th and October 8th, 2015 meeting.

On a motion duly made by Dr. Edward Barrington, seconded by Dr. Daniel Holt, and approved unanimously, it was:

RESOLVED to approve the September 18th and October 8th, 2015 draft minutes as written.

TASK:

Ms. Carrillo will mail the final minutes to Dr. Heston for his signatures.

TASK:

Dr. Heston will send the signed final minutes to Ms. Carrillo

Agenda Item 6 Board Business**Time: 10:16 a.m.****Ethics Report**

There were no ethics violations to report.

Ratify New Licenses

Hearing nothing further on ethics reports, Dr. Heston moved to ratification of new licenses which were issued following the Board's September 18th examination. The licenses for Erin Cavanaugh, Kyle Hanford, April Hudson, Tara Koeckritz, John Lloyd, Dana Manelick, and Linda Nam were ratified and confirmed by the Board.

Review Goals & Objectives

Dr. Heston again addressed amending the goals and objectives to incorporate utilization of the national background check, and to assert the Board's intent to pursue inclusion into 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...”

Changes to the Board's goals and objectives would create a new goal, #7 with two objectives. Dr. Barrington agreed to draft language for the goals to clarify the Board's intent and to effectuate the need for such changes.

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.

TASK:

Dr. Barrington will draft language for a new goal 7 with objectives 1 and 2 to be incorporated in the Board's Goals and Objectives.

SB 69

Hearing nothing further on goals and objectives, Dr. Barrington addressed Senate Bill 69 regarding the certification of chiropractic clinical assistants. Dr. Barrington informed the Board that there was a very large fiscal note attached to the bill, which he discussed with Operations Manager, Sara Chambers via e-mail. Ms. Carrillo distributed a hand out of this correspondence in which Ms. Chambers highlighted the pertinent language on the bill indicating the Board's collective agreement to support the impact to the Board's budget should certification of clinical assistants be carried through legislation. In avoiding such a fiscal impact, Dr. Barrington suggested the Board amend the language to use the term *employ* rather than *certify*, and reiterated Ms. Chamber's suggestion that the Board recognize a national certification program to reduce the fiscal load. Ms. Carrillo pointed out the CCCA program, which is a national certification program for assistants. Dr. Barrington stated that he would be speaking with Senator Stoltze on this issue later in the day.

Dr. Barrington also spoke with a senator about the national background check and impaired physician's language, but because they are centralized statute changes, Dr. Barrington's expectation is that it may be advised to pursue these changes at a later and separate time.

On a motion duly made by Dr. Edward Barrington, seconded by Dr. Walter Campbell, and approved unanimously, it was:

RESOLVED to support Senator Stoltze and the Alaska Chiropractic Society's efforts in moving Senate Bill 69 forward.

IBCN

Hearing nothing further on SB 69, Dr. Heston moved to discussion on approving the International Board of Chiropractic Neurology as a specialty designation program, which the Board has previously denied. The IBCN had since submitted documentation outlined under 12 AAC 16.047.

On a motion duly made by Dr. Walter Campbell, seconded by Dr. Daniel Holt and approved unanimously, it was:

RESOLVED approved the International Board of Chiropractic Neurology as a specialty designation program per compliance with 12 AAC 16.047.

Dr. Barrington abstained from voting as he is involved with the American Board of Chiropractic Neurology.

TASK:

Ms. Carrillo will contact Dr. Vanessa Wilczak and the IBCN regarding the Board's decision.

Courtesy License for instructors

Dr. Heston then addressed a possible amendment to 12 AAC 16.205, which pertains to courtesy licenses. Currently, the courtesy license issued for the specific purpose of practicing for a special event, which is defined as an "*athletic, cultural, or performing arts event...*" To allow continuing education instructors the ability to practice during a course, seminar, or conference, the Board discussed initiating a regulation project to amend this language.

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

RESOLVED to amend 12 AAC 16.205(j) to read: *In this section, "special event" means an athletic, educational, cultural, or performing arts event held in this state.*

Since the above regulation limits the number of courtesy licenses obtained to two per year, Dr. Barrington addressed the potential issue of chiropractic instructors needing to come to Alaska more than twice to instruct a course. Dr. Campbell commented that if an instructor is returning to Alaska frequently, it may be feasible to just pursue a permanent license.

Administrative hearing outcome

Dr. Heston informed the Board that in a case in which the Investigation's section called upon an individual to serve as the Board's expert witness resulted in being dropped because the witness decided not to testify. Dr. Heston expressed his contention with this, as it accrued legal costs to the Board with essentially no outcome. Dr. Barrington suggested that Investigations should first consult with the Board before choosing an expert witness on their behalf, to which Dr. Heston agreed.

Harriet Milks joined the room at 10:30 a.m.

Harriet Milks left the room at 11:47 a.m.

Request for Reconsideration of Iovera^o

Hearing nothing further on the administrative hearing outcome, Dr. Heston inquired to the Board whether they would entertain the request for reconsideration. Dr. Barrington wanted to clarify on record that he had erroneously and precipitously recused himself from voting during the Board's October teleconference, as he was trying to air on the side of caution considering the business aspect with Drs. McAfee and Shannon. Dr. Campbell's logic at the time was to avoid any perception of there being a bias during the voting of Iovera^o. Dr. Campbell added that he had previously spoken with the Division about this issue, and stated that he should have not recused himself because there was and is no binding financial relationship between himself and Drs. McAfee and Shannon, and thus no conflict of interest.

Dr. Campbell then addressed two separate issues regarding the way Iovera^o was presented to the Board on both the September 18th and October occasions; the first was whether Drs. McAfee and Shannon could administer Iovera^o according to and consistent with the company's protocol—the establishment of a quorum was questionable in this instance; the second issue was whether Iovera^o and its protocol to administer lidocaine was in the scope of chiropractic practice. The Board deliberated these issues, as well as on the varying surgery definitions. Dr. Heston then posed the questions, is the procedure considered surgery and does the administration of Iovera^o require an anesthetic? Dr. Heston asserted that use of an anesthetic is part of the procedure as described by the company, Myoscience, however, Dr. Campbell contended that tools don't necessarily have to be used specifically in accordance the manufacturer's specifications. Dr. Campbell further added that the statutes and

regulations don't explicitly state that chiropractors must follow all methods as prescribed by manufacturers of devices used in the profession.

On a motion duly made by Dr. Walter Campbell seconded by Dr. Edward Barrington and approved unanimously, it was:

RESOLVED to approved reconsideration of Iovera^o

Christine Hill and Dr. James Heston voted not to reconsider.

The Board continued to deliberate the issue of whether Iovera^o is within the scope of chiropractic, and whether administering the device without the use of anesthetic would be acceptable. Dr. Heston interjected, stating that administering Iovera^o without anesthetic would be painful for the patient, and thus a public health issue. Dr. Campbell disagreed that this would be a public health issue since patients would be given the option as to whether or not to receive anesthetics. Dr. Heston reiterated that this device has never been sold to a chiropractor as the intended users are physicians, and that Myoscience has labeled it as a minimally invasive procedure. He added that the Board's prerogative is not start allowing chiropractors to use tools and devices with methods not endorsed by the manufacturer. Dr. Heston also maintained that the procedure does require an anesthetic per Myoscience's earlier statements, but that language in the statutes and regulations should be clarified to more objectively define surgery.

Dr. Barrington and Dr. Campbell addressed the issue of Myoscience's position unaligned with Drs. McAfee and Shannon's understanding of Iovera^o. Dr. Holt reminded the Board of the need to respect that Drs. McAfee and Shannon's intent was not to mislead the Board. The Board acknowledged this and stated that the issue should have been cleared up between Myoscience and the chiropractors.

Dr. Holt then inquired to Amy Welch what her expectation was of the Board's approval for reconsideration. Ms. Welch stated that Drs. McAfee and Shannon position remains the same as in previously stated in the legal documents and asked the Board whether they would be making a final decision on the use of Iovera^o. Attorney for the Board, Harriet Milks, advised the Board that if the Board takes an action, it is appealable to the Office of Administrative Hearings. Ms. Milks added that Board decisions on scope of practice issues are not typically considered final actions since such actions don't affect licensure status, and that taking a position is considered a policy rather than an action. She reiterated that if the Board took a position or restated a position on this issue, it may not be appealable as it's not considered to be a final action. Ms. Milks also spoke to the definition of surgery, and suggested to the

Board to clarify whether incision is considered surgery. Dr. Barrington asserted that inserting a needle, such as in the case of administering corticosteroids, would be non-surgical.

The Board leaned towards asking for a clarifying statement from Myoscience regarding whether lidocaine should be administered, or if a cold-spray anesthetic would suffice.

TASK:

Dr. Barrington will draft a letter to send to Myoscience requesting clarification on their prescribed method and type of anesthetic in administering Iovera^o. The draft will be sent to Ms. Carrillo, who will send it the Board via an e-mail ballot before sending it to Myoscience.

On a motion duly made by Dr. Walter Campbell seconded by Dr. Edward Barrington and approved unanimously, it was:

RESOLVED to table discussion of Iovera^o until the next meeting.

Christine Hill voted no.

Harriet Milks asked for clarification from the Board whether they were intending on including the definition of surgery in their next regulatory project, to which the Board confirmed. Dr. Heston asked Ms. Milks whether the Board could create a subcommittee, to which Ms. Milks responded that with proper public notice, they begin work on drafting regulation changes. Harriet advised that the Board should appoint a single member to create the regulation draft, and that if it was 2-3 paragraphs long, it may be beneficial to have the Department of Law review the document to make sure the proposed change is consistent with existing statutes and regulations. If the Board and the Department of Law approves the draft, it would go through a 30-day public notice. Ms. Carrillo reiterated that the process involves getting a draft to the Division's regulation's specialist, Jun Maiquis, who then sends the draft to the Department of Law for review and possible amendments.

New Board Members

Hearing nothing further on Iovera^o, the Board acknowledged the upcoming professional member and public member, Jeffrey Reinhardt from Sitka and John Wayne Aderhold from Homer, respectively. Dr. Heston addressed Dr. Campbell's relationship with Dr. Reinhardt, to which Dr. Campbell stated that any potential conflict had been described and sorted out. Ms. Carrillo informed the Board that there will be a more formal statement regarding this at the Board's upcoming meeting. The new Board members would be appointed in March.

Dr. Heston motioned for break at 11:01 a.m.

Off Record at 11:01 a.m.

On Record at 11:10 a.m.

Agenda Item 7 Division Report/Budget

Time: 11:10 a.m.

Director, Janey Hovenden and Administrative Officer, Martha Hewlett joined the room at 11:00 a.m.

Director, Janey Hovenden and Administrative Officer, Martha Hewlett joined the room at 11:25 a.m.

Director Hovenden and Ms. Hewlett joined the room to present the Board's FY15 year-end report ending June 30th, 2015. Ms. Hewlett informed the Board that their budget report reflected a non-renewal year, with which the Board ended at a total licensing revenue of \$146,932 with \$54,744 in personal services included in the total direct expenditures of \$83,502. She added that the Board's ending cumulative surplus was at \$32,907 and that the allowable third party reimbursement totaled \$557.00—this includes training expenses for conferences. Ms. Hewlett also touched on travel and contractual services included in direct expenditures. Ms. Hewlett then directed the Board's attention to the 7100 series of the collocation code breakdown for pay determinations based on account name (function).

Ms. Hewlett then addressed the FY 1st quarter report including expenses from July 1st, 2015 through September 30th, 2015, and informed the Board that their total licensing revenue was at \$6,100 with an ending cumulative surplus deficit of \$23,113. Ms. Hewlett informed the Board that the Division was utilizing a new accounting system, IRIS, which has now dropped the 7 in the 7100 series in the collocation code system; 0120's = personal services, 2000's = travel, 3000's = contractual. The Board's fee analysis would begin in April, 2016.

Dr. Heston inquired to Ms. Hewlett about the effects of the current travel freeze on Board and staff travel. Ms. Hewlett informed the Board that the Division doesn't utilize the general fund as programs are supported by licensing revenues, and that communication was in process to sort out future travel details. Director Hovenden also informed the Board that travel approvals are conditional and dependent on necessity and justification. When travel is found to be unnecessary, alternative meeting solutions such as teleconference or videoconferencing may be approved, but would require a report detailing what monetary and non-monetary resources were saved by non-travel. Similarly, when travel *is* granted, reporting will need to be conducted for each meeting detailing the progress made during the in-person meeting. Director Hovenden informed the Board that a template for such reporting would be made available soon.

Agenda Item 8 Correspondence

Time: 11:50 a.m.

The Board moved to discussion on the correspondence piece from Dr. Andrea Iverson, who was requesting 2 hours of continuing education in coding and documentation credit for all chiropractors due to the need to adapt to the ICD-9 to ICD-10 conversion. Dr. Iverson asserted in her request to the Board that all chiropractors have likely spent at least 2 hours in studying the changes. The Board considered this a “self-study” request, with which there is a formal process in applying for under 12 AAC 16.350. The application, however, requires that the applicant provide proof of registration.

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

RESOLVED to deny the request for granting all Alaska licensed chiropractors 2 hours of continuing education credit in coding and documentation for transitioning to the ICD-9 to ICD-10, as the circumstance does not comply with the registration required under 12 AAC 16.350.

Agenda Item 9 Peer Review Committee

Time: 11:57 a.m.

Hearing nothing further on correspondence, Dr. Heston prompted Dr. Holt to give any updates on the Peer Review Committee. Dr. Holt informed the Board that Ben Pontius had expressed an interest in continuing to serve on the committee. There were otherwise no peer review issues to discuss.

TASK:

Dr. Holt will contact Dr. Todd Lovell and John Murphy regarding whether they intend to continue serving as Peer Review Committee members.

Agenda Item 10 Lunch Break- - recess not adjourn

Off record at 12:00 p.m.

On record at 1:06 p.m.

Agenda Item 11 FCLB/NBCE Update

Time: 1:07 p.m.

Dr. Heston addressed the FCLB/NBCE discussion and did not have any specific updates to provide for the FCLB. He did state, however, that new delegates would need to be established since he would no longer be on the Board after March 1st, 2016. The Board ultimately decided that Dr. Holt would serve as the primary delegate and that Dr. Campbell would serve as the alternate delegate both the FCLB and NBCE. The Board discussed possible upcoming delegate travel to Greeley, CO for the NBCE’s Part IV test committee.

The Board also expressed that they may not send a delegate to the May or November testing, but that the primary and alternate delegate, and the licensing examiner should travel to the annual FCLB/NBCE conference from April 27th-May 1st, 2016 in Phoenix, Arizona.

Amy Welch joined the room telephonically at 1:16 p.m.

Amy Welch left the room telephonically at 1:58 p.m.

Regulation Changes

The Board then moved to discussion on a possible regulation change to correct the NBCE examination requirements. Ms. Carrillo addressed the discrepancies between 12 AAC 16.033(7) and 12 AAC 16.037(b); the former refers to the requirements needed to apply via credentials, while the latter refers to required NBCE examinations for exam and licensure qualifications. The former states that an individual applying by credentials must take either the Special Purposes Examination of Chiropractic (SPEC) exam, or Parts I and II, while the latter states that the credential applicant must take either the SPEC exam or Part III. Dr. Heston phoned the NBCE for clarification on this issue.

Dr. Campbell added that the SPEC exam is acceptable only until August 31st, 1998, according to 12 AAC 16.037(d), after which time Part IV is required. Dr. Heston suggested delegating the task of clarifying the language to a subcommittee

TASK:

The Board will establish a subcommittee to determine whether the recommendation of amending 12 AAC 16.033(b) by adding NBCE exams Parts III and IV and amending 12 AAC 16.037(b) by adding Part IV is the most accurate correction.

TASK:

The Board will establish a subcommittee to work out the timeline details regarding NBCE examination requirements.

Daniel Holt left the room at 1:27 p.m.

Daniel Holt entered the room at 1:28 p.m.

Agenda Item 12 Position Statements

Time: 1:47 p.m.

Dr. Barrington informed the Board that the Advertising of Free Services position statement had not yet been updated and is still tabled. He added that he is continuing to work on developing a position statement for sexual harassment. Dr. Barrington then distributed a draft position statement on Massage Therapy to the Board, but added that he would be

imminently making corrections before sending to Ms. Carrillo. The Board would be informing the ACS of their position statements, and to encourage them to post the statements to their own website. Ms. Carrillo directed the Board on where to find the statements on the Board's "Board Business" site.

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

RESOLVED to approve the position statement on Massage Therapy.

TASK:

Dr. Barrington will e-mail Ms. Carrillo the Massage Therapy position statement for her to send to the Board before posting on the Board's site.

TASK:

Dr. Barrington will continue working on a position statement draft on sexual harassment.

Agenda Item 14 Public Comment

Time: 2:00 p.m.

No one was available for public comment.

Agenda Item 13 ACS Updates

Time: 2:30 p.m.

Debbie Ryan entered the room telephonically at 2:30 p.m.

Debbie Ryan left the room telephonically at 2:40 p.m.

Debbie Ryan informed the Board that the ACS membership was up to 68%, that this year's convention would have a focus on ethics and law. Ms. Ryan noted that the emphasis is justified by concerns of chiropractors erroneously charging for services; she had recently received a call from a lawyer stating that non-cash paying patients had been double-charged or CMT's compared to cash-paying patients. Ms. Ryan anticipated that this would be the biggest convention to date, having been extended to four rather than two days. Ms. Ryan prompted the Board to inform the ASC of complaints so they can determine if the topic(s) necessitates additional or focused training. Ms. Ryan added that the society was offering credit through journal and radiology clubs, as well as CPR/First Aid. On a national level, the ACS was honing in on the efforts to expand Medicare payments for services other than CMT as well as expanding VA coverage and TRICARE for children of veterans. Ms. Ryan also noted that the ACS is continuing to push for SB 69 and referenced the Naturopath Board who experienced a major increase in licensing fees as a result of the fiscal note.

Agenda Item 15 **Investigations Report****Time: 2:39 p.m.***Investigator, Brian Howes entered the room telephonically at 2:39 p.m.**Investigator, Brian Howes left the room telephonically at 2:45 p.m.*

The Board's investigator, Brian Howes joined the room to present his investigative report, which included activity from 09/03/2015 to 01/20/2016. There were 2 open actions, one criminal action with no conviction and one sexual misconduct. A case on negligence and a case on misrepresentation were closed since the last meeting. Mr. Howes informed the Board that a more up-to-date investigative report would be made available to Ms. Carrillo shortly.

TASK:

Ms. Carrillo will forward the updated investigative report to the Board. The Board

Agenda Item 16 **Administrative Business****Time: 2:46 p.m.**

The Board kept their next meeting date of May 20th, 2016 in Fairbanks.

Sign Wall Certificates

The Board signed wall certificates for John Lloyd, Dana Manelick, and Michael McClaskey.

Sign Meetings Minutes

Ms. Carrillo informed Dr. Heston that she would be mailing the final minutes from the September 18th, 2015 meeting and the October 8th, 2016 teleconference meeting.

TASK:

Ms. Carrillo will forward the updated investigative report to the Board.

TA's & Receipts

Dr. Barrington handed his receipts to Ms. Carrillo and Dr. Campbell e-mailed his.

TASK:

Dr. Heston will send Ms. Carrillo his travel receipts.

Task List

The Board briefly reviewed their task list.

Agenda Item 17 **Adjourn****Time: 2:56 p.m.**

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

RESOLVED to Adjourn the meeting at 2:56 p.m.

Respectfully Submitted by:

Laura Carrillo
Licensing Examiner

Approved by:

Dr. Daniel Holt, Chair
Alaska State Board of Chiropractic Examiners

DRAFT

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 applications
- Correspondence

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

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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
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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:

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

STATE OF ALASKA
BOARD OF CHIROPRACTIC EXAMINERS

Ratify Licenses

May 20th, 2016 Meeting

Licensee Name (From January 22nd, 2016 Examination)
Tyler Best
Truman Davidson
Crystal Glaser
Laura Homacki
Laura Huling
James Petersen

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REVIEW CONTINUING EDUCATION APPLICATIONS

1. Course 15278 – “Online: Spinal Trauma Pathology” by Texas Chiropractic College
2. Course 15280 – “Hormone Advanced Practice Module” by Northwestern Health Sciences University
3. Course 15281 – “Energy Advanced Practice Module” by Northwestern Health Sciences University
4. Course 15282 – “Radiology Rounds, Current Cases” by Radiologic Consulting
5. Course 15320 – “Optimizing Musculoskeletal Health” by Northwestern Health Sciences University
6. Course 15321 – “2016 IAACN Scientific Symposium” by Texas Chiropractic College
7. Course 15322 – “2016 TCC Annual Convention and Homecoming” by Texas Chiropractic College

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From: [Bunch, Erin](#)
To: [Carrillo, Laura N \(CED\)](#)
Subject: Chiropractor and Osteopathic Manipulation
Date: Wednesday, April 20, 2016 2:48:51 PM

Hi Laura-

We have a chiropractor billing osteopathic manipulation codes instead of the chiropractic manipulation codes. We have denied the charges as out of scope of practice and the chiropractor is appealing. Would the Board be able to clarify if osteopathic manipulation is considered within the scope of practice for an Alaska licensed chiropractor?

Thank you,

Erin Bunch | Bill Review Manager
CorVel Corporation | Portland District
T 503.501.5597 | F 866.727.5567 | C 503.707.5923
erin_bunch@corvel.com | www.corvel.com

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Agenda Item #7

Division Update/Budget Report

Board of Chiropractic Examiners
Schedule of Revenues and Expenditures

	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY16 1st - 3rd Qtr
Licensing Revenue	35,295	139,294	34,529	144,686	24,503	146,375	17,835
Allowable Third Party Reimbursement*	-	-	-	-	537	557	-
Total Revenue	35,295	139,294	34,529	144,686	25,039	146,932	17,835
Direct Expenditures							
Personal Services	44,397	60,992	58,635	33,003	49,928	54,744	41,956
Travel	18,662	16,889	18,169	11,866	17,350	15,990	6,001
Contractual	18,600	20,873	4,526	3,747	13,399	12,687	2,846
Supplies	314	31	255	233	325	80	26
Equipment	-	-	-	-	-	-	-
Total Direct Expenditures	81,973	98,786	81,585	48,848	81,001	83,502	50,828
Indirect Expenditures**	14,651	13,247	17,238	21,128	23,695	31,212	23,409
Total Expenses	96,624	112,033	98,823	69,977	104,695	114,713	74,237
Annual Surplus (Deficit)	(61,329)	27,261	(64,294)	74,709	(79,656)	32,219	(56,402)
Beginning Cumulative Surplus (Deficit)	103,997	42,668	69,930	5,635	80,344	688	32,907
Ending Cumulative Surplus (Deficit)	42,668	69,930	5,635	80,344	688	32,907	(23,495)

*The allocation of the allowable third party reimbursements, up to \$50,000, will be completed at year-end

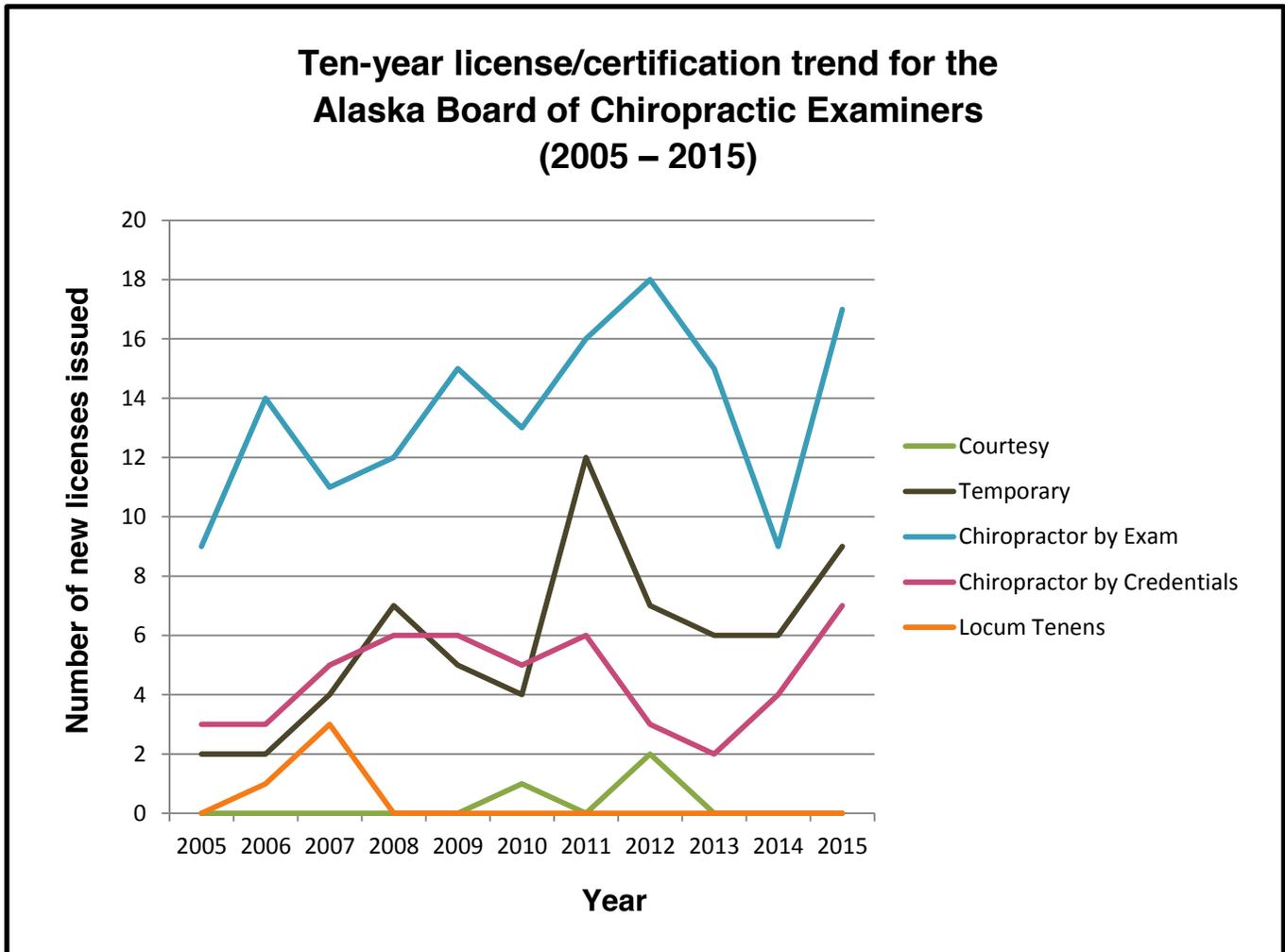
**Current year indirect costs are based on the prior fiscal year's total budgeted amount. These costs are averaged over the current fiscal year, then adjusted after the close of the year.

Activity Name Board of Chiropractic Examiners

Object Code	Object Name	Sum of Expenditures
1011	Regular Compensation	22,727
1016	Other Premium Pay	7
1023	Leave Taken	3,524
1028	Alaska Supplemental Benefit	1,613
1029	Public Employee's Retirement System Defined Benefits	3,380
1030	Public Employee's Retirement System Defined Contribution	569
1034	Public Employee's Retirement System Defined Cont Health Reim	462
1035	Public Employee's Retirement Sys Defined Cont Retiree Medical	183
1037	Public Employee's Retirement Sys Defined Benefit Unfnd Liab	1,183
1039	Unemployment Insurance	80
1040	Group Health Insurance	6,624
1041	Basic Life and Travel	17
1042	Worker's Compensation Insurance	276
1047	Leave Cash In Employer Charge	600
1048	Terminal Leave Employer Charge	302
1053	Medicare Tax	367
1077	ASEA Legal Trust	38
1079	ASEA Injury Leave Usage	2
1080	SU Legal Trst	2
2000	In-State Employee Airfare	515
2001	In-State Employee Surface Transportation	3
2002	In-State Employee Lodging	75
2003	In-State Employee Meals and Incidentals	111
2008	In-State Non-Employee Meals and Incidentals	412
2009	In-State Non-Employee Taxable Per Diem	150
2010	In-State Non-Employee Non-Taxable Reimbursement	2,787
2020	Out-State Non-Employee Meals and Incidentals	226
2022	Out-State Non-Employee Non-Taxable Reimbursement	1,720
2036	Cash Advance Fee	2
3002	Memberships	1,315
3044	Courier	7
3045	Postage	61
3046	Advertising	339
3057	Structure, Infrastructure and Land - Rentals/Leases	327
3069	Commission Sales	9
3088	Inter-Agency Legal	378
3094	Inter-Agency Hearing/Mediation	410
4002	Business Supplies	26
Grand Total		50,828

Grand Total Equals Direct Expenditures on Board Report

Please note: This is not an official CBPL document, but was created to give the Board a visual of license trends. These numbers reflect only *newly* issued licenses and does not depict the total license count for this program.



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Agenda Item #8

Old Business

GOALS AND OBJECTIVES 2016

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

GOALS AND OBJECTIVES 2016

- Objective 4:* statutory changes relevant to the profession and public safety. 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.

GOALS AND OBJECTIVES 2016

- 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.

ALASKA BOARD of CHIROPRACTIC EXAMINERS

May 20, 2016

GOALS and OBJECTIVES

Addition of adding goal #7 as proposed by Dr. James Heston at the Board Meeting on January 22, 2016. Wording as follows, to be considered by the board:

7. The Board will endeavor, through legislative process, to add the Board of Chiropractic Examiners to the following Central Statutes:

a) AS 12.62.400, National Criminal History Check, the addition of (16) Chiropractic Physician be added, and

b) AS 08.01.050, Administrative Duties of the Department/Impaired Physician, adding the Chiropractic Board of Examiners under (21), (d), (12).

These additions will close any gap in license applicants background investigations, providing a higher level of security against the issue of license to individuals with criminal histories. Also, any Chiropractic Physician who is deemed impaired by the use of drugs or alcohol will have the benefit of the Board of Chiropractic Examiners as a resource for rehabilitation.

At this time any fiscal note is unknown.

Submitted by,

Dr. Edward J Barrington
Secretary, Alaska Board of Chiropractic Examiners.

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**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).”**



THE STATE
of **ALASKA**

GOVERNOR BILL WALKER

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

March 14, 2016

Myoscience
1600 Seaport Blvd., suite #450
Redwood City, CA 94063

Attention: Ms. Erin Miller

Dear Ms. Miller,

I am writing to you on behalf of the Alaska State Board of Chiropractic Examiners to request additional information regarding the Iovera^o procedure. As you are aware, chiropractic physicians, Dr. Billy McAfee and Dr. John Shannon presented Iovera^o to the Board meeting on September 18, 2015, and again on October 8, 2015, seeking approval to use this device in their practice. They explained that they would not use injectable lidocaine as a skin preparation, but instead would use ice or cold spray, presumably ethyl chloride.

The Board of Chiropractic Examiners would like to know if the use of ice or cold spray is an acceptable analgesia for the Iovera^o procedure. If so, is use of this type of analgesic considered a standard of care?

The next meeting of the Board of Chiropractic Examiners is on May 20, 2016. I would greatly appreciate your response before this date.

Respectfully,

Edward J. Barrington, DC
E-mail: dredbarrington@gci.net

From: [Dinegar, Harriet C \(LAW\)](#)
To: [EDWARD J BARRINGTON](#)
Cc: [Carrillo, Laura N \(CED\)](#); [Hannasch, Dawn K \(CED\)](#)
Subject: RE: Re: phone call
Date: Tuesday, April 12, 2016 8:25:00 AM

Thank you, Dr. Barrington. This should be helpful to the board in taking its next step.

From: EDWARD J BARRINGTON [mailto:dredbarrington@gci.net]
Sent: Tuesday, April 12, 2016 8:13 AM
To: Dinegar, Harriet C (LAW)
Subject: Fwd: Re: phone call

Harriet,

This is the response I got from Ms. Henry at Myoscience.

Dr. Barrington

----- Original Message -----

From:
"Tracey Henry" <THenry@myoscience.com>

To:
"EDWARD J BARRINGTON" <dredbarrington@gci.net>

Sent:
Tue, 12 Apr 2016 04:41:20 +0000

Subject:
Re: phone call
Yes, that is correct.

Sincerely

Tracey Henry, MBA, RAC
VP RAQA, Clinical Affairs
iovera[®] | myoscience
(d) 510.933.1510
(m) 650.468.6176
www.iovera.com

On Apr 11, 2016, at 6:02 PM, EDWARD J BARRINGTON <dredbarrington@gci.net> wrote:

Dear Ms. Henry,

Thank you for returning my call today about Iovera. You said that as a Class II medical device, Federal law restricted the sale of the Iovera instrument to "physicians", further defined to mean medical doctors or doctors of osteopathy, and not chiropractic physicians. Is that correct?

Thank you for your assistance.

Edward J. Barrington, D.C

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From: Carrillo, Laura N (CED)
To: [Dinegar, Harriet C \(LAW\)](#)
Subject: FW: Use of cold spray for iovera treatment
Date: Tuesday, March 29, 2016 11:39:00 AM
Attachments: [embeddedEmail1.eml.msg](#)

Hi Harriet,

Please see below for a response from Iovera.

Let me know if you have any questions,

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: EDWARD J BARRINGTON [mailto:dredbarrington@gci.net]
Sent: Monday, March 28, 2016 8:30 AM
To: Carrillo, Laura N (CED)
Subject: Fwd: Use of cold spray for iovera treatment

----- Original Message -----

From:
"Tracey Henry" <THenry@myoscience.com>

To:
"dredbarrington@gci.net" <dredbarrington@gci.net>

Cc:
"Erin Miller" <EMiller@myoscience.com>, "Johanna Beckmen" <JBeckmen@myoscience.com>

Sent:
Sat, 26 Mar 2016 01:16:52 +0000

Subject:
Use of cold spray for iovera treatment
Dear Mr Barrington,

My colleague, Erin Miller, forwarded your letter dated 14 March 2016 to me and asked me to follow up with you.

Thank you for your inquiry.

With respect to your question about the use of ice or cold spray as an acceptable analgesia for the iovera procedure, as a medical device manufacturer, myoscience is unable to advise on the practice of medicine. It is the physician's discretion how to best treat his or her patient based on that patient's medical history and condition.

Furthermore, I would like to reiterate some information provided in October 2015 to Sara

Chambers, Harriet Dinegar and Laura Carrillo via email as well as a letter sent to Amy Welch, Attorney at the Law Offices of William R Satterberg, Jr. earlier this month (both attached).

The iovera system is a class II medical device regulated by FDA, and can only be provided by "Prescription Only" per our FDA Clearance. As such, the product is labeled: "Caution: Federal law restricts this device to sale by or on the order of a physician." Because of this legal requirement, as part of our Sales Verification process, we are only able to sell the iovera system to physicians with appropriate medical licenses.

I just thought you should be aware of this as this request has come through the Board of Chiropractic Examiners.

Please feel free to contact me if you have any more questions.

Sincerely,

Tracey Henry, MBA, RAC

VP RAQA, Clinical Affairs

iovera° | myoscience

46400 Fremont Blvd

Fremont, CA 94538

(d) 510.933.1510

(m) 650.468.6176

www.iovera.com

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LAW OFFICES

WILLIAM R. SATTERBERG, JR.

FAX (907) 452-3988

ATTORNEY AT LAW
709 FOURTH AVENUE
FAIRBANKS, ALASKA 99701
(907) 452-4454

April 18, 2016

VIA USPS and EMAIL: harriet.dinegar@alaska.govBoard of Chiropractic Examiners
c/o Harriet Milks, Assistant Attorney General
Department of Law
PO Box 110300
Juneau, AK 99811

RE: Dr. McAfee and Dr. Shannon / Iovera

Dear Board Members:

This letter is a follow up to the Board meeting that was held on January 22, 2016. During that meeting, the Board indicated that it would send a letter to Myoscience regarding whether a cold spray could be used during administration of the iovera treatment.

It is Drs. McAfee and Shannon's understanding that the Board did send a letter to Myoscience with respect to whether Myoscience would sell iovera to chiropractors. Myoscience responded and indicated that iovera is only sold to MDs and DOs. Parenthetically, Myoscience did not take that position until Ms. Carrillo unilaterally advised Myoscience that iovera was not within the scope of chiropractic practice.

At this juncture, might you please provide a copy of any and all correspondence with Myoscience to date? Additionally, should any further communication occur between the Board and Myoscience relating to iovera, might you please provide the supplemented correspondence?

It is respectfully submitted that Myoscience's decision whether it will sell its product to chiropractors does not resolve the matter before the Board. Myoscience is free to change its marketing techniques over time. If a year from now Myoscience determines that it will sell iovera to chiropractors, the Board will be presented with the same issue: whether the iovera procedure falls within the scope of chiropractic practice. Drs. McAfee and Shannon request that the Board reach a determination on this issue by relying upon the Alaska statutes and definitions relating to the scope of chiropractic practice. To date, the Board has relied upon Myoscience's definitions of terms such as "surgery" and "physician," yet has entirely failed to apply the relevant Alaska provisions defining these terms. Instead, the Board has focused upon Myoscience's definitions and whether iovera can be performed without lidocaine.

With respect to lidocaine, on March 15, 2016, Drs. McAfee and Shannon received correspondence from Myoscience's Tracey Henry. Ms. Henry indicated that ethyl chloride—in

other words, cold spray—is not a specified contraindication. As such, Drs. McAfee and Shannon would not be precluded from using a cold spray during administration of the iovera procedure. Ms. Henry further stated that, although Myoscience cannot provide medical advice, “It is the physician’s discretion how to best treat his or her patient based on that patient’s medical history and condition.” Based upon this response from Myoscience, Drs. McAfee and Shannon could use a cold spray in their discretion as medical professionals. Additionally, the iovera Treatment Reference Guide indicates that the anesthetic is for the comfort of the patient. *See* page 10. This information should foreclose the issue of whether the procedure can be performed with cold spray.

At this juncture, Drs. McAfee and Shannon fully expect that the Board will reach a decision regarding whether iovera is within the chiropractic scope of practice as defined by Alaska law. At the May 20, 2016 Board meeting, the Board should specifically address:

1. Whether iovera’s method of treatment—cryotherapy—falls within the scope of AS 08.20.900; and
2. Whether iovera is surgery as defined by 12 AAC 16.990(b)(2).

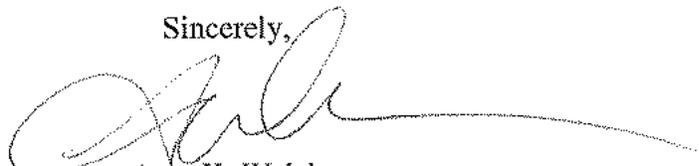
Further discussion relating to matters such as cold spray are, put simply, irrelevant. It is clear that Drs. McAfee and Shannon have no intention of using injectable lidocaine, and cold spray is not a contraindication. Additionally, as indicated in the Request for Reconsideration, chiropractors are considered physicians under Alaska law. At this juncture, any discussion relating to these tangential matters cannot be considered anything but a delay tactic. There is no reason that the Board cannot directly address the iovera procedure by applying relevant law. The Board has a duty to its members to resolve this matter once and for all.

Drs. McAfee and Shannon respectfully request that the Board allow them 15 minutes to testify regarding iovera prior to the Board’s decision on the matter.

Should the Board continue to refuse to reach the heart of this issue, Drs. McAfee and Shannon are prepared to pursue all legally available remedies to compel the Board to reach a final decision regarding iovera. Additionally, this delay cost Drs. McAfee and Shannon a valuable business agreement, has damaged their ability to practice, and has unreasonably retrained them from performing a procedure that falls within the defined scope of practice. Drs. McAfee and Shannon are prepared to pursue litigation in this regard, as well.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Amy K. Welch
Attorney

Encl.

15 March 2016

Law Offices of William R Satterberg, Jr., Attorney at Law
709 Fourth Avenue
Fairbanks, Alaska 99701
Attention: Amy K. Welch, Attorney

Dear Ms. Welch,

My colleague, Dr. Jessica Preciado forwarded your letter dated 3 February, 2016 re: "Use of Ethyl Chloride in place of lidocaine prior to performing the Iovera treatment" to me.

Thank you for your inquiry.

With respect to the contraindications for use, I have attached the User Guide for your convenience which includes the contraindications (page 13). Specifically with respect to your question re: Ethyl Chloride, no, that is not a specified contraindication.

Please note, that as a medical device manufacturer, myoscience is unable to advise on the practice of medicine. It is the physician's discretion how to best treat his or her patient based on that patient's medical history and condition.

Furthermore, I would like to reiterate some information provided in October 2015 to Sara Chambers, Harriet Dinegar and Laura Carrillo via email. (See attached)

The Iovera system is a class II medical device regulated by FDA, and can only be provided by "Prescription Only" per our FDA Clearance. As such, the product is labeled: "Caution: Federal law restricts this device to sale by or on the order of a physician." Because of this legal requirement, as part of our Sales Verification process, we are only able to sell the Iovera system to physicians with appropriate medical licenses.

I just thought you should be aware of this as this request has come through the Board of Chiropractic Examiners.

Please feel free to contact me if you have any more questions.



Tracey Henry, MBA, RAC
VP Regulatory Affairs, Quality Assurance, Clinical Affairs
Myoscience, Inc
510.933.1510

myoscience

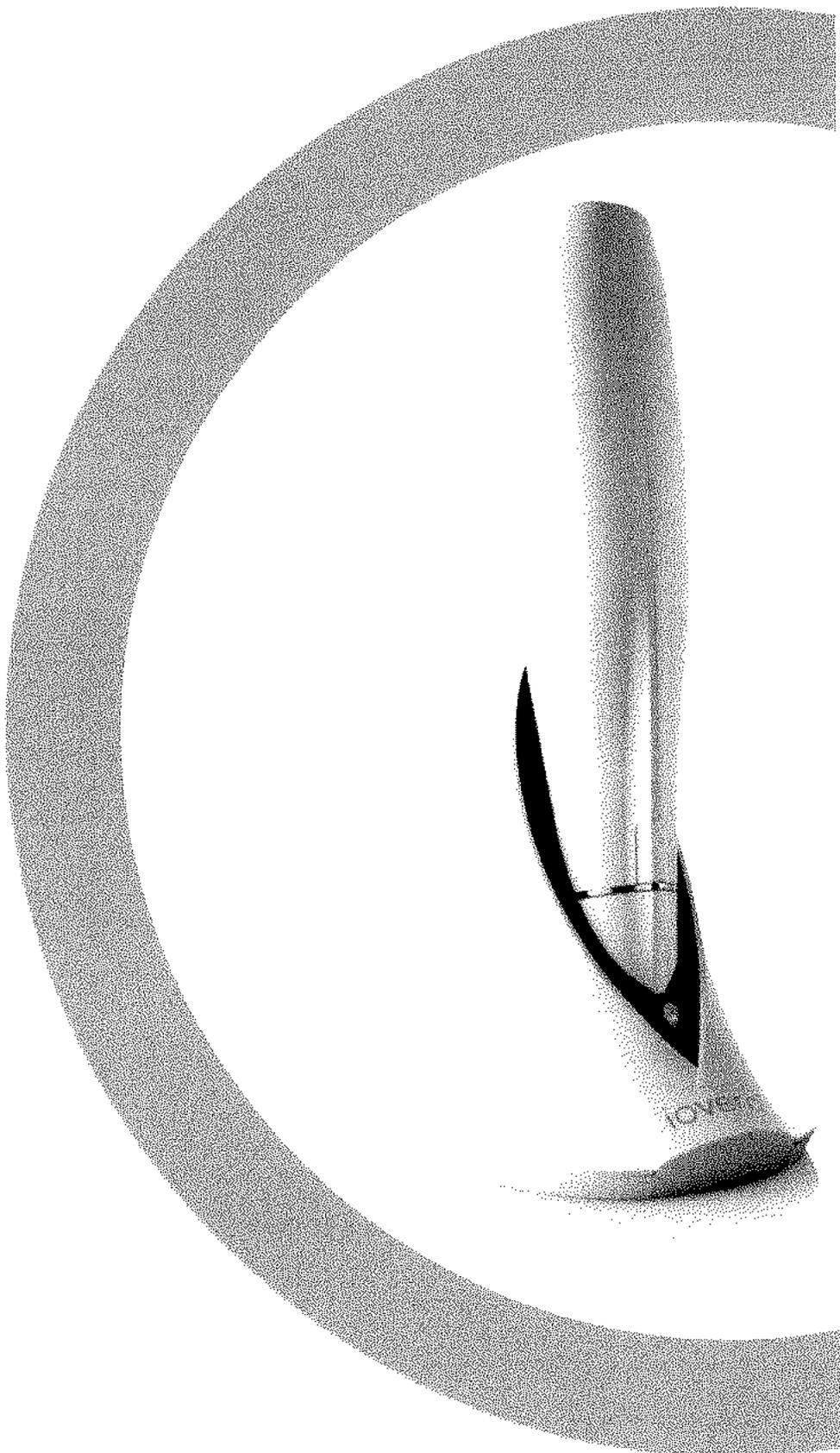
thentry@myoscience.com
Cc: Dr. Jessica Preciado

ATTACHMENTS: iovera User Guide,

Previous correspondence with Sarah Chambers, dated October 5, 2015 with inclusion of:
FDA Clearance letter, K142866
MKT-0383
MKT-0185

iovera[®]

User Guide



Legal Notice

Caution: Federal Law (USA) restricts this device to sale by or on the order of a physician

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Information in this document is subject to change without notice.

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Trademarks

The trademarks mentioned herein, including Iovera® and Focused Cold Therapy, are the property of myoscience®. All other trademarks are the sole property of their respective owners.

Patents

For information on myoscience® patents and patents pending go to: <http://patents.myoscience.com>

Legal Notice 3

Trademarks 3

Patents 3

Contents 4

Chapter 1 6

Safety 6

Introduction 7

iovera[®] system Warnings and Cautions 7

General Warnings 7

Symbols 8

Chapter 2 10

Glossary 10

Chapter 3 12

iovera[®] system Overview 12

Indications For Use 13

Intended User 13

Target Population 13

Contraindications 13

Potential Complications 13

Theory of Operation 15

System Set Up Overview 17

Chapter 4 18

Using the iovera[®] system 18

iovera[®] system Components 19

Handpiece 20

LED Indicators 22

Chapter 5 28

Performing Treatment Cycle 28

Perform a Treatment Cycle 29

Perform a Prep Cycle 31

Stop a Cycle 37

A System Detected Condition 37

Emergency Cycle Stop 38

Chapter 6 39

Troubleshooting 39

Appendix A 41

Guidance and Manufacturer’s Declaration 41

Appendix B 44

System Specifications 44

Installation, Service, and Training 44

Safety

Introduction.....	7
iovera® system Warnings and Cautions	7
General Warnings	7
Symbols	8

Introduction

Carefully read all instructions prior to using the iovera[®] system. Observe all contraindications, warnings and cautions noted in this chapter and throughout the guide. Failure to do so may result in the possibility of injury to the patient or the operator, inferior treatment outcomes, or damage to the device.

iovera[®] system Warnings and Cautions

The following symbols and descriptions are found at appropriate places throughout this document.



WARNING! Indicates a hazardous situation which, if not avoided, could result in death or serious injury.



CAUTION! Indicates a hazardous situation, which, if not avoided, could result in minor or moderate injury, and/or property/equipment damage or malfunction.



Provides information that helps to maintain the highest iovera[®] system performance.

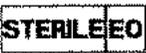
General Warnings

Warning	Description
Electrical	<p>The iovera[®] system may be hazardous if misused. Only connect the device to a proper mains power outlet, and use only the electrical adapter supplied by myoscience. There are no user-serviceable parts in or on the iovera[®] system.</p> <p>The effects of interference from radio frequency identification (RFID) readers have not been studied on the iovera[®] system. The iovera[®] system is not recommended for use in close proximity to RFID readers.</p> <p>The iovera[®] system is not intended for use in a Magnetic Resonance Environment.</p> <p>The iovera[®] system needs special precautions regarding EMC and needs to be installed and put into service according to the EMC information provided in this manual.</p> <p>Portable and mobile RF communications equipment can affect the iovera[®] system.</p> <p>The use of accessories other than those specified by myoscience Inc may result in increased EMISSIONS or decreased IMMUNITY of the iovera[®] system.</p> <p>This iovera[®] system should not be used adjacent to or stacked with other equipment. If adjacent or stacked use is necessary, the iovera[®] system should be observed to verify normal operation in the configuration in which it will be used.</p> <p>Danger-Explosion Hazard. Do Not Use in Presence of Flammable Anesthetics.</p>

iovera [®] system Components	The iovera [®] system is intended for use only with the provided components. Substituting different components (cartridge, Smart Tips, and electrical adapter for the charging dock, etc.) may damage the device and/or create a hazard to the patient or the operator.
Nitrous Oxide	Nitrous oxide is an oxidizing agent that may accelerate combustion. DO NOT store cartridges near flammable materials or igniters. Store only where temperatures do not exceed 50 °C (122 °F).
Smart Tip	<p>A Smart Tip houses the closed-end needle array used to deliver the treatment.</p> <p>Do not use an expired Smart Tip. Check the sterile package for expiration date.</p> <p>The iovera[®] system generates freezing temperatures that result in tissue destruction. The tip of the Smart Tip will reach subzero temperatures and could damage exposed tissues.</p> <p>Carefully inspect the Smart Tip package prior to use for any breach of the sterile barrier or damage to the contents. If the sterile barrier integrity is compromised or the contents are damaged, DO NOT USE and contact a myoscience representative.</p> <p>The Smart Tip is sterile. Touching the Smart Tip needles may compromise sterility. The Smart Tip comes protected in the Tip cap. DO NOT remove the Tip cap until the System is ready to perform a cycle.</p> <p>Do not attempt to replace the cap onto the used Smart Tip. Doing so puts you at risk for a non-sterile needle puncture.</p> <p>The Smart Tip is single-patient-use. Do not reuse, reprocess or re-sterilize. Reuse, reprocessing or re-sterilization may compromise the structural integrity of the device and/or lead to device failure which in turn may result in patient injury, illness or death.</p> <p>Reuse, reprocessing, re-sterilization or lack of proper cleaning after use may also create a risk of contamination of the device and/or cause patient infection or cross-infection, including, but not limited to, the transmission of infectious disease(s) from one patient to another. Contamination of the device may lead to injury, illness or death of the patient.</p>

Symbols

The following symbols are associated with the iovera[®] system.

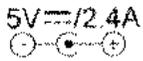
Symbol	Description
	This marking on a product is a manufacturer's declaration that the product complies with the essential requirements of the relevant European health, safety, and environmental protection legislation.
	For Single Use Only; Do Not Reuse.
	Sterilized Using Irradiation. The Smart Tip is sterilized on the iovera [®] system.
	Sterilized Using Ethylene Oxide. The Smart Tip is sterilized on the iovera [®] system.
	Lot Number
	Serial Number



Catalog Number



Contains electronics, dispose of according to local regulations or return to myoscience.



5 Volt Direct Current, 2.4 Ampere. Cylindrical connector with positive center.



Follow Instructions for Use



Use By Date



Storage Temperature Upper Limit



Storage Temperature Limitation



Date of Manufacture



Legal Manufacturer



Consult Operating Instructions



Caution



Do Not Use if Package is Damaged



Type BF Applied (designation for medical devices that come into contact with a patient)



Cartridge



Smart Tip



RF Transmitter



MR Unsafe – unsafe for use in a magnetic resonance environment

Glossary

The terms and acronyms used in this guide are listed in the table below.

Term or Acronym	Description
Battery Status LED Panel	LED indicators that show current battery charge.
Cartridge	Small pressure-flask containing liquid nitrous oxide.
Cartridge Chamber	Space inside the Handpiece where the N ₂ O cartridge is placed.
Cooling Cycle	Cryosurgical application using the iovera [®] system on a single site on a patient. Several cycles at different sites equals one treatment.
Charging Dock	Handpiece holder and electrical Charger; plugs into electrical adapter.
Handpiece	A non-sterile, reusable device designed to control the flow of refrigerant from a disposable cartridge through a control valve into a Smart Tip to cool target tissues.
LED/LEDs	Light emitting diode/light emitting diodes.
LED Blinking	LED turns on, off, on, off, etc.
LED Pulse/Pulsing	LED gradually dims and then brightens repeatedly.
LED Solid	LED is continuously illuminated.
Main Button	Press the button to start and to stop a cooling cycle; also used to perform other functions.
Preparation (Prep) Cycle	A cycle performed with the Smart Tip before each treatment, performed with the tip pointing up.
Priming (Prime) Cycle	A cycle performed at the beginning of each day before a treatment, performed with the storage tip pointing down.
Reset Access	Entry point for an iovera [®] system restart; located underneath Handpiece cap.
Storage Tip	Special-use Tip used for a prime cycle. Save it for reuse.
Refrigerant	A substance used to produce low temperatures. The iovera [®] system uses nitrous oxide (N ₂ O).
Skin Warmer	Located at the base of the needles on the Smart Tip. The needles must be fully inserted for the skin warmer to function properly. This keeps the skin surface warm during a treatment.
Smart Tip	The sterile, Smart Tip is designed to deliver a precise and controlled zone of cold to the target tissue. It consists of fine-gauge closed-end needles, a skin warmer to keep the skin at ambient temperature, and a smart microprocessor that controls the dose.
System Status LED Panel	LED indicators that provide information about the treatment cycle.
Treatment	Multiple cooling cycles administered to different sites on a single patient. See, Focused Cold Therapy above.

Tip Cap

Protective cap that fully covers a Smart Tip or Storage Tip. Also, Tip caps are needed to stabilize the Handpiece while in the charging dock.

iovera^o system Overview

Indications for Use	13
Intended User	13
Contraindications.....	13
Potential Complications	13
Theory of Operation	15
System Set Up Overview	17

Indications For Use

The myoscience 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.

Intended User

The iovera® system is intended for use by, or under the direction of, a physician.

Target Population

The iovera® system is intended to treat adults (≥ 22 years old).

Contraindications

The iovera® system is contraindicated for use in patients with the following:

- Cryoglobulinemia
- Paroxysmal cold hemoglobinuria
- Cold urticaria
- Raynaud's disease
- Open and/or infected wounds at or near the treatment site

Potential Complications

As with any surgical treatment that uses needle-based therapy, there is potential for *temporary* site-specific reactions, including but not limited to:

- Bruising (ecchymosis)
- Swelling (edema)
- Inflammation and/or redness (erythema)
- Pain and/or tenderness, including headache
- Altered sensation (localized dysesthesia)

Proper use of the device as described in this User Guide can help reduce or prevent the following complications:

- Injury to the skin related to application of cold or heat
- Hyper- or hypo-pigmentation at the treatment site
- Skin dimpling at the treatment site
- Loss of motor function outside the target area

Typically, these reactions resolve with no physician intervention. Patients may help the healing process by applying ice packs to the affected sites, and by taking over-the-counter analgesics.

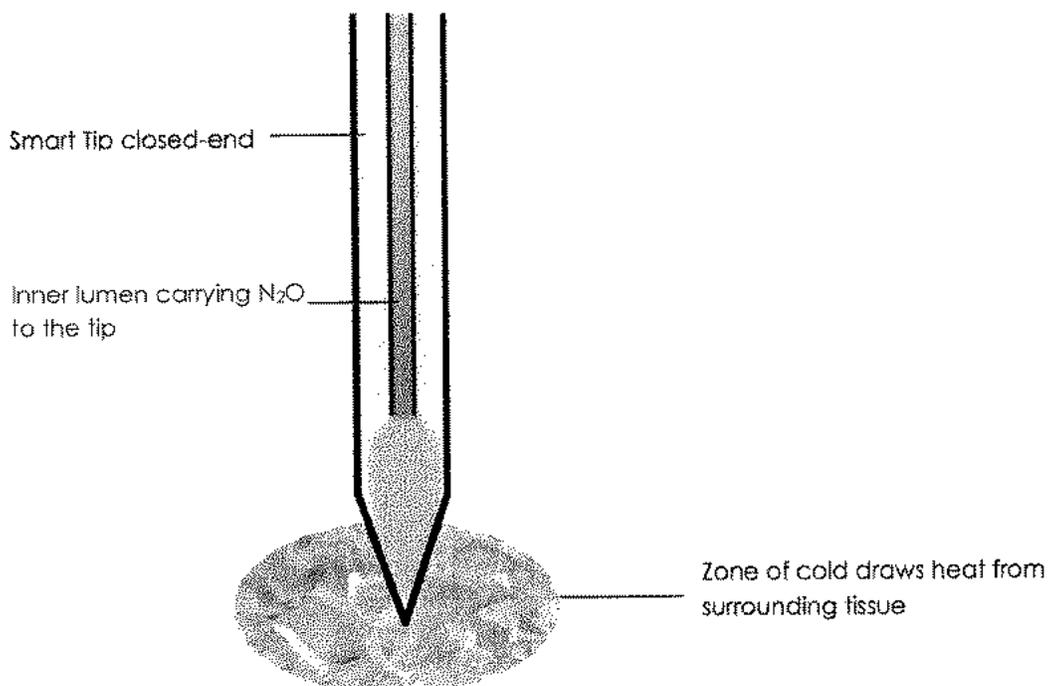
Theory of Operation

The myoscience iovera[®] system is a handheld, Focused Cold Therapy™ delivery device that cools target tissues without affecting the surrounding skin. Cryotherapy has been well established as a successful and preferred non-toxic method of tissue destruction while keeping the surrounding tissue structures intact. The patented, subdermal cooling technology is fully integrated into a reusable handpiece. The iovera[®] consumables include nitrous oxide cartridges and single-patient-use Smart Tips containing one or more needles that enable the Focused Cold Therapy delivery device to cool target tissue.

During a patient treatment, the Smart Tip needles are inserted into the target tissue and liquid nitrous oxide (N₂O) is delivered from a pressurized cylinder at ~ 5900kPa (850 psi) through a control valve and into the closed-end needles of the Smart Tip. Within each closed-end Smart Tip needle, the liquid nitrous oxide flows to the tip through an inner channel (lumen).

A combination of rapid pressure decrease and evaporation of the nitrous oxide causes an endothermic event that rapidly draws heat from the surrounding tissue, thus causing focused cooling at the point of the inserted Smart Tip needles. The focused cooling can reach temperatures below -20 °C (-4 °F). By incorporating a skin warmer on the Smart Tip, the iovera[®] system Handpiece focuses precise subdermal cooling while protecting the skin.

The Smart Tip closed-end needles leave nothing in the patient's body. The gas created from the evaporating N₂O is vented back up through the needle and released harmlessly into the atmosphere.

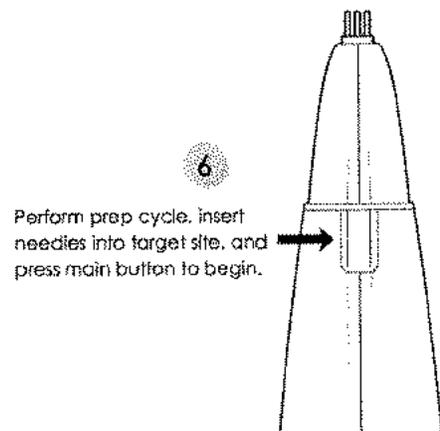
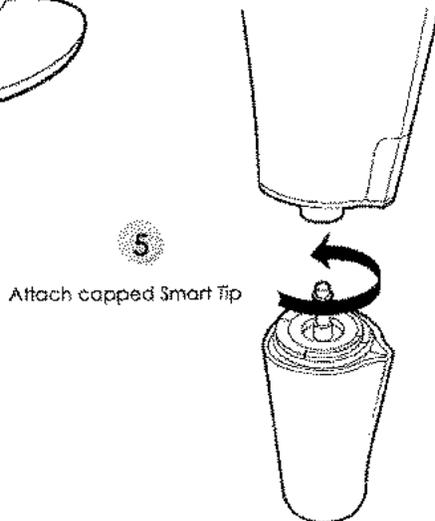
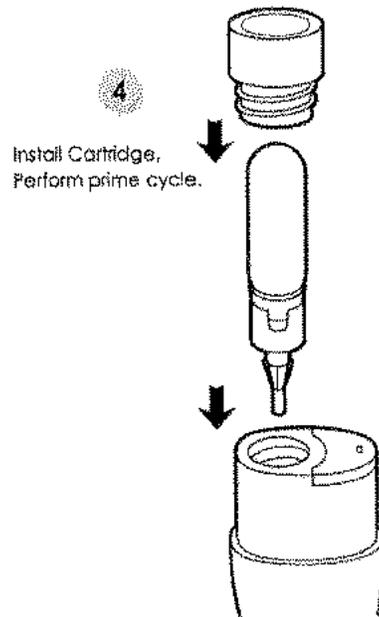
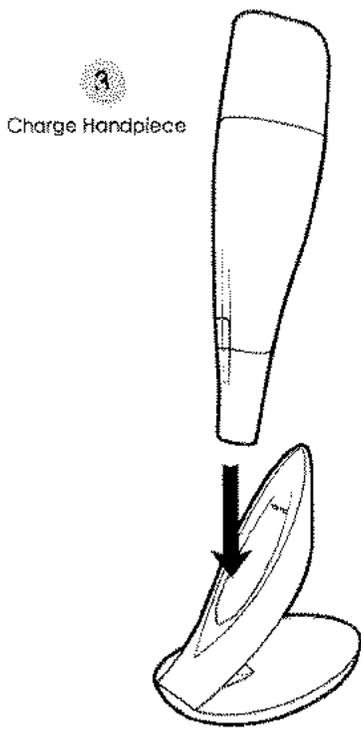
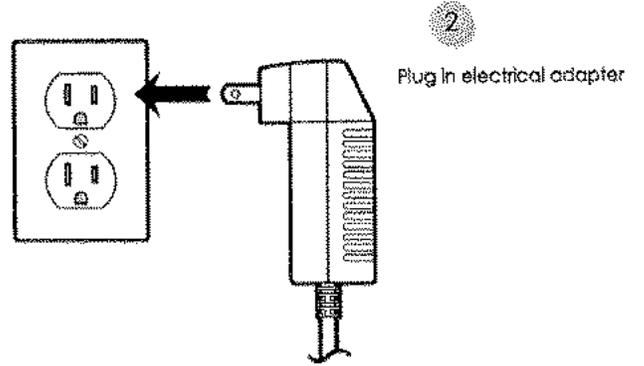
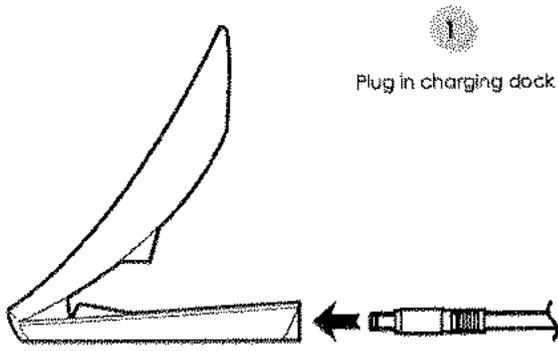


Sensors within the Iovera® handpiece monitor the automated delivery of nitrous oxide and the rate of cooling to ensure consistency during treatment cycles.

When applied to nervous tissue, this freezing power is known as cryoneuromodulation; freezing along the nerve axon causes distal disintegration of the axon and breakdown of the myelin sheath, while keeping the endoneurium and other connective tissue elements intact which helps the nerve to re-grow along its original pathway. Lesioning of the nerve axon at the point of contact with the cryoprobe is caused by rapid freezing at or below -20°C (-4°F). The rapid freeze causes mechanical and osmotic stresses which disrupt the tissue within the freezing zone and create axonal discontinuity which results in an immediate cessation of nerve signaling. Subsequently the distal segment of the axon and myelin sheath degenerate (Wallerian Degeneration). The endoneurium, epineurium, and perineurium remain intact allowing subsequent regeneration of the nerve. Cryoneurolysis has not been associated with secondary neuritis or neuroma formation in prior clinical experience¹

¹ Trescot, Andrea M. *Cryoanalgesia in an Interventional Pain Management Setting. Pain Physician. 2003;6:345-360.*

System Set Up Overview



Using the iovera[®] system

iovera [®] system Components.....	19
Handpiece	20
Handpiece Components: Expanded View	20
Handpiece Components: Expanded Top View	21
LED Indicators	22
LED Indicators Overview	23
Front: Battery Status LED Panel	23
Top: Cartridge and Smart Tip Status LED Panel	25
Rear: System Status and Treatment Status LED Panels	25
Handpiece Control Features	27

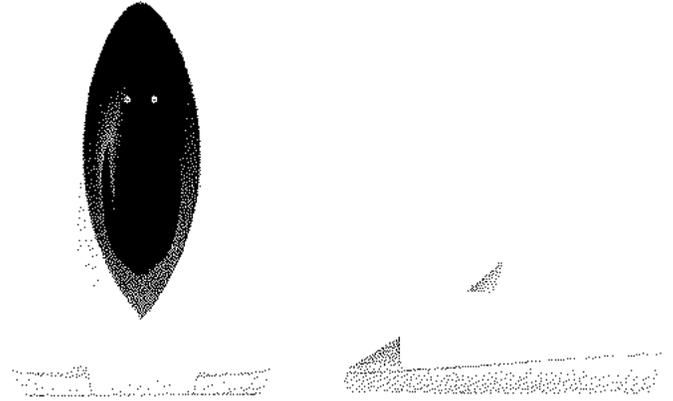
iovera[®] system Components

The iovera[®] system components are shown below.

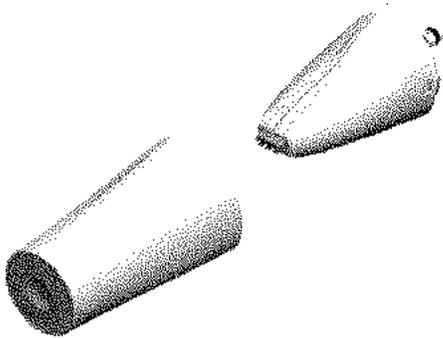
Handpiece with Storage Tip and Cap



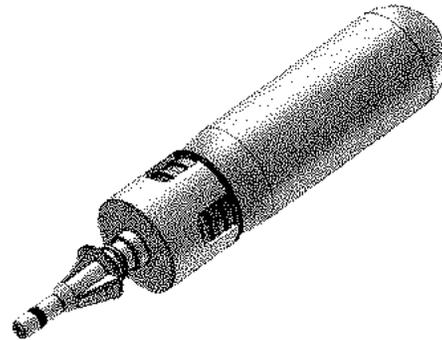
Charging Dock



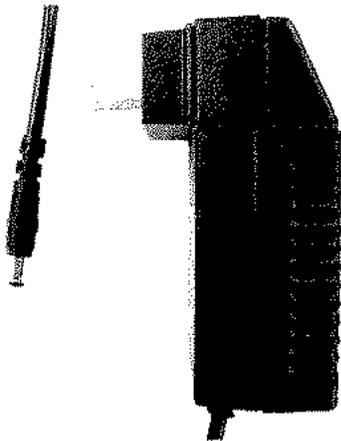
Smart Tip and Tip Cap



Cartridge



Electrical Adapter ("Charger")



WARNING!

Use only use the electrical adapter ("Charger") that is supplied with the iovera[®] system. **DO NOT** attach any other type of electrical adapter to the iovera[®] charging dock. Doing so may damage the device and/or potentially create a hazard to the patient or the operator.

Handpiece

The iovera[®] handpiece is the delivery system that houses the nitrous oxide and connects to the Smart Tip to enable the treatment. The illustrations on the next two pages highlight the essential components of the Handpiece. To ensure that it is ready for use, always place the Handpiece into the charging dock when it is not in use.



CAUTION!

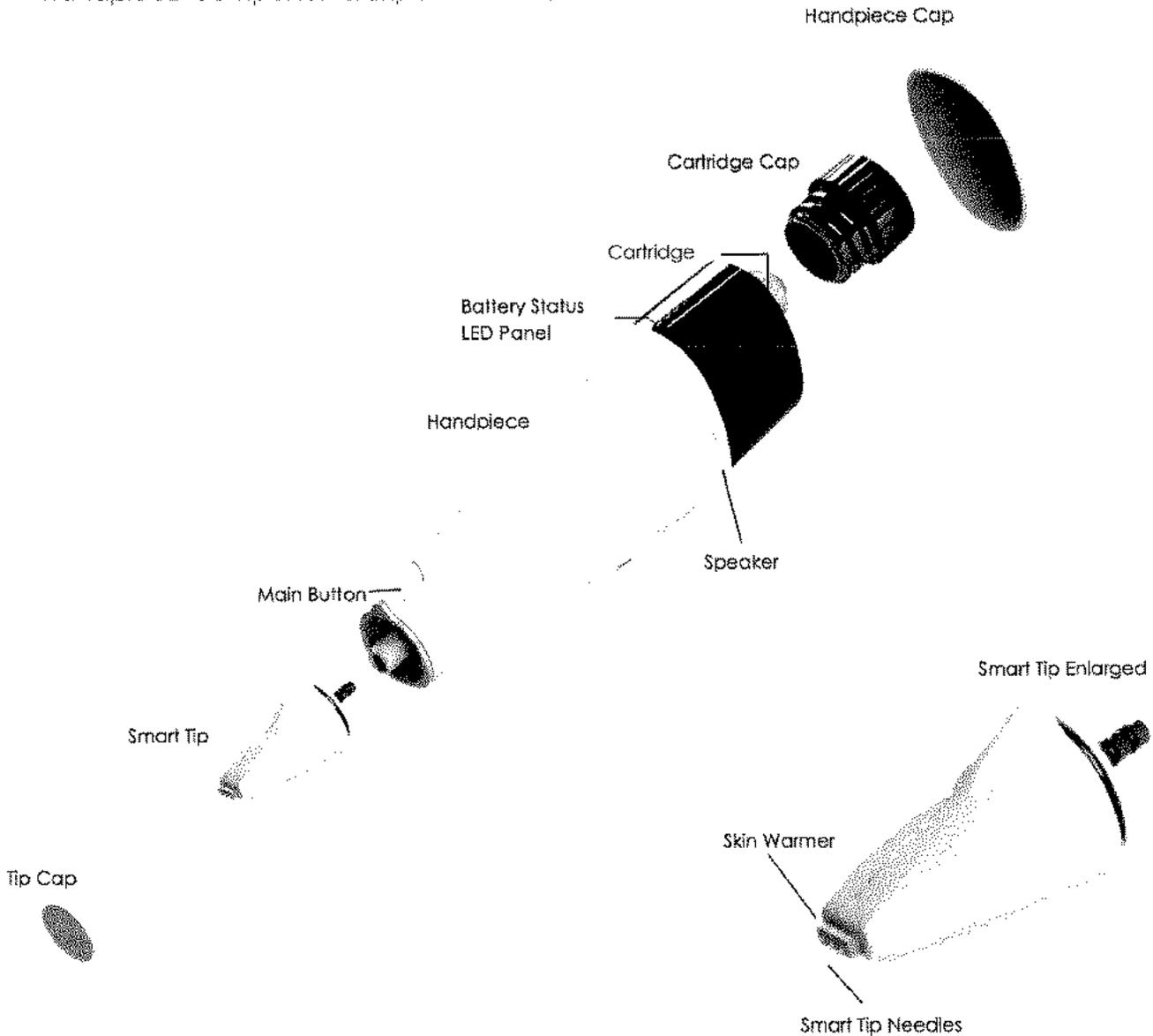
Do not place the Handpiece into the charging dock without a Storage Tip. The Handpiece may not stay in place in the charging dock without the Storage Tip and cap attached.

NOTICE

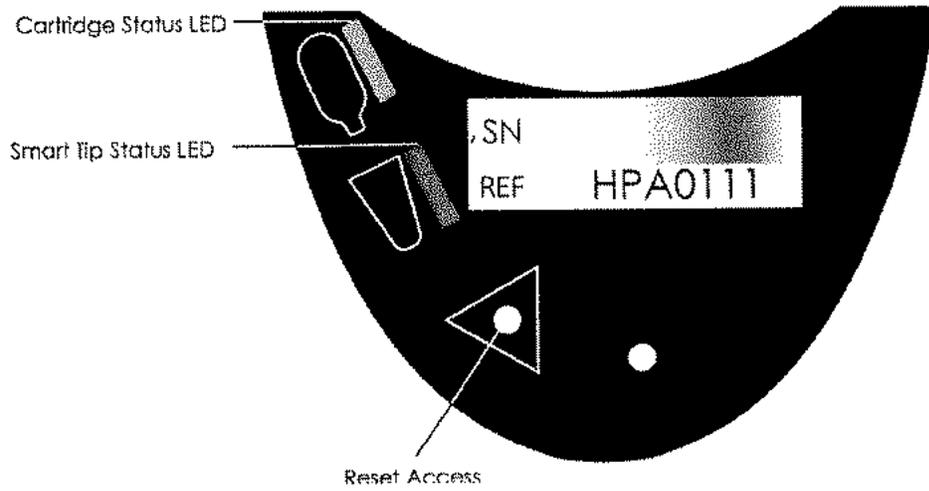
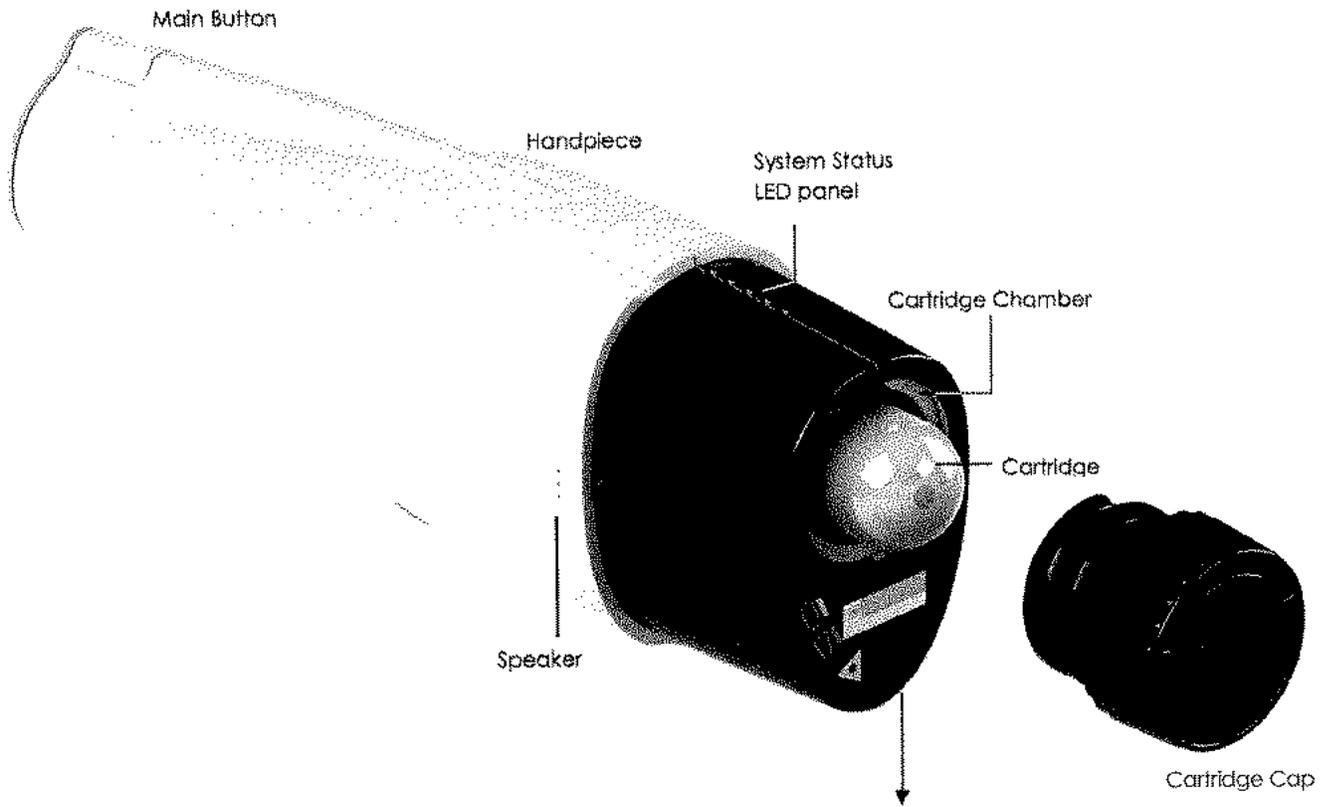
Although the iovera[®] system arrives with a partial charge in the Handpiece, the amount of charge at delivery may vary. It is recommended that at least three solid blue LEDs display in the Battery Status LED Panel before using the Handpiece for the first time.



Handpiece Components: Expanded View



Handpiece Components: Expanded Top View



LED Indicators

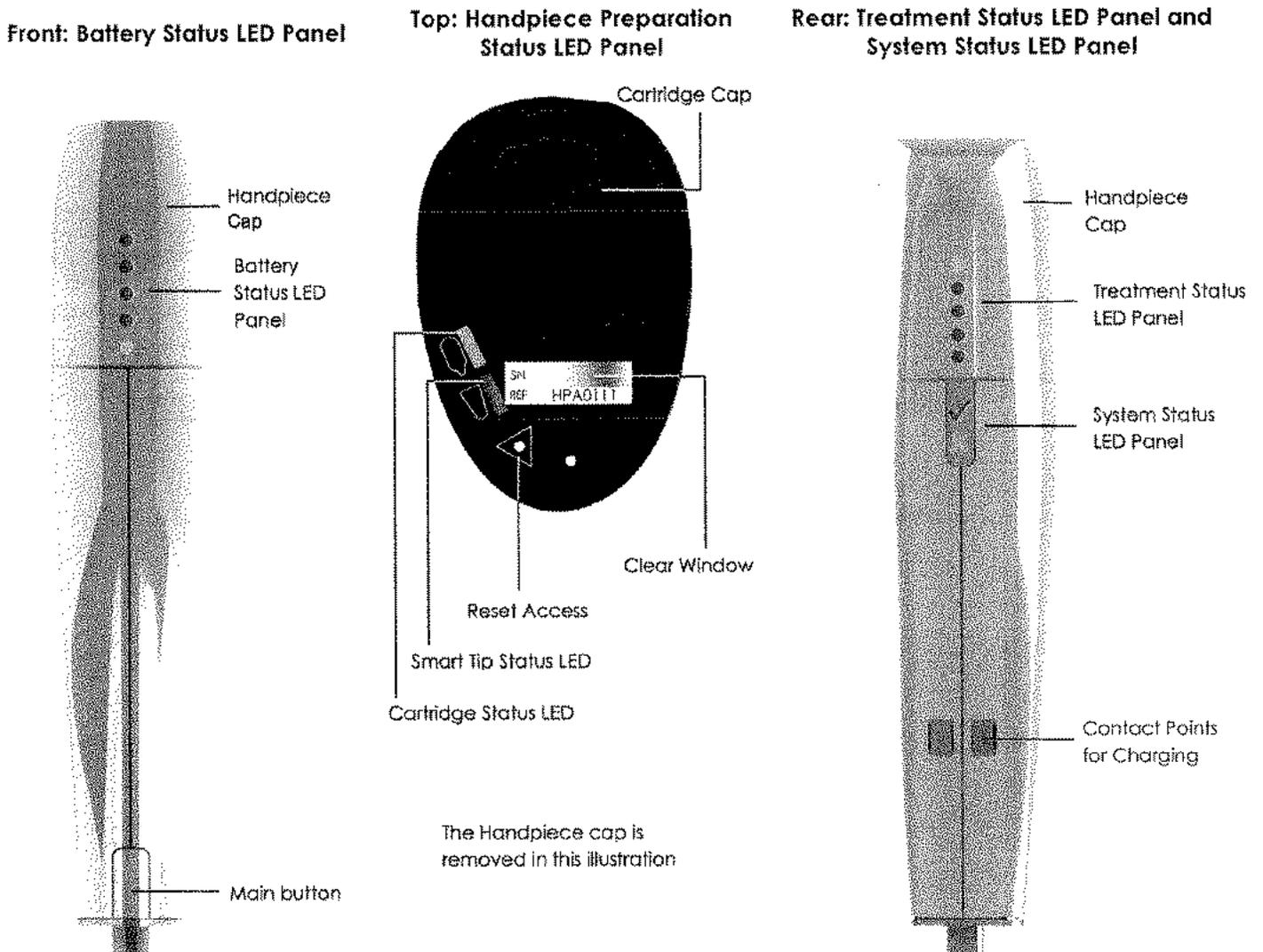
The integrated light emitting diode (LED) indicators are an integral component of the simple elegance of the iovera[®] system.

Four LED panels indicate the various states of the iovera[®] handpiece:

- At the front of the Handpiece is the *Battery Status LED Panel*.
- On top, under the Handpiece cap, is the *Handpiece Preparation Status LED Panel*.
- At the rear are the *Treatment Status LED Panel* and the *System Status LED Panel*.

This chapter highlights how the integrated LED system communicates real-time system status throughout the system set up and through a cycle.

The following illustrations do not include a Smart Tip.



LED Indicators Overview

The colors and behaviors of the LEDs provide consistent visual feedback of the Handpiece status.

A blue LED (●) denotes that the device is in a ready state, or that the device has successfully completed an operation.

An orange LED (●) denotes that the device has encountered an error or requires user attention. The following tables describe the LEDs and what they signify.

LED	Denotes
Solid Blue ●	The device is ready for use.
Pulsing Blue ● ●	The handpiece is functioning properly; a function is in process.
Solid or Blinking Orange ●	A system component is not functioning properly or has failed, and user attention is required.

Front: Battery Status LED Panel

Handpiece in the Charging Dock

LED	Battery Status, ON Charging Dock
● Solid Blue	The charging is complete, the battery has a full charge
Pulsing Blue. The number of pulsing Blue LEDs indicate the charge level of the battery	Charging. Sufficient power to perform at least one cycle.
Pulsing Orange	Insufficient power to perform a cycle.

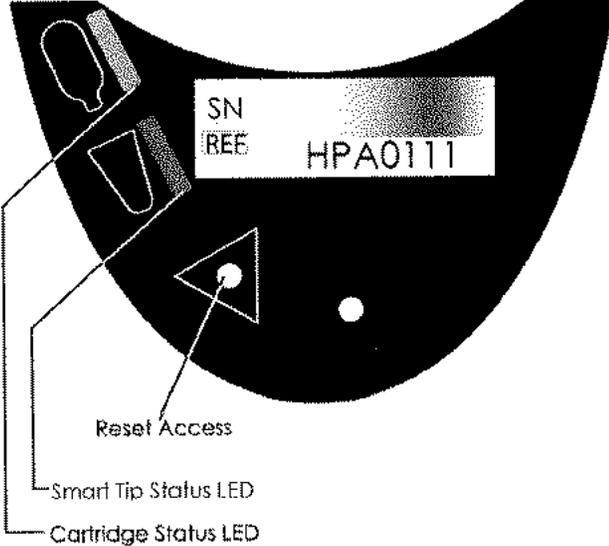
Handpiece Out of the Charging Dock

The LEDs on this panel indicate battery capacity, shown as a percentage of full (100%).

LED	Battery Status, OFF Charging Dock	Front View LED Configuration
 4 Solid Blue	Full charge (80-100%)	
 3 Solid Blue	Medium charge (60-80%)	
 2 Solid Blue	Medium charge (40-60%)	
 1 Solid Blue	Low charge (20-40%) - Sufficient charge to perform at least one cycle.	
 Solid or blinking Orange	Low charge (<20%) - Return Handpiece to the charging dock.	

Top: Cartridge and Smart Tip Status LED Panel

Slide the top cover from the iovera[®] handpiece to reveal two rectangular LED windows next to the cartridge status icon and the Smart Tip status icon.

LED	Cartridge Status	Top View LED Configuration
	Ready to use.	
	Cartridge is warming. Wait until LED becomes solid blue before proceeding.	
	Replace the cartridge.	
LED	Smart Tip Status	
	Ready for use.	
	Checking the Smart Tip.	
	Replace the Smart Tip	

Rear: System Status and Treatment Status LED Panels
 System Status

LED	System Status
✓ Solid Blue Check Mark	Indicates one of the following depending on what has been performed: <ul style="list-style-type: none"> • Prep or prime cycle passed and System is ready for use. • Cycle is complete and Smart Tip may be removed from the patient.
✓ Solid Orange Check Mark	Indicates one of the following depending on what has been performed: <ul style="list-style-type: none"> • Prime or Prep cycle did not pass; repeat Prime or Prep cycle. • Prep cycle needed. <p>See the section, <i>Handpiece Control Features</i>, for instructions on how to initiate a Prep cycle.</p>
✗ Orange X	Not currently used

Treatment Status

LED



Solid Blue LEDs

Treatment Status

System is ready for use.

Pulsing Blue LEDs

Cycle in process.

At the start of the cycle, five blue LED pulses and, as the cycle progresses, the number of stacked and pulsing LEDs decreases. This indicates the time as it elapses during the cycle. When the cycle is complete, the check mark displays.

The entire sequence takes ~60 seconds, depending on the programmed cycle length.



Blinking Blue LEDs
1, 3, and 5

Canceling cycle. When the blue LEDs on the Treatment Status Panel stop pulsing, and a check mark LED displays, it is safe to remove the Smart Tip.



CAUTION!

Do not attempt to remove the Smart Tip from the patient while the treatment is in process. Doing so could result in damage to subcutaneous tissue.

LEDS not illuminated

System not ready to treat – check Cartridge and Smart Tip indicators

LED



All Blue and Orange LEDs alternately blinking

Unrecoverable Error

An unrecoverable error has occurred. Refer to troubleshooting section of this guide.

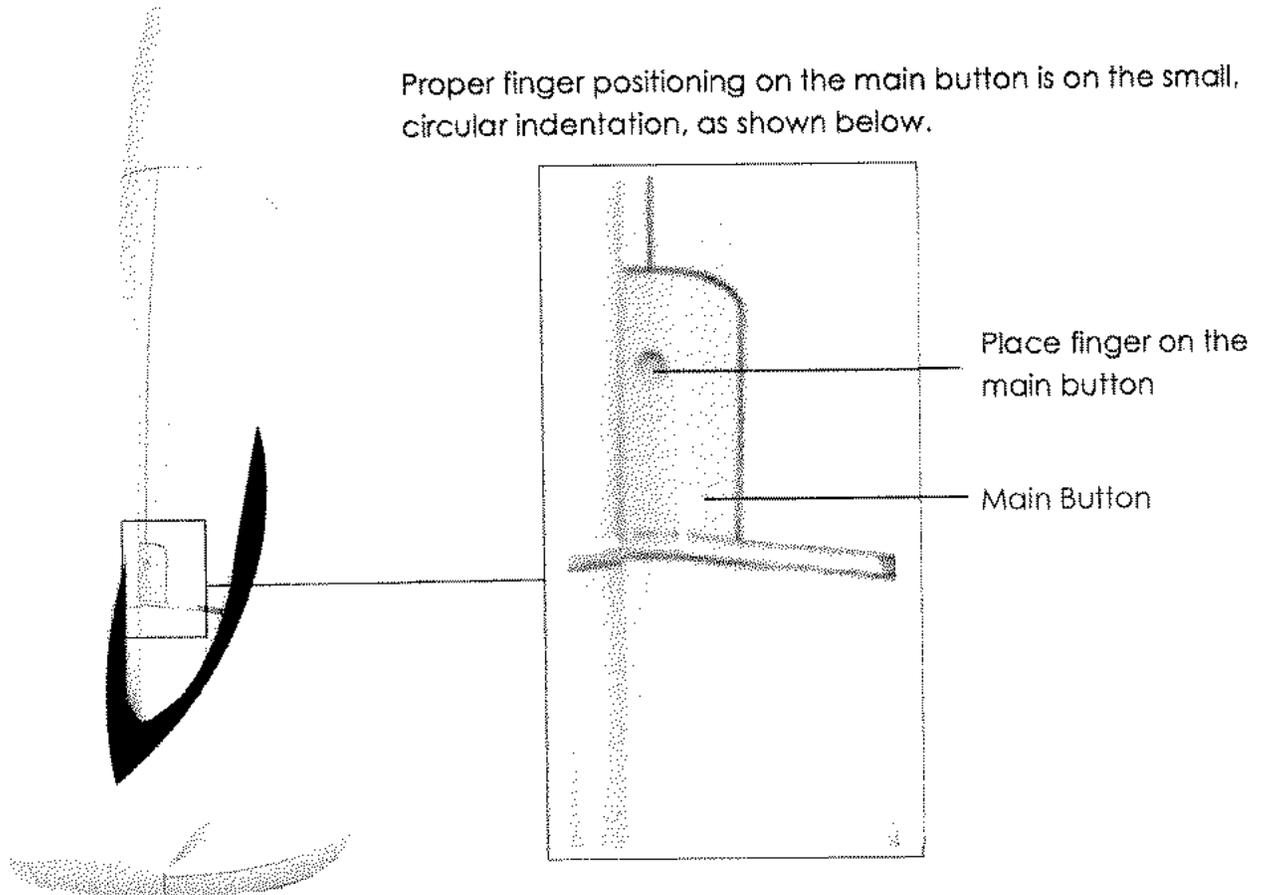
Rear View LED Configuration



Handpiece Control Features

iovera® handpiece functions using the main button are described below.

Event	Action Description
Start a Cycle	<p>Press and release the main button.</p> <p>NOTICE A cycle can only be initiated if the system detects an acceptable Smart Tip, cartridge, and sufficient battery charge.</p>
Stop a Cycle	<p>Press and release the main button. Wait for the cycle to complete before withdrawing the needles from the patient.</p> <p>CAUTION! Do not attempt to remove the Smart Tip from the patient while the treatment is in process. Doing so could result in damage to subcutaneous tissue.</p>
Standby Mode	<p>Remove cartridge if present. Press and hold the main button for 3 seconds to engage the standby mode.</p> <p>NOTICE The Handpiece is shipped in a standby mode. Also, when the Handpiece has been out of the charging dock too long, the Handpiece goes into a standby mode.</p> <p>Disengage the system from standby by placing it in the dock.</p>



Performing Treatment Cycle

Perform a Treatment Cycle	29
Install a Cartridge	29
Perform a Prime Cycle	30
Remove the Storage Tip	30
Install the Smart Tip	30
Perform a Prep Cycle	31
Target the Nerve	31
Insert the Smart Tip into the Target Area	32
Remove the Cartridge.....	33
Reinstall the Storage Tip.....	35
Clean the Handpiece.....	35
Thorough Cleaning Description.....	35
Clean the Charging Dock.....	36
Return the Handpiece to the Charging Dock.....	36
Stop a Cycle	37
A System Detected Condition.....	37
Emergency Cycle Stop.....	38

Perform a Treatment Cycle

Before initiating a treatment, ensure that:

- The Iovera[®] system is clean and disinfected.



CAUTION!

Do not use any components if their packaging appears damaged.



CAUTION!

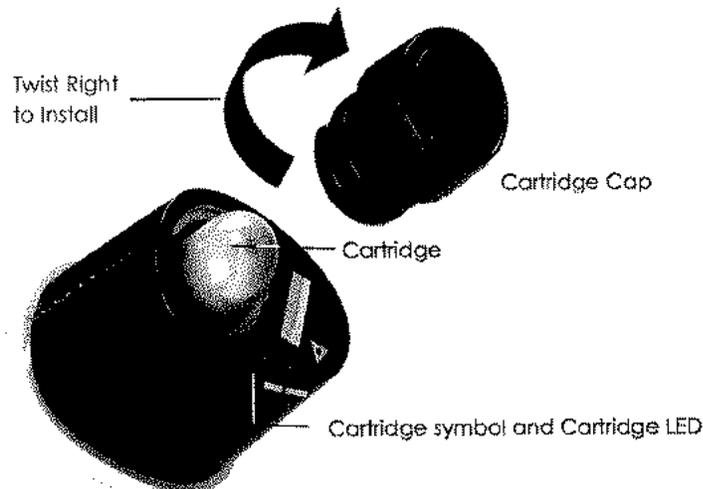
Physician discretion should be exercised when patient presents with existing neuromuscular disease compromising the regeneration of peripheral nerves that may be involved in the treatment.

Install a Cartridge

1. Remove the Handpiece cap and set it aside.
2. Remove the cartridge cap.
3. Insert a new cartridge into the Handpiece and screw the cartridge cap into the Handpiece, ensuring the threads are fully tightened.
4. Wait until the blue LED next to the cartridge symbol changes from pulsing to solid (see figure below).
5. Place the Handpiece cap onto the Handpiece.

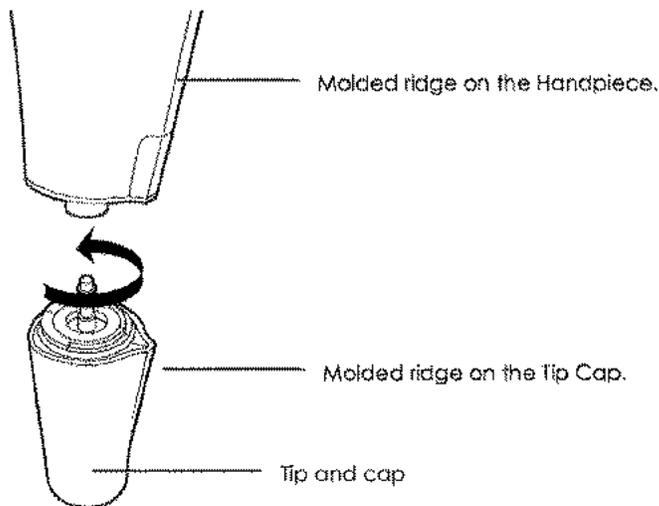
NOTICE

After inserting a cartridge, quickly secure the cartridge cap to minimize leakage. Excessive nitrous oxide leakage may shorten the available cooling cycles that the cartridge supplies.



Perform a Prime Cycle

1. Perform a prime cycle one hour or less before a patient treatment. If it has been more than two hours since the last device use, perform a prime cycle.
2. If the Storage Tip is not already installed, twist the Storage Tip onto the Handpiece as shown below.
3. Ensure the molded ridge on the Storage Tip aligns with the molded ridge on the Handpiece.
4. Leave the Storage Tip cap in place.



5. Hold the Handpiece so that the Storage Tip points down (toward the floor)
6. Press and release the main button to begin the Prime cycle.
7. A check mark displays on the rear System Status LED Panel when the Prime cycle is complete.



A single priming cycle is sufficient under normal conditions. However, if the Handpiece has not been used for an extended period of time (1+month) or has been stored in a hot or humid environment, it is recommended to repeat Prime Cycles with a full Cartridge.

Remove the Storage Tip

1. Unscrew the Storage Tip and remove it from the Handpiece.
2. Save the Storage Tip for future Prime cycles and device storage.

Install the Smart Tip

1. If installed, unscrew the Storage Tip from the Handpiece.
2. Remove the Smart Tip from the sterile package, and screw it firmly into the Handpiece.

3. Ensure that the ridge on the Smart Tip cap aligns with the ridge on the Handpiece.
4. Do not remove the Smart Tip cap until you are ready to use the Smart Tip.

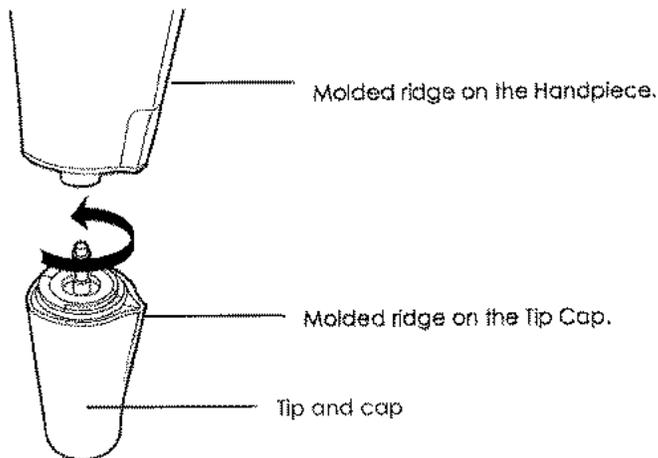
**WARNING!**

Carefully inspect the Smart Tip package prior to use for any breach of the sterile barrier or damage to the contents. If the sterile barrier integrity is compromised or the contents are damaged, DO NOT USE and contact a myoscience representative.

5. Perform a prep cycle each time a new Smart Tip is installed.

Perform a Prep Cycle

1. Unless directed otherwise, each time a new Smart Tip is installed, perform a prep cycle.
2. Ensure the molded ridge on the Storage Tip aligns with the molded ridge on the Handpiece.
3. Leave the Tip cap in place.



4. Hold the Handpiece so that the Smart Tip points up (toward the ceiling)
5. Press and release the main button to begin the Prep cycle.
6. A check mark displays on the rear System Status LED Panel when the Prep cycle is complete.

Nerve Targeting

In applications where the nerve must be located without the aid of direct visualization and/or where the use of anatomical landmarks requires additional confirmation, a separate off-the-shelf nerve stimulator device may be used to identify the target nerve.

**CAUTION!**

When using a nerve stimulator, follow the Instructions for Use (IFU) for that device, and observe all warnings, cautions, and precautions.

Generally,

1. Place the nerve stimulator in the approximate position of the nerve to be treated.

2. Activate the nerve stimulator.
3. To locate the nerve, observe the response (e.g. tingling sensation or muscle movement).
4. Once the nerve is located, proceed to the next section.
5. *Insert the Smart Tip into the Target Site.*

Insert the Smart Tip into the Target Site



WARNING!

The Smart Tip is sterile. Touching the Smart Tip needles may compromise sterility. The Smart Tip comes protected in the Tip cap. DO NOT remove the Tip cap until the System is ready to perform a cycle.

1. Clean the treatment area with an alcohol wipe.
2. Confirm handpiece is ready to start a cycle by confirming Treatment Status LEDs are lit.
3. Remove the Smart Tip cap and discard.
4. Insert the Smart Tip into the target treatment site.



CAUTION!

Care should be taken when selecting the target treatment site. Treatment outside the intended target area could result in loss of motor function or unintended freezing of surrounding structures.

5. In applications where skin warming at the base of the Smart Tip is desirable, ensure that the Smart Tip needles are fully inserted into the skin so that the skin warmer is touching the skin (See the illustration in the section, *Handpiece Components: Expanded View*).



CAUTION!

Failure to insert the Smart Tip sufficiently may result in skin injury in percutaneous applications.

6. Ensuring that the Handpiece is vertical or near-vertical, press and release the main button to begin the cooling cycle. A tone sounds when the cycle begins.



CAUTION!

Minimize any movement of the Handpiece once the Smart Tip is in place and the cooling cycle has started. Excessive movement with the Smart Tip in place could result in damage to subcutaneous tissue.



CAUTION!

Do not attempt to remove the Smart Tip from the patient while the cooling is in process. Doing so could result in damage to subcutaneous tissue.

7. Once the five blue LEDs stop pulsing on the Treatment Status LED Panel, the check mark LED displays and a tone sounds indicating the cycle is complete. The Smart Tip may be removed from the treatment site and, if desired, repositioned at a different site for another treatment cycle.



CAUTION!

For percutaneous application, it is advisable not to treat the same site more than once within 10 minutes. This allows the skin to warm and reduces risk of skin injury.

8. When the treatment is complete, remove the Smart Tip from the patient.



CAUTION!

Do not reposition or remove the Smart Tip if resistance is felt. This may indicate the cooling zone is still attached to the Smart Tip and moving the Smart Tip may result in damage to subcutaneous tissue.



WARNING!

Do not attempt to place the cap onto the used Smart Tip. Doing so puts you at risk for a non-sterile needle puncture.

9. Carefully unscrew and remove the used Smart Tip from the Handpiece and place it in a SHARPS container.
10. Attach the Storage Tip.
11. Clean the iovera® handpiece (see the section, *Clean the Handpiece*).
12. Clean the charging dock, if necessary (see the section, *Clean the Charging Dock*).
13. Remove the cartridge, then re-attach the cartridge cap.
14. Slide the Handpiece cap onto the Handpiece.
15. Return the Handpiece to the charging dock.

Remove the Cartridge



You may hear a 'pop' and/or 'hissing' sound as you unscrew the cartridge cap. These sounds signal that the cartridge has successfully disengaged from the Handpiece, and is venting nitrous oxide.

1. Remove the Handpiece cap from the Handpiece and set it aside.
2. Hold the handpiece with the tip pointing down.
3. Partially unscrew the cartridge cap until you hear the system begin to release nitrous oxide.
4. Wait 45 seconds to allow the system to depressurize completely before removing the Cartridge cap. This is indicated when venting is no longer audible.
5. Still holding the Handpiece with the tip pointing down, remove the cartridge cap while pointing the Cartridge towards a safe location, away from the user, patient, or bystanders.



CAUTION!

Nitrous Oxide is under high pressure. A venting cartridge may dislodge with high force if removed from the handpiece. Allow system to depressurize completely before fully removing cartridge cap.



CAUTION!

Exercise caution when removing the cartridge as it may be very cold.

6. Firmly grasp the Cartridge and remove from the Handpiece.
 - If Nitrous Oxide continues to vent from the Cartridge

- point the black filter down towards the floor and away from bystanders
- firmly hold the Cartridge and allow the Nitrous Oxide to vent completely (use gauze to insulate against cold if necessary)
- discard the Cartridge once Nitrous Oxide is no longer exiting from the Cartridge

7. Dispose of the used cartridge following local requirements and protocols.



Always remove the cartridge after completing treatments. Do not leave the cartridge installed for more than one hour. Nitrous Oxide may slowly leak from the system, which can reduce Smart Tip cooling efficiency.

Reinstall the Storage Tip



1. Screw the Storage Tip onto the Handpiece as shown below.
2. Ensure the molded ridge on the Storage Tip aligns with the molded ridge on the Handpiece.
3. Do not remove the Storage Tip cap.

Clean the Handpiece

The iovera[®] system is a reusable cryosurgical device and must be thoroughly cleaned and disinfected after each patient use.

To clean the Handpiece (with the Storage Tip and Tip cap in place):

- Remove contaminants with clean, pre-saturated 70% isopropyl alcohol wipes. Repeat with new wipes until the device is clean.



It is important that the Handpiece be cleaned immediately after each patient use. Cleaning immediately after use helps prevent accumulation of contaminants.



CAUTION!

- Never submerge the iovera[®] handpiece or the charging dock into any liquids.
- Never use compressed air on, around, or in the iovera[®] handpiece.
- Do not allow liquids or particulates into the cartridge chamber. Doing so could block nitrous oxide flow and prevent or limit cooling.

Thorough Cleaning Description

Thoroughly cleaning the iovera[®] handpiece involves:

- Removal of conspicuous contamination. Inspect for any obvious signs of contamination (e.g. blood or other fluids, dirt/debris, other obvious contaminants).
- Using clean, pre-saturated 70% IPA wipes, vigorously scrub the contaminated areas until the contamination is removed. Repeat as required using a new clean wipe.
- Limit scrubbing to conspicuously contaminated areas to reduce the possibility of spreading contaminants around the device.
- Pay special attention to these areas on the Handpiece:
 - Small gaps and lines on the outer Handpiece shell.
 - Gaps around the main button.
 - Gaps/Recesses around the LEDs.
 - Ribs on the cartridge cap.

- To ensure maximum disinfection, utilize sufficient, fresh isopropyl alcohol to ensure that all surfaces remain damp for approximately 5 minutes.
- Discard soiled wipe and obtain a new wipe as required.
- Wipe gently and limit scrubbing to minimize abrasions on the Handpiece.

When complete, return Handpiece to Charging Dock and allow to air dry for at least five minutes prior to next use.

Clean the Charging Dock

Use the same material and techniques described above to clean the charging dock.

Return the Handpiece to the Charging Dock

1. If treatment is complete and if you are done using the cartridge for the day, remove it and discard (see the section, *Remove the Cartridge*).
2. Screw the cartridge cap into the Handpiece.
3. Slide the Handpiece cap into position on the Handpiece.
4. Return the Handpiece to the charging dock.

Stop a Cycle



CAUTION!

Do not reposition or remove the Smart Tip if resistance is felt. This may indicate the cooling zone is still attached to the Smart Tip and moving the Smart Tip may result in damage to subcutaneous tissue.

In the event a cooling cycle must be terminated before the pre-programmed cycle is complete, press and release the main button on the Handpiece. Although the cycle has been stopped, it is imperative that you wait until the system signals that it is safe to remove the Smart Tip:

- a. The blue LEDs on the Treatment Status Panel stop pulsing.
- b. A check mark LED displays on the System Status LED Panel.
- c. A tone sounds as the cycle completes.

A System Detected Condition

In the event the Iovera® system detects an unfavorable condition, an orange check mark lights on the Treatment Status Panel on the rear of the Handpiece. Run a Prep cycle before performing additional treatment cycles.

Emergency Cycle Stop

In the rare event that a cooling cycle fails to terminate, the cooling cycle may be terminated by removing the Handpiece cap and loosening the cartridge cap until the cartridge vents. This depressurizes the system, ending cooling. Do not remove the cartridge cap until venting has completed.

Be aware that you may hear a 'pop' or 'hissing' sound when the cartridge disengages; this is an expected behavior indicating that nitrous oxide is no longer flowing to the Smart Tip.



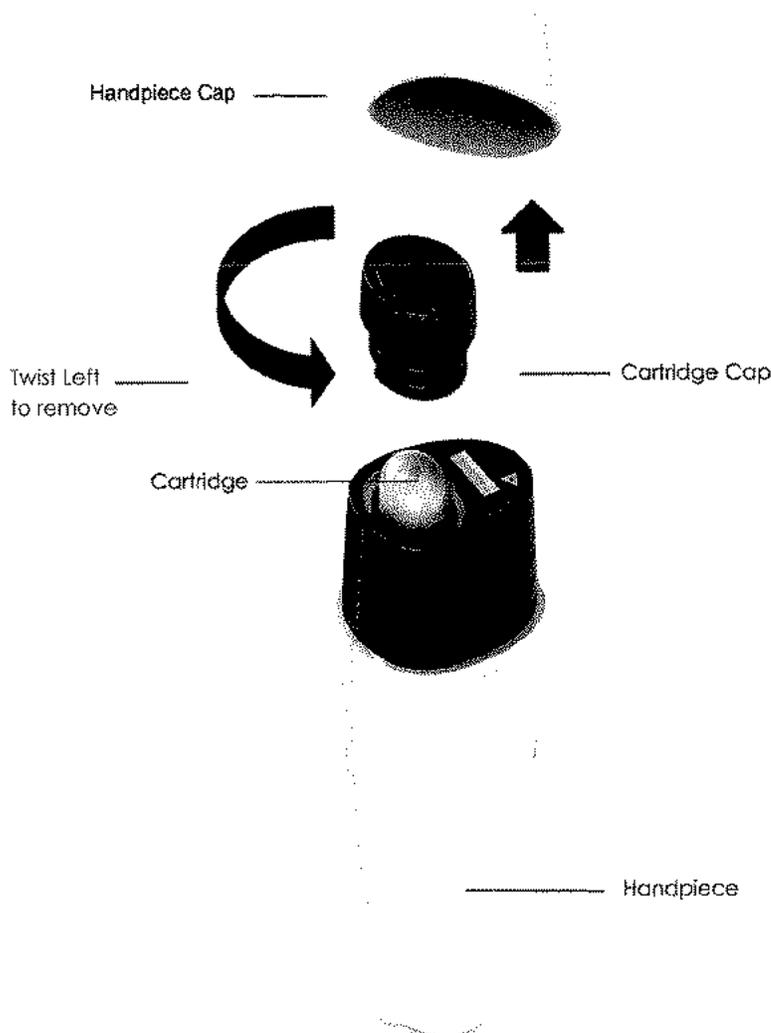
CAUTION!

Do not reposition or remove the Smart Tip if resistance is felt. This may indicate the cooling zone is still attached to the Smart Tip and moving the Smart Tip may result in damage to subcutaneous tissue.



CAUTION!

Nitrous oxide is under high pressure. A venting cartridge may dislodge with high force if removed from the handpiece. Allow system to depressurize completely before fully removing cartridge cap.



Troubleshooting

The following table contains instructions for basic troubleshooting actions. In the event of persistent device malfunctions or malfunctions beyond those described below, users should not attempt to repair the device. Contact myoscience Customer Service for guidance.

Issue	Possible Solution
The Handpiece LEDs are not on.	Place Handpiece into the charging dock and check the Battery Status LED Panel to ensure it has a sufficient battery charge.
Cycle won't start / The Treatment Status LEDs are not on.	Remove the Handpiece cap and check the cartridge and Smart Tip indicators. Confirm at least one blue LED on the Battery Status LED panel
Cartridge status LED blinks orange at end of cycle with blue checkmark	Replace cartridge
Cartridge status LED blinks orange after first cycle with a new cartridge	Allow cold Handpiece to warm. <ol style="list-style-type: none"> 1. Press and hold the main button for 3 seconds to put the system in standby. 2. Place the system on the dock to wake from standby. 3. Wait for a minimum of five minutes. No need to change cartridge. 4. Perform PRIME cycles.
Smart Tip status LED blinks orange	Replace Smart Tip
Cycle ends with orange check mark.	Remove the Handpiece cap and check the cartridge and Smart Tip indicators. <ol style="list-style-type: none"> 1. If the cartridge status LED is blinking, replace cartridge. 2. If the Smart Tip LED is blinking: <ol style="list-style-type: none"> a. Remove Smart Tip from Handpiece b. Attach the Storage Tip. c. Perform at least one prime cycle. d. Attach a NEW Smart Tip and repeat cycle at the last location
The Handpiece displays an unrecoverable error (all LEDs on the Treatment Status Panel alternately blink orange and blue, continuously).	<ol style="list-style-type: none"> 1. Remove cartridge, if present. Remove Smart Tip and discard. Install Storage Tip 2. Press and hold the main button for 3 seconds to put the system into standby 3. Place the system on the dock to wake from standby 4. Insert a new cartridge

5. Perform a prime cycle
If issue persists, contact customer service

Battery status LED blinks orange

Low power -- place system in dock to charge.

Handpiece won't charge or wake up while in dock

Check dock power. Make sure the Handpiece charging contacts are oriented correctly and making contact with dock power pins.

Cannot remove Smart Tip from tissue due to resistance

In the rare event that a cooling cycle fails to terminate, the cooling cycle may be terminated by removing the Handpiece cap and loosening the cartridge cap until the cartridge vents. This depressurizes the system, ending cooling. Do not remove the cartridge cap until venting has completed

Guidance and Manufacturer's Declaration

Guidance and manufacturer's declaration – electromagnetic emissions

The Iovera® system is intended for use in the electromagnetic environment specified below. The customer or the user of the Iovera® system should assure that it is used in such an environment.

Emissions Test	Compliance	Comments
Conducted Emissions EN 55011:2009+A1:2010, CISPR 11:2009+A1:2010, FCC Part 15 Subpart B: 2011, ICES-003:2004, VCCI V-3/2011.04, BSMI CNS 13438:2006	Class B 150 kHz to 30 MHz	The Iovera® system uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment.
Radiated Emissions EN 55011:2009+A1:2010, CISPR 11:2009+A1:2010, FCC Part 15 Subpart B: 2011, ICES-003:2004, VCCI V-3/2011.04, BSMI CNS 13438:2006	Class B 30 MHz to 6 GHz	
Harmonic emissions IEC 61000-3-2	Per Clause 5 of the standard	
Voltage Fluctuations/ Flicker emissions	Per Clause 5 of the standard	

Guidance and manufacturer's declaration – electromagnetic immunity

The iovera[®] system is intended for use in the electromagnetic environment specified below. The customer or the user of the iovera[®] system should assure that it is used in such an environment.

Immunity test	IEC 60601 test level	Compliance level	Electromagnetic environment – guidance
Electrostatic discharge (ESD) IEC/EN 61000-4-2	±2, 4, and 6 kV contact discharge ±2, 4, and 8 kV air discharge	±2, 4, and 6 kV contact discharge ±2, 4, and 8 kV air discharge	Floors should be wood, concrete or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30 %.
Radiated Immunity IEC/EN 61000-4-3	80 MHz - 2.5 GHz 3 V/m 80% @ 1 kHz	80 MHz - 2.5 GHz 3 V/m 80% @ 1 kHz	Portable and mobile RF communications equipment should be used no closer to any part of the iovera [®] system, including cables, than the recommended separation distance calculated from the equation applicable to the frequency of the transmitter. Recommended separation distance $d = (3.5 / E1) \sqrt{P}$ 80 MHz to 800 MHz $d = (7 / E1) \sqrt{P}$ 800 MHz to 2.5 GHz where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and d is the recommended separation distance in meters (m). Conducted Immunity: $d = (3.5/V1) \sqrt{P}$
Conducted Immunity (AC Power) (I/O Lines) IEC/EN 61000-4-6	0.15 - 80 MHz 3 Vrms 1 kHz AC Mains	0.15 - 80 MHz 3 Vrms 1 kHz AC Mains	Field strength from fixed RF transmitters, as determined by an electromagnetic site survey, should be less than the compliance level in each frequency range. Interference may occur in the vicinity of equipment marked with the following symbol. 
Electrical Fast Transients (AC Power) IEC/EN 61000-4-4	±2 kV AC Mains ±1 kV I/O Lines 5/50 5 kHz	±2 kV AC Mains ±1 kV I/O Lines 5/50 5 kHz	Mains power quality should be that of a typical commercial or hospital environment
Surge Line to Line (AC Power) IEC/EN 61000-4-5	±1 kV Line to Line ±2 kV Line to Ground	±1 kV Line to Line ±2 kV Line to Ground	Mains power quality should be that of a typical commercial or hospital environment.
Magnetic Immunity IEC/EN-61000-4-8	3 A/m 50/60 Hz	3 A/m 50/60 Hz	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial or hospital environment.
Voltage Dips & Interruptions IEC/EN 61000-4-11	>95% dip in Ut .5 cycle 60% dip in Ut 5 cycles 30% dip in Ut 25 cycles >95% dip in Ut 5 Sec < 5 % UT (>95 % dip in UT) for 5 sec	>95% dip in Ut .5 cycle 60% dip in Ut 5 cycles 30% dip in Ut 25 cycles >95% dip in Ut 5 Sec	Interruptions and dips in Mains voltage may cause prolonged charging cycles.

Recommended separation distances between portable and mobile RF communications equipment and the iovera[®] system

The iovera[®] system is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The customer or the user of the iovera[®] system can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the iovera[®] system as recommended below, according to the maximum output power of the communications equipment.

Rated maximum output power of transmitter W	Separation distance according to frequency of transmitter m		
	150 kHz to 80 MHz	80 MHz to 800 MHz	800 MHz to 2.5 GHz
	$d = [3.5/\sqrt{f}] \sqrt{P}$	$d = [3.5/E1] \sqrt{P}$	$d = [7/E1] \sqrt{P}$
0.01	0.12	0.12	0.23
0.1	0.37	0.37	0.74
1	1.17	1.17	2.33
10	3.69	3.69	7.39
100	11.67	11.67	23.33

For transmitters rated at a maximum output power not listed above, the recommended separation distance *d* in meters (m) can be estimated using the equation applicable to the frequency of the transmitter, where *P* is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer.

- NOTE 1: At 80 MHz and 800 MHz, the separation distance for the higher frequency range applies.
- NOTE 2: These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

System Specifications

- Handpiece mass: 250g (.55 lbs.)
- Charging dock mass: 225g (.50 lbs.)
- IPX0 – no protection against ingress of fluids
- Type of Refrigerant Used: Nitrous Oxide (N₂O)
- Minimum /Maximum Internal Operating Pressure: 5650 to 6880 kPa (820 to 998 psi)
- Power Requirements: Input 100-240 VAC 50/60 HZ, 0.35 – 0.2 A
- Internal Battery (not serviceable): 3.7V 3100mAh
- Serviceable Parts: None
- Manufacturer’s Recommended Refrigerant Containers: Only use myoscience® provided Refrigerant Cartridges
- Manufacturer’s recommended electrical mains adapters: Only use myoscience provided electrical mains adapter for the charging dock
- Thermal Insulation: Handpiece is designed to prevent excessive cooling and possible damage to the user
- Electrical Isolation: Type  BF Applied Part.

Operating, Storage, and Transit Conditions

	Operating	Storage and Transit
Temperature	10 to 30 °C (50 to 86 °F)	-20 to 50 °C (-4 to 122 °F)
Humidity	10 to 50% RH	10 to 85% RH
Pressure	69 to 100 kPa (10 to 15 psi)	55 to 100 kPa (8 to 15 psi)

Installation, Service, and Training

There are no specific installation requirements for the iovera® system. Training on the operation and specific techniques is provided by myoscience®, Inc., and/or your local distributor. See contact information on the back cover of this guide.

There are no user-serviceable parts in the iovera® system. Contact your local distributor for replacement parts.

PREVIOUS CORRESPONDENCE

iovera[®]

HEALTH

myoscience

Manufacturer: myoscience, Inc.
44401 Fremont Boulevard
Fremont, CA 94538, USA
www.myoscience.com

Indications for Use:

The myoscience 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.

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MK10185 REV C

Subject: Information on myoscience's iovera Focused Cold Therapy Treatment

Date: Monday, October 5, 2015 at 3:34:39 PM Pacific Daylight Time

From: Tracey Henry

To: sara.chambers@alaska.gov

CC: Jessica Preciado

COPY

Hello Sara,

Thanks for taking the time to explain what you needed from myoscience. I hope the attached can provide some further clarification.

I have attached a few documents which I hope can help clarify for you what specifics the iovera procedure entails.

1. "K142866"—this is our FDA clearance. Page 3 indicates that the device is "Prescription Only." Pages 4-7 provide the Device Description of iovera.

2. Please see the below link regarding FDA's definition of "Prescription Only." As indicated in (b)(1) we do label our product with "Caution: Federal law restricts this device to sale by or on the order of a physician."

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/CFRSearch.cfm?CFRPart=801&showFR=1&subpartNode=21:8.0.1.1.2.4>

3. "MKT-0383"—This two page brochure provide an overview of the device including our two different treatment Tips available— closed tip needles that are percutaneously inserted into the treatment area to create the nerve block.

4. "MKT-0185"—Our treatment guide. This guide specifically discusses treatment of knee pain, although iovera is cleared for all types of peripheral nerve pain. This gives you a good idea of the iovera treatment—please see pages 8–13 for the actual treatment process.

I hope this helps— I am available to discuss further, and if you still think it would be helpful to have a myoscience representative on the call Thursday, we will make someone available.

Thank you,

Tracey Henry, MBA, RAC

VP RAQA, Clinical Affairs

iovera^o | myoscience

46400 Fremont Blvd

Fremont, CA 94538

(d) 510.933.1510

(m) 650.468.6176

www.iovera.com



COPY

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center - WO66-G609
Silver Spring, MD 20993-0002

January 21, 2015

Myoscience, Inc
Tracey Henry
VP RAQA, Operations
1600 Seaport Blvd, North Lobby, Suite 450
Redwood City, California 94063-2

Re: K142866
Trade/Device Name: Myoscience Iovera System
Regulation Number: 21 CFR 882.4250
Regulation Name: Cryogenic Surgical Device
Regulatory Class: Class II
Product Code: GXH
Dated: October 22, 2014
Received: October 23, 2014

Dear Ms. Henry,

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in

Page 2 - Ms. Tracey Henry

the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

Carlos L. Pena -S

Carlos L. Peña, PhD, MS
Director
Division of Neurological
and Physical Medicine Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Form Approved: OMB No. 0910-0120

Expiration Date: January 31, 2017

See PRA Statement below.

Indications for Use

510(k) Number (if known)

K142866

Device Name

Myoscience iovera system

Indications for Use (Describe)

The myoscience iovera^o system 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^o system is not indicated for treatment of central nervous system tissue.

Type of Use (Select one or both, as applicable)

Prescription Use (Part 21 CFR 801 Subpart D)

Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRASStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

510(k) Summary**Device Information:**

Category	Comments
Sponsor / Submitter:	Myoscience, Inc 1600 Seaport Blvd North Lobby, Suite 450 Redwood City, CA 94063 Ph: (650) 474-2600 Fax: (650) 474-2700
Correspondent Contact Information:	Tracey Henry Vice President RAQA, Operations 1600 Seaport Blvd North Lobby, Suite 450 Redwood City, CA 94063 Ph: (650) 474-2600 Fax: (650) 474-2900
Device Common Name:	Cryogenic surgical device
Device Classification & Code:	Class II, GXH
Device Classification Name:	Cryosurgical unit and accessories (21 CFR 882.4250)
Device Trade Name:	Myoscience iovera [®] system

a. Predicate Device Information:

510(k) Number	Product	Sponsor
K133453	iovera [®]	Myoscience, Inc

This predicate has not been subject to a design-related recall.

b. Date Summary Prepared

September 30, 2014

c. Description of Device

The iovera[®] system is a portable cryogenic surgical device used to destroy tissue and/or produce lesions in nervous tissue through application of extreme cold to the selected site. The device is based on introduction of a Smart Tip internally cooled by the cryogenic fluid (nitrous oxide, N₂O) to a selected area. The Smart Tip is cooled by the Joule-Thomson Effect and/or Latent Heat of Vaporization. iovera[®] may be used in conjunction with a standard off-the-shelf nerve stimulator device in applications where precise nerve location is desired.

Device Design

The device is comprised of four main components:

1. A reusable Handpiece
2. A Charging Dock
3. An assortment of single-patient use Smart Tips
4. A Cartridge (Nitrous Oxide)

The iovera[®] Handpiece is battery powered (single cell Lithium Ion, 3.7 volts) and provides feedback to the user during device preparation and use. The Handpiece connects to both the Cartridge and to the Smart Tip. The user activates a treatment cycle through a control on the Handpiece, which starts and stops the treatment. The Handpiece also contains LEDs for providing feedback to the user when the device is ready

to use. The Charging Dock stores the Handpiece between uses and provides power for charging the battery.

An assortment of Smart Tips is available for the iovera^o system. All Smart Tip needles are made of stainless steel and have a closed-end that fully contains the cryogen so that it does not enter the target tissue. The Smart Tip is the only patient contacting component of the iovera^o system. The user removes the Smart Tip from the sterile packaging and attaches it to the Handpiece.

The iovera^o system uses a commercially available nitrous oxide cylinder. The Cartridge is filled with pure N₂O.

Device Functionality/Scientific Concepts

The device functionality is based on the user introducing the Smart Tip to the selected treatment area: unwanted tissue or the target nervous tissue. The user then initiates the flow of cryogen by pressing the on/off button. Liquid cryogen flows from the Handpiece into the closed-end Smart Tip. The Smart Tip is cooled by the Joule-Thomson Effect and/or Latent Heat of Vaporization; as the liquid cryogen expands into a gas, the temperature drops around the external surface of the Smart Tip causing the surrounding tissue to freeze. The treatment is completed after a pre-programmed amount of time at which time the user can safely remove the Smart Tip.

d. Indications for Use

The myoscience iovera^o 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^o device is not indicated for treatment of central nervous system tissue.

The Indications for Use statements for the subject and predicate devices are identical.

e. Comparison of Technological Characteristics with the Predicate Device

Following are the similarities/differences in technological characteristics between the subject and predicate devices. The differences in technological characteristics do not raise different questions of safety and effectiveness for the subject device as compared to the predicate device.

Technological Characteristics	
Predicate Device (K133453)	Subject Device
Cryogenic device	Same
Nitrous oxide coolant, pressurized cylinder	Same
Reusable handpiece, battery powered	Same
Single use tip for subdermal cooling, EO sterilized	Same
Charging dock	Same
Sensors, monitor nitrous oxide deliver and rate of cooling	Same
Smart Tip Needle <ul style="list-style-type: none"> Length: 6 – 25mm (0.2 – 1.0in) Size: Ø.31 – .52mm (25 – 30 gauge) Patient contacting materials: Closed sharp cutting tip Stainless Steel needle 	Smart Tip Needle <ul style="list-style-type: none"> Length: 6 – 55mm (0.2 – 2.2in) Size: Ø.31 – .72mm (22 – 30 gauge) Patient contacting materials: Closed sharp cutting and blunt tip Stainless Steel needle Single Smart Tip configurations from 10 mm to 55 mm contain

	electrochemically etched markings on the needle surface
--	---

f. Performance Data

The following performance data were provided in support of the substantial equivalence determination.

Biocompatibility testing: The biocompatibility evaluation for the Smart Tip needle was conducted in accordance with the FDA Blue Book Memorandum #G95-1 "Use of International Standard ISO-10993, 'Biological Evaluation of Medical Devices Part 1: Evaluation and Testing'" and International Standard ISO 10993-1 "Biological Evaluation of Medical Devices – Part 1: Evaluation and Testing Within a Risk Management Process," as recognized by FDA. The battery of testing included the following tests:

- Cytotoxicity
- Sensitization (supplier testing)
- Intracutaneous reactivity (supplier testing)

The stainless steel Smart Tip needle is considered tissue contacting for a duration of less than 24 hours.

Software testing:

Software verification testing was conducted and documentation was provided as recommended by FDA's Guidance document, "Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices." The software for this device was considered as a "moderate" level of concern, since a failure or latent design flaw in the software could directly result in minor injury to the patient or operator. Specifically, the following test was performed:

Test Performed	Result
Tip Descriptor verification to confirm treatment parameters	PASS

Bench testing:

Bench testing was performed on the new Smart Tip to demonstrate that the product met the design requirements. A risk analysis was used to assess the impact of the modification, as well, and design verification testing was performed as a result of this risk analysis assessment. In all cases, the risk was mitigated to acceptable levels and the performance testing demonstrated that the device is in compliance with pertinent standards (i.e., ISO 11135-1). Needle integrity validation test was modified from the predicate to demonstrate safety and effectiveness due to the changes in needle design and longer length. Specifically, the following tests were performed:

Test Performed	Result
Visual and dimensional inspection of Smart Tip needle	PASS
Verification of temperature reproducibility	PASS
Validation of cryozone size	PASS
Validation of needle integrity in simulated use conditions	PASS

<ul style="list-style-type: none">• After flexing, needle shall return to straight condition• Needle shall not leak after kink failure	
Sterility Testing	PASS
Transit/Shelf Life Testing	PASS

Preclinical Testing Submitted: No preclinical testing was deemed necessary for this modification.

Clinical Testing Submitted: No clinical testing was deemed necessary for this modification.

g. Conclusion

The performance data demonstrate that the iovera[®] system is as safe, as effective, and performs comparably to the predicate device that is currently marketed for the same intended use.

WE'VE GOT THE NERVE TO COPY REVOLUTIONIZE CRYOTHERAPY

It has been over 2400 years since Hippocrates first used cold to relieve pain. Cryoanalgesia has been used clinically for medical treatment since 1960. Now, the iovera^o system is creating a revolution.

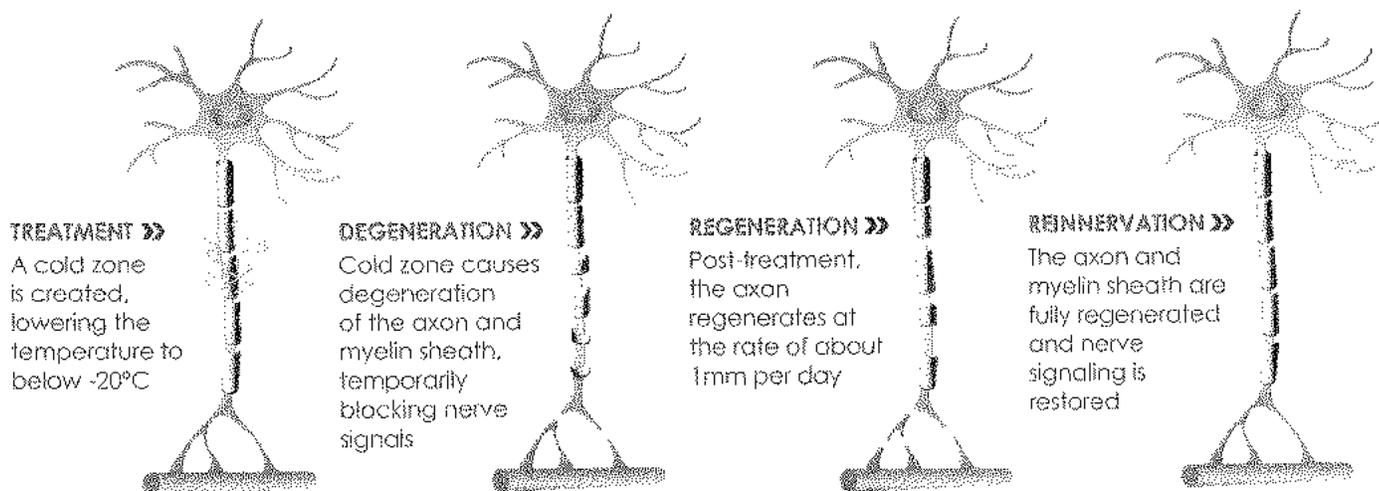
The iovera^o system is a patented miniaturization of traditional cryotherapy. Harnessing the unique properties of cryotherapy, the iovera^o treatment targets peripheral nerves to immediately block pain – all in a handheld device.

REVOLUTIONARY DESIGN

The iovera^o treatment is powered by the patented Focused Cold Therapy™ delivery system. Compact and cordless, the iovera^o system is operated with single push-button control to deliver a precise, minimally invasive treatment.

POWERFUL CRYOTHERAPY

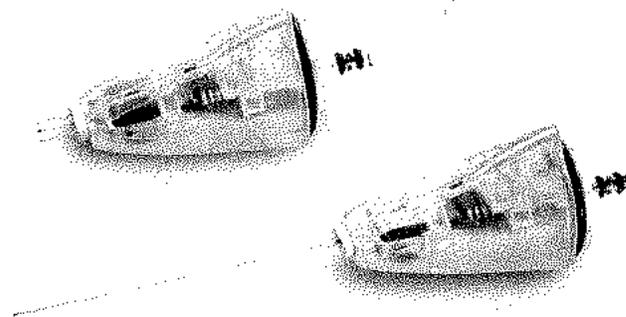
Using highly pressurized liquid nitrous oxide (N₂O), the iovera^o system delivers precise temperature control designed to create a reversible nerve block. The cold zone is inherently safe, only reaching temperatures capable of 2nd Degree (Axonotmesis) nerve injury and subsequent Wallerian Degeneration. Treated nerves are temporarily stopped from signaling, providing pain relief until the nerve regenerates.



Powerful cryotherapy in a handheld device. The revolution is on.

SMART TIPS

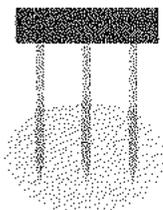
The platform iovera[®] system enables the use of Smart Tips to reach both deep and shallow peripheral nerves. The closed-end needles deliver the Focused Cold Therapy™ treatment via pre-programmed algorithms. Each Smart Tip is sterile and single use.



3x6.9mm Smart Tip

Product Specifications

- Three, 6.9mm, 27 gauge needles
- Sharp tip
- Integrated skin warmer
- Cold zone: 5.7mm x 7.8mm
- Cycle duration = 60 seconds



Clinical Applications may include*

- Occipital Nerve
- Infrapatellar Saphenous Nerve (ISN)
- Anterior Femoral Cutaneous Nerve (AFCN)
- Other superficial nerves

*Physicians should use their medical judgment.

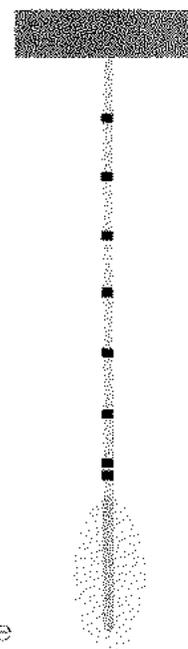
1x55mm Smart Tip

Product Specifications

- Single, 55mm, 22 gauge needle
- Blunt tip
- Markings at 6mm increments
- Cold zone: 9.4mm x 5.4mm
- Cycle duration = 70 seconds

Clinical Applications may include*

- Sacroiliac Joint Nerves
- Lower Occipital Nerve
- Genicular Nerve
- Ilioinguinal Nerve
- Iliohypogastric Nerve
- Intercostal Nerves
- Trigeminal Nerve
- Suprascapular Nerve
- Genitofemoral Nerve
- Lateral Femoral Cutaneous Nerve (LFCN)
- Posterior Tibial Nerve
- Pudendal Nerve



Anuj Malhotra, MD
Mount Sinai Hospital, NY

"The iovera[®] cryoablation system is portable, easy to use, and with the addition of the 1x55mm Smart Tip, allows for precise and safe treatment of deeper structures, especially in conjunction with ultrasound guidance. It is a promising treatment option for patients suffering from neuralgias or neuroma pain."

iovera[®] | myoscience

www.myoscience.com
www.iovera.com

myoscience, inc
Fremont, CA 94538
Tel: 510-933-1500

The myoscience 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.

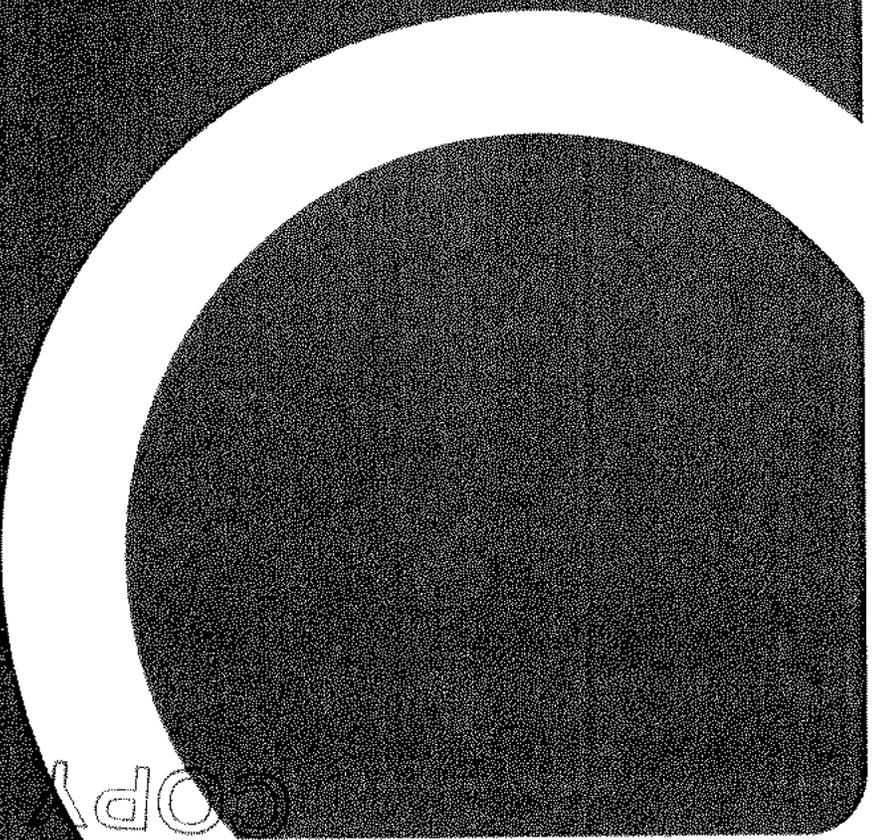
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iovera[®]

HEALTH

TREATMENT REFERENCE GUIDE

This document is provided as a supplement to the User Guide. Always refer to the User Guide for complete operating instructions, warnings and precautions.



COPY

CONTENTS

- 3 Installation and Training Checklist
- 4 Patient Selection
- 5 Patient Expectations
- 6 Treatment Preparation
- 7 Patient Preparation + Assessment
- 8 AFCN Marking
- 9 ISN Marking
- 10 Anesthetic
- 11 Treating the Patient
- 13 Treatment Technique + Endpoints
- 14 Treatment Charting
- 15 Post-Treatment Care
- 16 Device Setup and Use
- 17 User Interface
- 18 Troubleshooting

INSTALLATION + TRAINING CHECKLIST

Part 1: Device training

- Device setup
- Device operation overview
- Smart Tips, Cartridges, Handpiece, Dock
- Priming and Prepping
- Device care
- Troubleshooting

Part 2: Before the iovera® Treatment

- Treatment setup
- Contraindications
- Appropriate candidate + assessment
- Patient consent
- Setting patient expectations
- Side effects

Part 3: iovera® Treatment

- Anatomical landmarks and marking
- Decide on treatment approach
- Anesthetic administration
- Treat
- "Assess for success" and document

Part 4: After the iovera® Treatment

- Post-treatment instructions
- Patient follow-up
- Device cleaning
- Cartridge and Smart Tip disposal

Part 5: Practice marketing

- Success 1-2-3

OUR COMMITMENT TO YOU

- Provide access to online training modules.
- Provide you with world-class tools and marketing materials to drive patient demand.
- Complete initial marketing and device training with support staff.
- Complete clinical training, during which time you will treat your first patients.
- Provide clinical and customer service support via phone, email or in-person.
- Complete follow up training to review initial treatment results and treat additional patients.

EXPECTATIONS

- Complete online training through Inner Circle before installation date.
- Complete in-person marketing, device and clinical training.
- Complete initial in-practice marketing effort:
 - * Email blast
 - * Website update
 - * In office flyers
- Commit to a 2-4 hour block of time to treat your first two or more patients.
- In-practice marketing will be key to bring in new patients. After all it is a brand new treatment for your practice!

PATIENT SELECTION

141

Proper patient selection is essential for positive outcomes.

Ideal candidates

- Normal nerve anatomy within treatment location
- Able to tolerate treatment
 - Appropriate patient positioning (leg extended)
 - Tolerance for treatment duration (~15-30 minutes per knee)
- Patients with identifiable localized focal pain within the **anterior portion of the knee**
 - Anterior + superior knee pain
 - Anterior + inferior knee pain

Non-ideal candidates

- Patients with diffuse pain conditions
 - Complex pain: diffuse or confounding pain, fibromyalgia, etc.
 - Sources of pain unrelated to the target nerve bed: torn ACL, damaged meniscus, etc.
- Deviated or altered nerve anatomy at the target
 - Severed nerve
 - Severe anatomic deviation, such as pronounced Valgus/Varus knee

Considerations

- Pain description:
 - Location
 - Intermittent or constant
 - Duration
 - Palpability
 - Activity induced
- Previous or past:
 - Diagnoses or injuries
 - Surgeries or procedures to the knee area
 - Reactions to Lidocaine
 - History of keloid formation
 - Sensitivity to pain, cold or other stimuli

Contraindications

The device is contraindicated for use in patients with the following: Cryoglobulinemia; Paroxysmal cold hemoglobinuria; Cold urticaria; Raynaud's disease; open and/or infected wounds at or near the treatment site.

When using nerve mapping devices (PENS: Percutaneous Electrical Nerve Stimulation), refer to device IFU for contraindications.

PATIENT EXPECTATIONS

Managing patient expectations is imperative.

Treatment experience

- Prior to treatment
 - Cleansed, marked, pain assessment, anesthetized
 - Devices may be used for nerve location
- During the treatment
 - Duration: Approximately 15-30 minutes for each knee
 - Pressure: Resulting from Handpiece pressed into the skin, as well as cold zone formation
 - Cold, warm or tingling sensation
 - Tapping sensation on the patella when stimulating the ISN
 - If burning sensation occurs, inject anesthetic in the reported area before continuing treatment
 - Treatment should not be painful
- After the treatment
 - Pain assessment
 - Treatment area may feel tender and/or warm
- **Continue with all post-treatment instructions to minimize side effects**

Results

- Most patients will receive an immediate reduction in pain
- Degree of results range from subtle to dramatic
- Time Frame of Results:
 - Onset: Immediate
 - Duration: Results vary; proportional to distal length of the nerve treated*

Side effects

- As with any surgical treatment that uses needle-based therapy, there is potential for temporary site-specific reactions, including but not limited to:
 - Bruising (ecchymosis)
 - Swelling (edema)
 - Inflammation and/or redness (erythema)
 - Pain and/or tenderness, including headache
 - Altered sensation (localized dysesthesia)
- Typically, these reactions resolve with no physician intervention
- Patients may help the healing process by applying ice packs to the affected sites, and by taking over-the-counter analgesics

Prior to treatment, identify by palpation painful portions of the knee as well as movements that increase patient pain. Also ask your patient to notify you if a particular cycle causes a tingling sensation in the knee joint. Not all patients will report this, but it is a potential indicator that you are on or near a nerve branch.

*In a single arm, post-market study of knee pain, 76% of subjects reported an effect at ~2 months, 45% of subjects reported a continued effect at ~3 months.

TREATMENT PREPARATION

143

To minimize treatment time, make sure the following supplies are ready.

- Iovera® system
 - Charged
 - Primed and prepped
- Iovera® Smart Tips
- Iovera® cartridges (unopened)
- Clinical Reference Tools
 - Treatment Reference Guide
 - Quick Start Guide
 - Treatment Line Diagram
- Syringes + Local anesthetic (Lidocaine, Marcaine)
- Topical disinfectant
- Surgical marking pen
- Gauze + alcohol (or alcohol wipes)
- Tape measure
- Gloves
- Bandage(s), ice packs
- Patient comfort items: pillow, squeeze balls

PRIME + PREP

Prep and prime cycles ensure the Iovera® system is in proper working order.

- Prime: with storage tip attached, insert new cartridge (until click), point tip down, press button to start cycle
- Prime 1 hour or less prior to first patient of the day
- Prime if it has been more than 2 hours since last use
- Prime using an entire cartridge if system
 - is stored for more than 1 month, or
 - is stored in a hot or humid environment
- Prep: with Smart Tip attached, point tip up, perform one cycle
 - 3-Needle Smart Tips only
 - See page 16 for additional information

TIPS

- Remove cartridge from pouch only when ready for use
- Do not leave cartridge in system for more than 1 hour
- If the cartridge filter is detached from the canister, simply snap it into the canister collar
- Store handpiece, with storage tip attached, on dock

PATIENT PREPARATION

Proper patient preparation is essential to a successful treatment.

- Discuss treatment expectations
- Sign treatment consent forms
- Wear clothing to access the treatment site
- Patient Diary
- Measure baseline pain levels
 - Identify activities limited by pain
 - Identify locations that are painful upon palpation or movement
- Place patient in comfortable position allowing device to remain vertical (relative to the ground) during treatment
- Clean treatment area
 - Use appropriate cleansing agent (e.g. Isopropyl alcohol)

To prevent movement of nerve(s) relative to treatment line, do not allow patient to move body position once treatment locations have been marked.

PATIENT ASSESSMENT

- Measure baseline pain levels (VAS, etc.)
- Identify activities limited by pain
- Identify locations that are painful upon palpation or movement

These will be used at the end of treatment to verify post treatment success.

PATIENT DIARY

Online treatment questionnaires help track your patients progress following treatment.

- Prior to treatment: register the patient, complete the patient profile and pre-treatment questionnaire
- After treatment: complete the immediate post treatment questionnaire with the patient
- On days 1, 7, 30, 60 and 90: the patient will be prompted to complete post treatment questionnaires

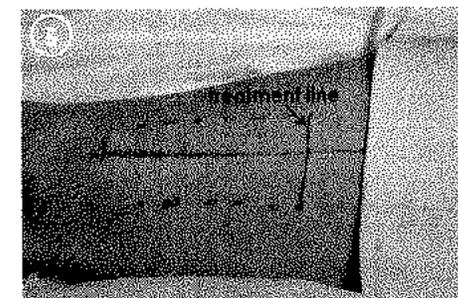
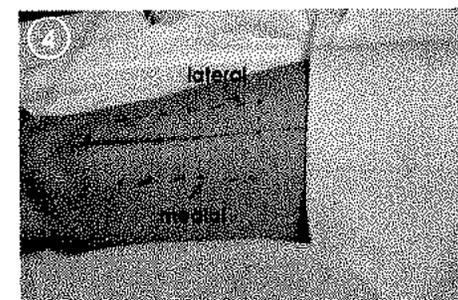
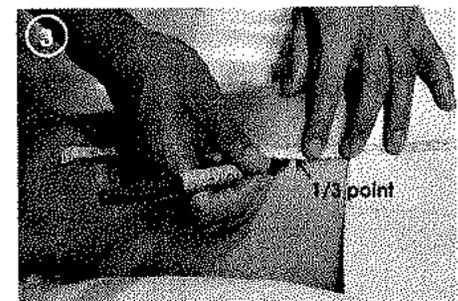
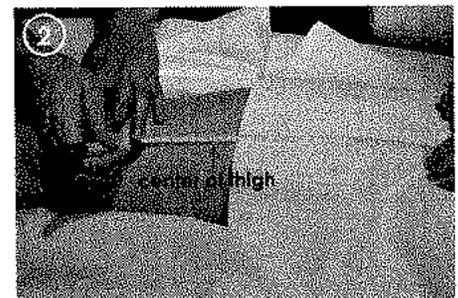
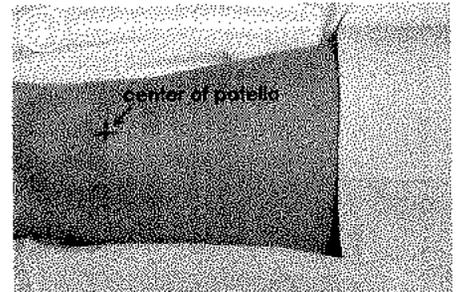
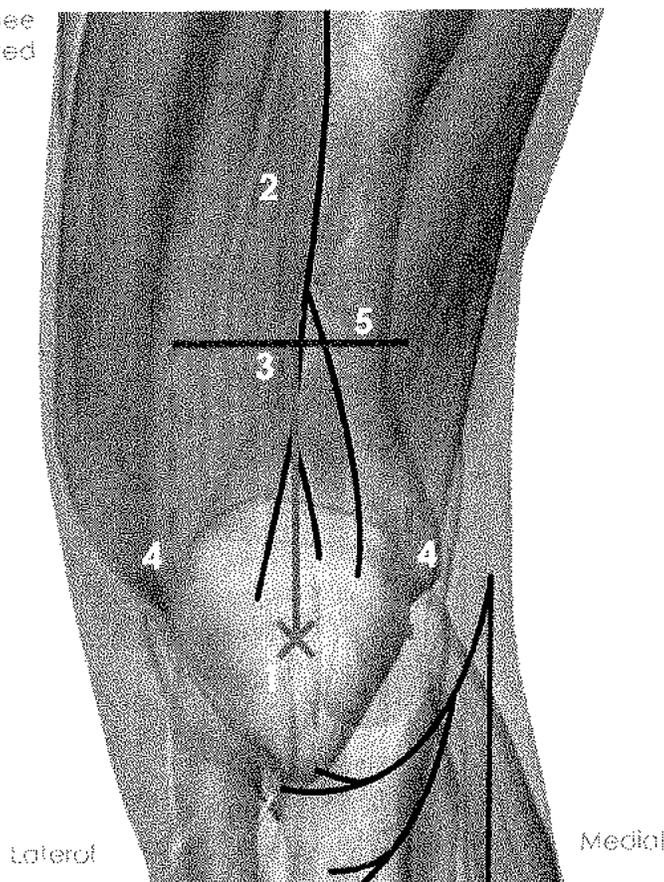
AFCN MARKING

For knee pain in the anterior superior portion of the knee, consider treating the AFCN.

- 1 Find the center of the patella
- 2 Draw a straight vertical line up the center of the thigh
 - From the center of the patella to the top of the femur (inguinal crease in the thigh)
- 3 Measure the length of the line and calculate $1/3$
 - Using the calculation, measure from the center of the patella and mark the thigh
- 4 Draw a dotted line on each side of the patella (medial and lateral) up to the $1/3$ mark (3)
- 5 Using the $1/3$ mark (3) as a reference, draw a solid line between the two dotted lines (4)

This is your treatment line.

Right Knee
Pictured

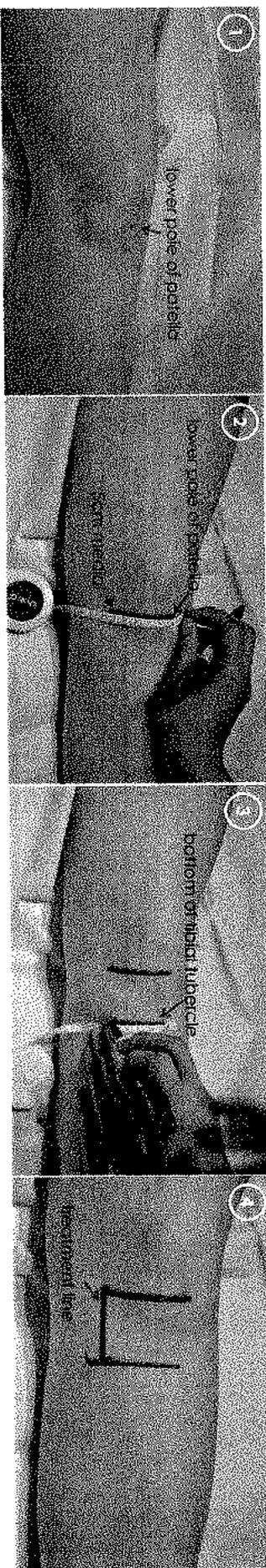
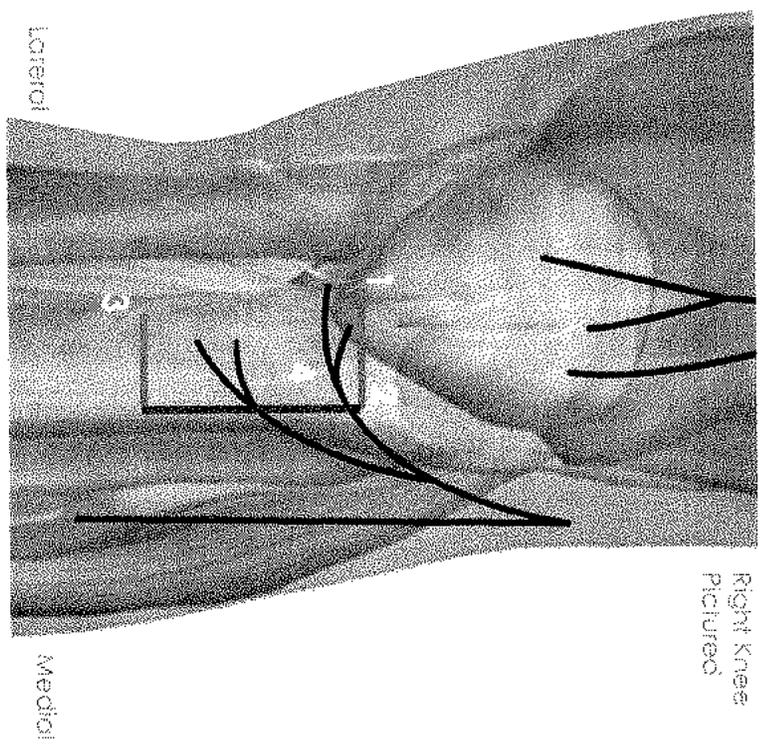


ISN MARKING

For knee pain in the anterior inferior portion of the knee, consider treating the ISN.

- 1 Find and mark the lower pole of the patella
- 2 Draw a line 5 cm medial the lower pole of the patella
- 3 Find and mark the bottom of the tibial tubercle
 - Draw a horizontal line
- 4 Draw a straight vertical line between the horizontal lines (2 and 3) on the medial side of the knee

This is your treatment line.



ANESTHETIC

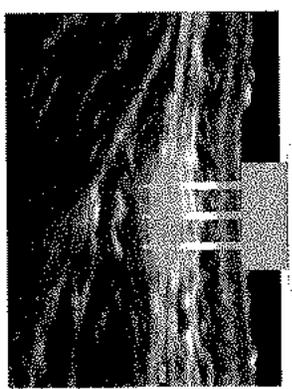
Improper anesthetic administration can lead to limited or no effect. Always inject subcutaneously and massage out anesthetic before starting treatment.

- Treatment area should be as flat as possible
 - Limbs/knee should be in an extended position
- Inject along target treatment line
- Shallow injections of anesthetic (wheels)
- Press out and massage the anesthetic into the tissue
- If patient demonstrates resistance to Lidocaine, consider an alternative such as Marcaine
- Small amounts of injected anesthetic may displace the target nerves and result in poor efficacy; to avoid this influence:
 - Use only as much anesthetic as needed for patient comfort
 - Gently massage and press out injected fluid into the tissues to achieve baseline tissue thickness

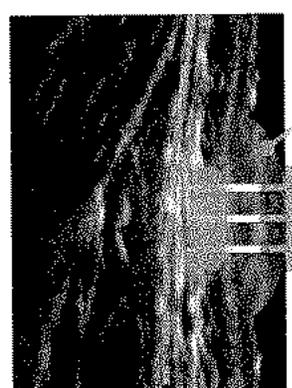
THE "LIDOCAINE EFFECT"

This refers to a false positive when anesthetic is injected at or near the target nerves in the treatment region, causing a nerve block which prevents signal conduction. The patient may experience reduced pain.

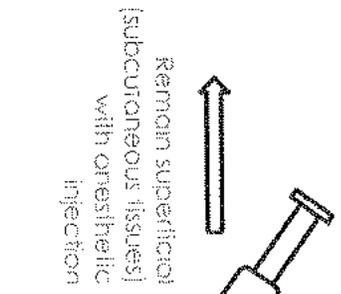
- May occur if anesthetic was injected too superficially
- To avoid this, do not inject more than necessary, and always inject subcutaneously



Anesthetic pressed out
Nerve (green) can be accessed



Anesthetic not pressed out
Nerve cannot be accessed
MISSED NERVE



Insert the needle along the entire length of the treatment line; draw back while delivering anesthetic subcutaneously

TREATING THE PATIENT

Skin stabilization is key!

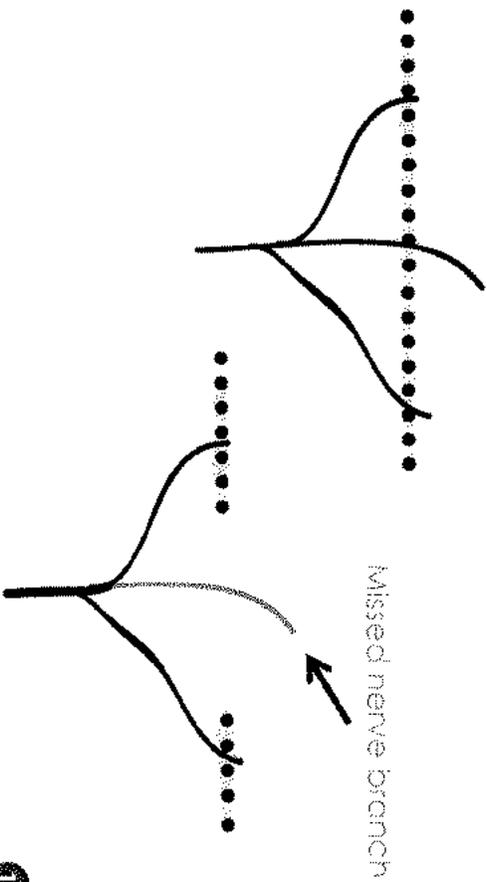
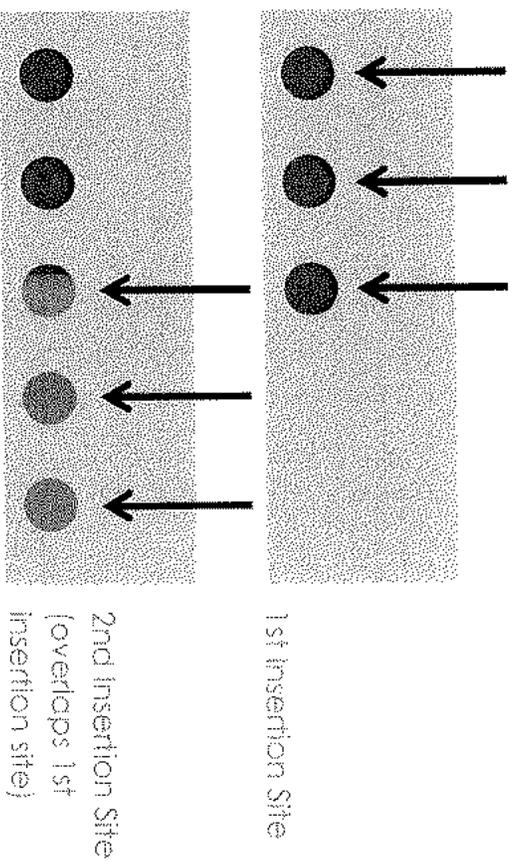
Smart Tip insertion

- Needles should be inserted perpendicular to skin, not at an angle
- Always stabilize the skin with the free hand when moving the "lovera" system from one treatment site to an adjacent site
- Always insert needles until heater block is flush with skin
 - Stretch skin on both sides
 - If excess adipose tissue is present, the heater may not reach the skin despite appearing as such

If patient complains of treatment pain:

- Inject more anesthetic as required, being sure to follow best-practices
- Always inject superficially (subcutaneously) and massage out after injection
- Patient feedback during treatment: sensation or tingle around the knee area, often felt on the other side of the knee

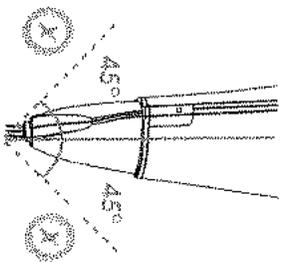
Overlap one needle from adjacent insertion sites to ensure treatment of all nerve branches.



TREATING THE PATIENT

Treatment technique:

- Ensure handpiece is no more than 45° from vertical to the ground



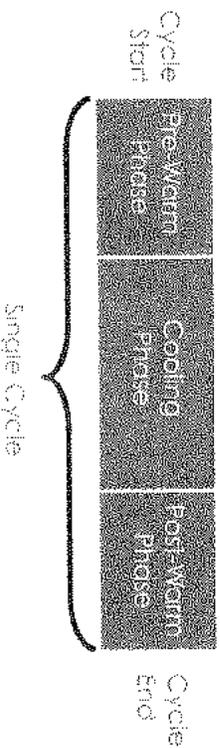
- Treat in even, straight line
- Overlap one needle at insertion sites to ensure continuous cold zone
- Maintain skin warmer contact with epidermis during treatment
- Apply pressure with finger to last-treated site,
 - This will help reduce bruising

Treatment cycle:

- Press and release main button
 - Tone sounds when cycle begins
 - Minimize movement of the handpiece; do NOT remove while treatment is in progress
- Wait for cycle to complete before moving Smart Tip to next treatment location
 - Check mark will illuminate (in blue)
 - Tone will sound when ready for next cycle
 - Confirm five (5) treatment status LEDs are illuminated before proceeding
- Press and release main button to begin next treatment cycle

What's in a cycle:

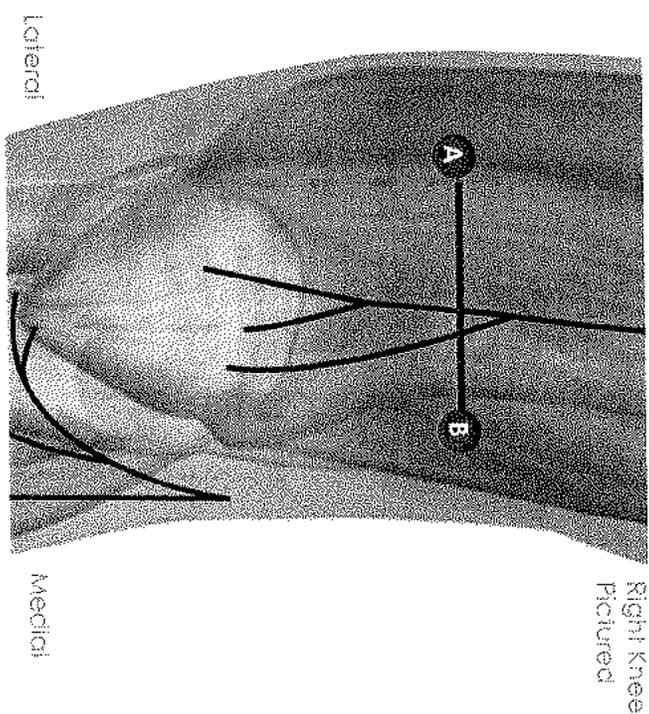
- Pre-warm, cooling and post-warm phases



TREATMENT TECHNIQUE

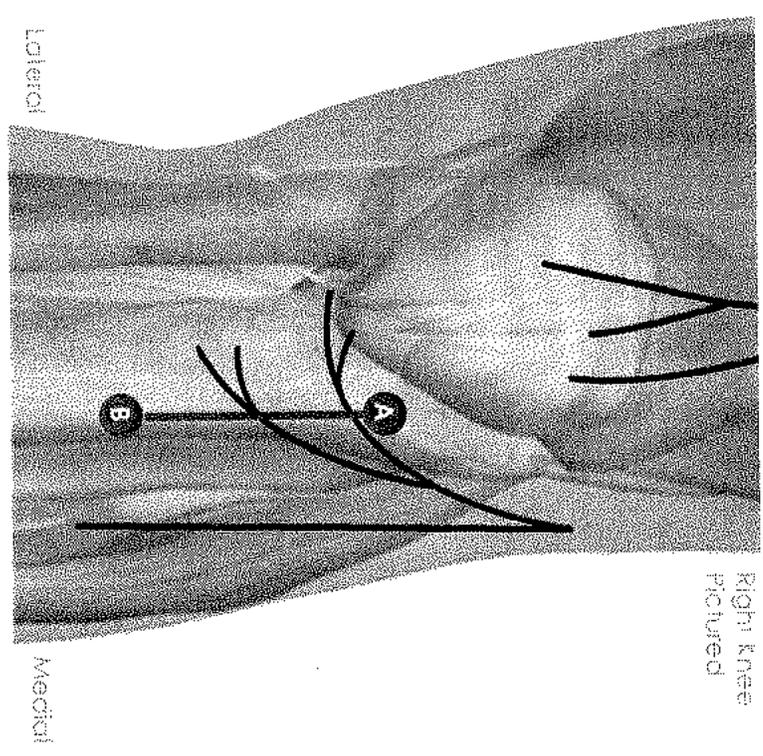
151 AFCN treatment

- Treat along the treatment line (green) from the outer (A) (lateral) thigh towards the inner (B) (medial) thigh
- Use dotted lines as boundaries
- Compression is required



152 ISN treatment

- Treat along the treatment line (green) from the top (A) to the bottom (B) (inferiorly)



TREATMENT ENDPOINTS

Treat until target nerve is blocked

- Verify using areas sensitive to palpation or painful baseline activities

Verify efficacy of treatment

- Accomplishment of painful activities based on clinical assessment
- Comparison to baseline: VAS, etc.

TREATMENT CHARTING

The most effective way to reduce treatment time is to accurately chart a patient's first "overd" treatment. This allows for faster retreatments as the successful treatment locations are already known.

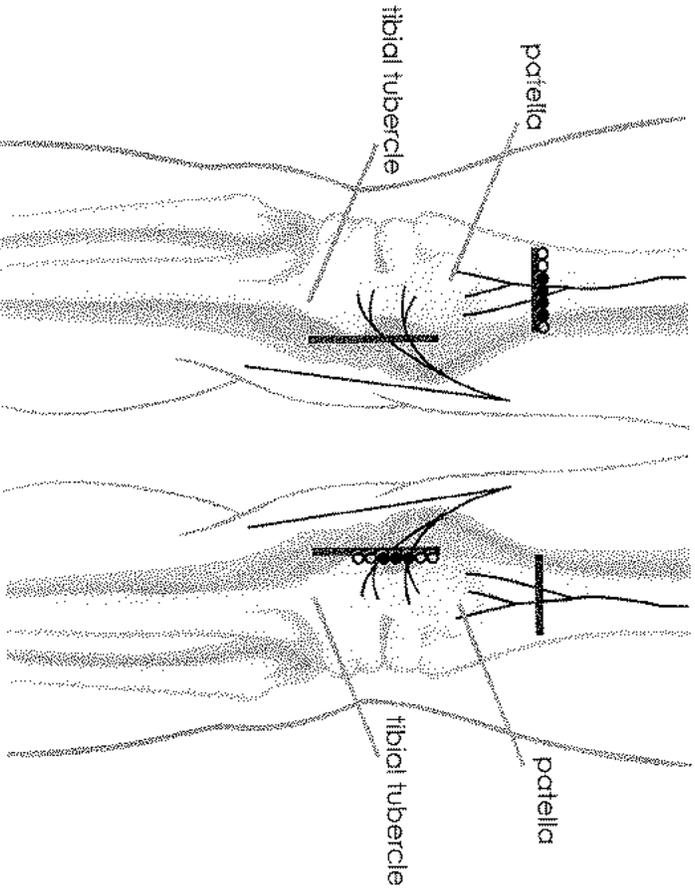
At first treatment:

- Mark every cycle on treatment record card
- Assess effect after each cycle
- Note treatment cycles that produce results

For repeat treatments:

- Start at location where effect was seen and proceed from there

EXAMPLE OF TREATMENT CHARTING:



RIGHT SIDE

- = insertion point
 - = insertion point yields patient response
- Amount and type of local anesthetic:
1% Lidocaine, no buffer, 0.8cc
- Comments:
First effect achieved at middle of AECN treatment line

LEFT SIDE

- = insertion point
 - = insertion point yields patient response
- Amount and type of local anesthetic:
1% Lidocaine, no buffer, 0.8cc
- Comments:
First effect achieved at middle of ISN treatment line

POST-TREATMENT CARE

Correct post-treatment care is critical to minimize bruising and swelling.

In-office patient care

- Digital pressure - Recommended
 - Apply immediately following the treatment
 - Continue pressure for 10-15 minutes
 - Use 4x4 gauze to apply pressure
- Ice therapy - Optional
 - Following digital pressure, apply to reduce swelling
- Review & Document!
 - Review post-treatment instructions
 - Assess results and patient gait stability post-treatment
 - Document in patient records
 - Complete immediate post-treatment diary form

In-office system care

- Remove Smart Tip (dispose in SHARPS container)
 - Smart Tip cannot be re-sterilized
- Clean the handpiece and charging dock
 - Use multiple pre-saturated isopropyl alcohol wipes
 - Keep surface damp for 5 minutes
 - Pay close attention to all surface indentations
 - Never submerge the handpiece or charging dock
- Attach Storage Tip
- Remove cartridge and attach cartridge cap
- Store handpiece on dock to charge

Patient at-home care*

- Keep treatment area clean and dry during healing
- Soreness relief: use ice or OTC pain medications
- Activities:
 - Avoid exercise and physical exertion for 2-3 days
 - Slow return to normal activities
 - Guidance around safe levels of exertion and joint stress
- Avoid blood-thinning drugs for 48 hours
 - i.e. Ibuprofen, aspirin or any blood thinners
- Acetaminophen may be an option per physician
- Long-Term Recommendation
 - Opportunities for joint rehabilitation and strengthening
 - Appropriate exercise
 - Healthy lifestyle, weight management

Patient follow-up

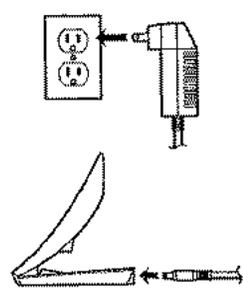
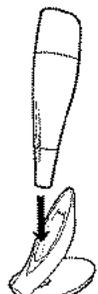
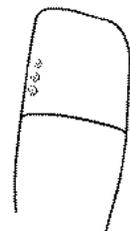
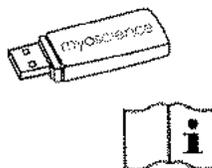
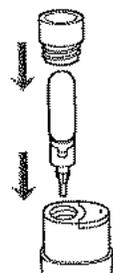
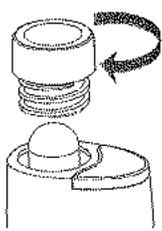
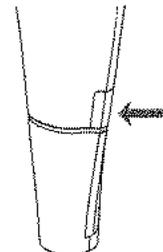
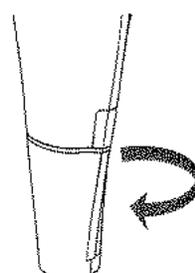
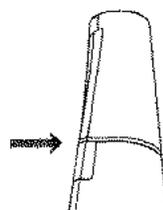
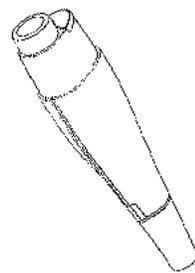
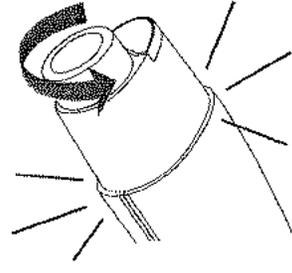
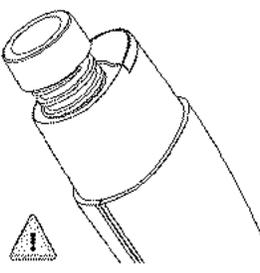
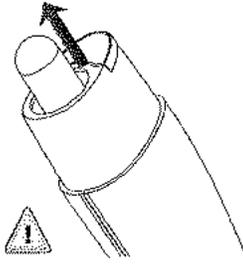
- Contact patient within 48-72 hours of treatment
 - Assess efficacy
 - Assess any issues with healing, infection or other complications
 - Encourage use of the "lovera" Patient Diary

*Subject to physician discretion

QUICK-START GUIDE

This document is provided as a supplement to the User Guide. Always refer to the User Guide for complete operating instructions, warnings and precautions.

iovera[®]

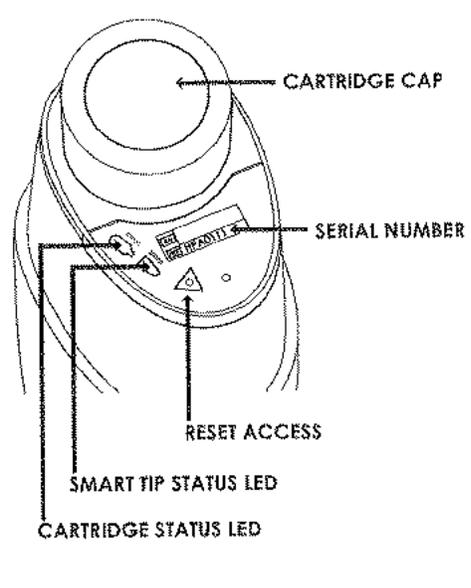
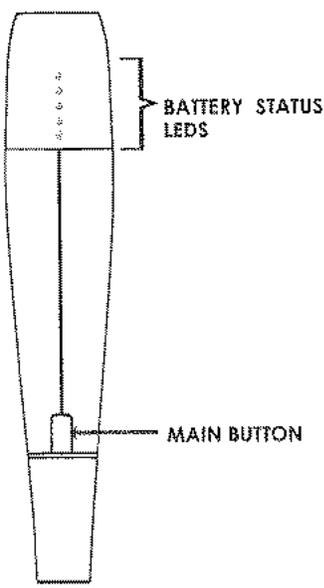
<p>SET-UP</p>			 <p>Check that you have at least 3 blue LEDs on Battery Status panel before first use</p>	 <p>Refer to User Guide for complete operating instructions</p>
<p>PRIME (at the start of each treatment day) The Prime Cycle ensures iovera[®] system operates correctly. Skipping the Prime Cycle can affect system performance</p> <p>No Prime </p> <p>With Prime </p>	 <p>Do not remove Cartridge from pouch until ready to use. Insert cartridge until clicked into place</p>	 <p>Tighten until orange Cartridge status LED turns blue. LED turns solid blue when Cartridge is ready</p>	 <p>Attach Storage Tip if not already attached.</p>	 <p>Prime: Press button to start Prime Cycle. Keep facing floor until check is received (see below).</p>
<p>ATTACH SMART TIP</p>	 <p>Remove Storage Tip</p>	 <p>Attach Smart Tip. Check for blue Smart Tip light</p>	<p>3-Needle Smart Tip ONLY</p>  <p>Prep: Press button to start Prep Cycle. Keep tip upright until check is received. Do not remove Smart Tip cap during Prep Cycle.</p>	<p>✓ = cycle completed successfully</p> <p>✗ = correct issue then repeat the last cycle.</p> <p>See reverse for more information.</p>
<p>REPLACE CARTRIDGE Always store the Cartridge towards a safe location, away from the user, patient, and bystanders</p>	 <p>Orientation is important! Smart tip pointing down</p>	 <p>Tighten Cartridge Cap until you hear a "click" or his of venting Nitrous Oxide</p>	 <p>Allow system to fully depressurize (~45 seconds) before entirely removing the Cartridge Cap.</p>	 <p>Exercise caution when removing the Cartridge as it may be very cold.</p>

LEDs on the Iovera® Handpiece give you immediate information about system status and progress of a treatment cycle. For more information, see the Iovera® User Guide.

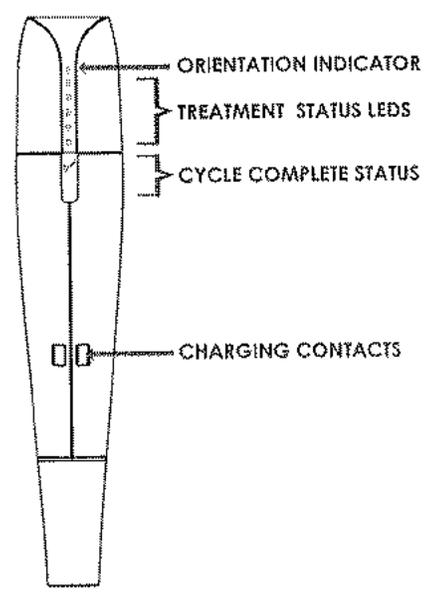
 All Blue and Orange LEDs alternately blinking

An error has occurred. Press and hold the main button until the device enters low-power mode. Place in Dock to wake up and perform a Prep or Prime cycle. If issue continues, contact Iovera® Customer Service.

Front of Device



Back of Device



LED	Battery Status, OFF Charging Dock
	Full charge (80-100%)
	Medium charge (50-80%)
	Medium charge (40-60%)
	Low charge (20-40%) * Sufficient charge to perform at least one cycle.
	Low charge (<20%) * Return Handpiece to the charging dock. Charge for at least 30 min. before use.

LED	Cartridge Status
	Ready to use.
	Cartridge is warning. Wait until LED becomes solid blue before proceeding.
	Replace the cartridge.
LED	Smart Tip Status
	Ready to use.
	Checking the Smart Tip.
	Replace the Smart Tip.

LED	Treatment Status
	System is ready for use.
	Cycle in process. As the cycle progresses the number of stacked and pulsing LEDs decreases, indicating the time left elapses during the cycle. When the cycle is complete, a check mark displays.
	Concluding cycle. When the blue LEDs on the Treatment Status Panel stop blinking, and a check mark LED displays, it is safe to remove the Smart Tip.
	CAUTION! Do not attempt to remove the Smart tip from the patient while the treatment is in process. Doing so could result in damage to subcutaneous tissue.

LED	System Status
	Prep or Prime: Cycle passed and System is ready for use. Treatment: A cycle is complete and Smart Tip may be removed from the patient.
	Remove the Handpiece and check the cartridge and Smart Tip indicators. 1. If the cartridge status LED is blinking, replace cartridge. 2. If the Smart Tip LED is blinking: a. Remove Smart Tip from Handpiece. b. Attach the Storage Tip. c. Perform at least one prime cycle. d. Attach a NEW Smart Tip and repeat cycle of the last location.

TROUBLESHOOTING

ISSUE

POSSIBLE SOLUTION

Handpiece LEDs are not on

Place Handpiece into the charging dock and check the Battery Status LED panel to ensure it has sufficient battery charge

Cycle won't start / Treatment Status LEDs are not on

Remove Handpiece cap, check cartridge and Smart Tip indicators - confirm at least one blue LED on the Battery Status LED panel

Cartridge status LED blinks orange at end of cycle with blue checkmark

Replace cartridge

Cartridge status LED blinks orange after first cycle with a new cartridge

Allow cold Handpiece to warm

- 1 Press and hold the main button for 3 seconds to put the system into standby
- 2 Place the system on the dock to wake from standby
- 3 Wait for a minimum of five minutes; no need to change cartridge
- 4 Perform Prime cycles

Smart Tip status LED blinks orange

Replace Smart Tip

Cycle ends with orange check mark

Remove Handpiece cap, check cartridge and Smart Tip indicators:

- If the Cartridge status LED is blinking, replace cartridge
- If the Smart Tip status LED is blinking:
 - a. Remove Smart Tip from Handpiece
 - b. Attach the Storage Tip
 - c. Perform at least one prime cycle
 - d. Attach a NEW Smart Tip and repeat cycle at the last location

Handpiece displays an unrecoverable error (all LEDs on the Treatment Status Panel alternately blink orange and blue, continuously)

- 1 Remove cartridge (if present); remove Smart Tip and discard; install Storage Tip
- 2 Press and hold the main button for 3 seconds to put the system into standby
- 3 Place the system on the dock to wake from standby
- 4 Insert a new cartridge
- 5 Perform a prime cycle

If issue persists, contact customer service

Battery status LED blinks orange

Low power – place system in dock to charge

Handpiece won't charge or wake up while in Dock

Check dock power. Make sure the Handpiece charging contacts are oriented correctly and making contact with dock power pins.

Cannot remove Smart Tip from issue due to resistance

Remove Handpiece cap, loosen cartridge cap until the cartridge vents (depressurizes system, ending cooling). Do not remove the cartridge cap until venting is complete.

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).”**



LAWS OF ALASKA

2016

Source
CSSB 69(FIN)

Chapter No.

AN ACT

Relating to the Board of Chiropractic Examiners and the practice of chiropractic.

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

THE ACT FOLLOWS ON PAGE 1

AN ACT

1 Relating to the Board of Chiropractic Examiners and the practice of chiropractic.

2

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

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

7 (1) continuing education; [AND]

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

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

12 **(4) the designation of one or more nationally recognized**
13 **certification programs for chiropractic clinical assistants; and**

1 **(5) the performance of patient examinations authorized under**
 2 **AS 08.20.100(b).**

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

4 (b) A person licensed under this chapter may

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

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

9 (3) consult on chiropractic matters;

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

11 (5) **perform,** [SIGN (A)] within the scope of chiropractic practice,
 12 [CERTIFICATES OF] physical examinations **of** [FOR] children **for school physical**
 13 **examinations and preparticipation physical examinations for sports and school**
 14 **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 nationally certified chiropractic clinical assistants;**

24 **and**

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

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

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

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

31 **Sec. 08.20.160. Temporary permits.** Temporary permits may be issued to

1 [PERSONS APPARENTLY] qualified **applicants** until the next regular meeting of
2 the board.

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

4 **Sec. 08.20.168. Chiropractic clinical assistant.** (a) Enrollment in or
5 completion of a nationally recognized certification program under AS 08.20.055(4) is
6 required to practice as a chiropractic clinical assistant in this state.

7 (b) A person who meets the requirement under (a) of this section may, under
8 the general supervision of a person licensed under this chapter,

9 (1) perform diagnostic imaging studies;

10 (2) use ancillary methodologies; and

11 (3) perform procedures.

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

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

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

27 (c) Patient records presented to a **utilization** [PEER] review committee for
28 review under this section that were confidential before their presentation to the
29 committee are confidential to the committee members and to the board members and
30 are not subject to inspection or copying under AS 40.25.110 - 40.25.125. A committee
31 member or board member to whom confidential records are presented under this

1 subsection shall maintain the confidentiality of the records. A person who violates this
2 subsection is guilty of a class B misdemeanor.

3 * **Sec. 7.** AS 08.20 is amended by adding a new section to article 2 to read:

4 **Sec. 08.20.195. Limitation of practice.** A person licensed under this chapter
5 or a person who is practicing as a chiropractic intern, chiropractic clinical assistant, or
6 chiropractic preceptor under this chapter may act only within the scope of practice
7 authorized by the board.

8 * **Sec. 8.** AS 08.20.200 is amended to read:

9 **Sec. 08.20.200. Unlicensed practice [A MISDEMEANOR].** A person who
10 practices chiropractic in the state without a license in violation of AS 08.20.100 is
11 guilty of a **class A** misdemeanor **and may be punished as provided in AS 12.55** [,
12 AND UPON CONVICTION IS PUNISHABLE BY A FINE OF NOT MORE THAN
13 \$1,000, OR BY IMPRISONMENT FOR NOT MORE THAN A YEAR, OR BY
14 BOTH].

15 * **Sec. 9.** AS 08.20.210 is amended to read:

16 **Sec. 08.20.210. Fraudulent licenses and certificates.** A person who obtains
17 or attempts to obtain a chiropractic **license or provides the board with evidence that**
18 **the person is nationally certified to practice as a chiropractic clinical assistant**
19 [CERTIFICATE] by dishonest or fraudulent means [,] or who forges, counterfeits, or
20 fraudulently alters a chiropractic **license or chiropractic clinical assistant** certificate
21 **issued by a nationally recognized certification program** is **guilty of a class A**
22 **misdemeanor and is** punishable **as provided in AS 12.55** [BY A FINE OF NOT
23 MORE THAN \$500, OR BY IMPRISONMENT FOR NOT MORE THAN SIX
24 MONTHS, OR BY BOTH].

25 * **Sec. 10.** AS 08.20.900(7) is amended to read:

26 (7) "chiropractic examination" means an examination of a patient
27 conducted by [OR UNDER THE SUPERVISION OF] a person licensed under this
28 chapter, **or by a chiropractic clinical assistant or chiropractic intern under the**
29 **supervision of a person licensed under this chapter,** for the express purpose of
30 ascertaining whether symptoms of subluxation complex exist and consisting of an
31 analysis of the patient's health history, current health status, results of diagnostic

1 procedures, including x-ray and other diagnostic imaging devices, and postural,
2 thermal, physical, neuro-physical, and spinal examinations that focuses on the
3 discovery of

4 (A) the existence and etiology of disrelationships of skeletal
5 joint structures; and

6 (B) interference with normal nerve transmission and
7 expression;

8 * **Sec. 11.** AS 08.20.900 is amended by adding new paragraphs to read:

9 (11) "chiropractic clinical assistant" means a person who works under
10 the general supervision of a person licensed under this chapter and who is

11 (A) enrolled in a nationally recognized certification program
12 that certifies chiropractic clinical assistants; or

13 (B) certified by a national organization that certifies
14 chiropractic clinical assistants;

15 (12) "chiropractic intern" means a person who is engaged in the
16 practice of chiropractic while under the personal supervision of a person licensed
17 under this chapter for the purpose of obtaining practical experience for licensure as a
18 chiropractor;

19 (13) "chiropractic preceptor" means a person who is licensed under
20 this chapter and who participates in the instruction and training 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***
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- (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



Agenda Item #12

Investigative Report

(Investigative Report Here)

EXECUTIVE SESSION MOTION

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Board only to remain during session.”**

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

Agenda Item #13

New Business

From: Carrillo, Laura N (CED)
To: ["Jeffrey Reinhardt"](mailto:Jeffrey.Reinhardt)
Cc: ["akvegetarian@gmail.com"](mailto:akvegetarian@gmail.com); ["drdanielholt@gci.net"](mailto:drdanielholt@gci.net); ["drcampbell@arcticchiropractic.com"](mailto:drcampbell@arcticchiropractic.com); ["dredbarrington@gci.net"](mailto:dredbarrington@gci.net); ["jrhine62@gmail.com"](mailto:jrhine62@gmail.com); ["aderhold@xyz.net"](mailto:aderhold@xyz.net)
Subject: RE: Foreign Graduates?
Date: Tuesday, March 29, 2016 11:48:00 AM

Hello,

Please see below for some suggesting topic discussions for our next meeting. Perhaps the Board can discuss drafting position statement on scope of practice/insurance companies, as well as a position statement on accepting foreign graduates.

Thank you,

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: Jeffrey Reinhardt [<mailto:jrhine62@gmail.com>]
Sent: Sunday, March 27, 2016 7:51 AM
To: Carrillo, Laura N (CED)
Subject: Re: Foreign Graduates?

Laura,

The statute seems clear on the issue the standards of equivalency with regard to the CCE. Does anyone know the CCE's position with regard to CCEC? Secondly, is the question of successful completion of the requirements regarding NBCE. It would also be necessary to consider the regulations regarding immigration.

Discussion at the meeting in May seems appropriate.

On a different note; should there be discussion regarding our scope-of-practice as it relates to insurance companies and administrative management companies unilaterally declaring generally accepted chiropractic procedures as experimental in an attempt to side-step reimbursement? I understand that the issue of reimbursement may well be an issue for the ACS. However, I believe scope of practice is a board issue. If it has not already been addressed, it may be necessary for the board to establish some clearly defined standards in this regard.

Best,

Jeffrey

Jeffrey R. Reinhardt, DC

MAR 17 2016

12 AAC 16.033 Application for Licensure by Credentials.

CBPL

(7) an official grade transcript sent directly to the Department from the National Board of Chiropractic Examiners showing that the applicant has successfully passed the Special Purposes Examination of Chiropractic (SPEC) or parts 1-4 of the national examination.

12 AAC 16.037

(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 parts 3 and 4 of the national examination.

12 AAC 16.205. *Courtesy License*

(j) In this section, "special event" means an athletic, educational, cultural, or performing arts events held in this state.

12 AAC 16.990 (b) (2) (A)

I recommend that the Board review this regulatory definition and consider re-defining surgery.

MAR 17 2016

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, 32 credit hours of approved continuing education during the concluding licensing period must be obtained.
 - (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 of the total hours required under this paragraph must be devoted to coding and documentation;
 - (C) Two hours of the total 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) 16 credit hours of approved continuing education for each 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 etc. etc. etc. etc. etc.

→ the rest is unchanged

Note: Reminder that IBCN needs to be added to 12 AAC 16.047 per January 22nd, 2016 meeting

-Laura Carrillo

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

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MOTION WORDING:

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**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).”**

Annual Report

Fiscal Year 2016

ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS



**DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING**

This annual performance report is presented in accordance with
Alaska statute AS 08.01.010.

Its purpose is to report the accomplishments, activities, and the
past and present needs of the licensing program.

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
FY 2016 Annual Report**

Table of Contents

Identification of the Board **Page X**

Identification of the Staff **Page X**

Narrative Statement **Page X**

Budget Recommendations **Page X**

Proposed Legislative Recommendations **Page X**

Regulatory Recommendations **Page X**

Goals and Objectives **Page X**

Sunset Audit Recommendations **Page X**

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
FY 2016 Annual Report**

Identification of the Board

Board Member	Date Appointed	Term Expires
<p>Insert Name Here Title of Person Inserted Above</p>	<p>Mar 01, 2016</p>	<p>Dec 01, 2018</p>
<p>Insert Name Here Title of Person Inserted Above</p>	<p>Mar 01, 2016</p>	<p>Dec 01, 2018</p>
<p>Insert Name Here Title of Person Inserted Above</p>	<p>Mar 01, 2016</p>	<p>Dec 01, 2018</p>
<p>Insert Name Here Title of Person Inserted Above</p>	<p>Mar 01, 2016</p>	<p>Dec 01, 2018</p>
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<p>Insert Name Here Title of Person Inserted Above</p>	<p>Mar 01, 2016</p>	<p>Dec 01, 2018</p>

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
FY 2016 Annual Report**

Identification of Staff

Insert Name Here – Licensing Examiner

Department of Commerce, Community & Economic Development
Division of Corporations, Business and Professional Licensing
Post Office Box 110806
Juneau, Alaska 99811-0806
(907) 465-2550

Insert Name Here – Licensing Examiner

Department of Commerce, Community & Economic Development
Division of Corporations, Business and Professional Licensing
Post Office Box 110806
Juneau, Alaska 99811-0806
(907) 465-2550

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**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
FY 2016 Annual Report**

Narrative Statement

Page one of narrative statement here.....

FY 2016 Narrative Statement (continued)

Page two of narrative statement here...

ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report

Budget Recommendations for FY 2017

Board Meeting Date	Location	# Board	# Staff
	<input type="checkbox"/> Airfare: <input type="checkbox"/> Hotel: <input type="checkbox"/> Ground: <input type="checkbox"/> Other:		\$0.00 \$0.00 \$0.00 \$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
	<input type="checkbox"/> Airfare: <input type="checkbox"/> Hotel: <input type="checkbox"/> Ground: <input type="checkbox"/> Other:		\$0.00 \$0.00 \$0.00 \$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
	<input type="checkbox"/> Airfare: <input type="checkbox"/> Hotel: <input type="checkbox"/> Ground: <input type="checkbox"/> Other:		\$0.00 \$0.00 \$0.00 \$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
	<input type="checkbox"/> Airfare: <input type="checkbox"/> Hotel: <input type="checkbox"/> Ground: <input type="checkbox"/> Other:		\$0.00 \$0.00 \$0.00 \$0.00
Total Estimated Cost:			\$0.00

ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report

Budget Recommendations for FY 2017 (continued)

Board Meeting Date	Location	# Board	# Staff
	<input type="checkbox"/> Airfare:		\$0.00
	<input type="checkbox"/> Hotel:		\$0.00
	<input type="checkbox"/> Ground:		\$0.00
	<input type="checkbox"/> Other:		\$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
	<input type="checkbox"/> Airfare:		\$0.00
	<input type="checkbox"/> Hotel:		\$0.00
	<input type="checkbox"/> Ground:		\$0.00
	<input type="checkbox"/> Other:		\$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
	<input type="checkbox"/> Airfare:		\$0.00
	<input type="checkbox"/> Hotel:		\$0.00
	<input type="checkbox"/> Ground:		\$0.00
	<input type="checkbox"/> Other:		\$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
	<input type="checkbox"/> Airfare:		\$0.00
	<input type="checkbox"/> Hotel:		\$0.00
	<input type="checkbox"/> Ground:		\$0.00
	<input type="checkbox"/> Other:		\$0.00
Total Estimated Cost:			\$0.00

ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report

Budget Recommendations for FY 2017 (continued)

Travel Required to Perform Examinations

Not applicable

Date	Location	# Board	# Staff
Description of meeting and its role in supporting the mission of the Board:			
	<input type="checkbox"/> Airfare:		\$0.00
	<input type="checkbox"/> Hotel:		\$0.00
	<input type="checkbox"/> Ground:		\$0.00
	<input type="checkbox"/> Conference:		\$0.00
	<input type="checkbox"/> Other:		\$0.00
Total Estimated Cost:			\$0.00

Out-of-State Meetings and Additional In-State Travel

Not Applicable

Date	Location	# Board	# Staff
Description of meeting and its role in supporting the mission of the Board:			
	<input type="checkbox"/> Airfare:		\$0.00
	<input type="checkbox"/> Hotel:		\$0.00
	<input type="checkbox"/> Ground:		\$0.00
	<input type="checkbox"/> Conference:		\$0.00
	<input type="checkbox"/> Other:		\$0.00
	<input type="checkbox"/> Direct Third-Party Offset:		\$0.00
	<input type="checkbox"/> Reimbursed Third-Party Offset:		\$0.00
Net Total Estimated Cost:			\$0.00

ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report

Budget Recommendations for FY 2017 (continued)

Out-of-State Meetings and Additional In-State Travel

Not Applicable

Date	Location	# Board	# Staff
Description of meeting and its role in supporting the mission of the Board:			
<input type="checkbox"/> Airfare:			\$0.00
<input type="checkbox"/> Hotel:			\$0.00
<input type="checkbox"/> Ground:			\$0.00
<input type="checkbox"/> Conference:			\$0.00
<input type="checkbox"/> Other:			\$0.00
<input type="checkbox"/> Direct Third-Party Offset:			\$0.00
<input type="checkbox"/> Reimbursed Third-Party Offset:			\$0.00
Net Total Estimated Cost:			\$0.00

Out-of-State Meetings and Additional In-State Travel

Not Applicable

Date	Location	# Board	# Staff
Description of meeting and its role in supporting the mission of the Board:			
<input type="checkbox"/> Airfare:			\$0.00
<input type="checkbox"/> Hotel:			\$0.00
<input type="checkbox"/> Ground:			\$0.00
<input type="checkbox"/> Conference:			\$0.00
<input type="checkbox"/> Other:			\$0.00
<input type="checkbox"/> Direct Third-Party Offset:			\$0.00
<input type="checkbox"/> Reimbursed Third-Party Offset:			\$0.00
Net Total Estimated Cost:			\$0.00

ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report

Budget Recommendations for FY 2017 (continued)

Out-of-State Meetings and Additional In-State Travel

Not Applicable

Date	Location	# Board	# Staff

Description of meeting and its role in supporting the mission of the Board:

<input type="checkbox"/> Airfare:	\$0.00
<input type="checkbox"/> Hotel:	\$0.00
<input type="checkbox"/> Ground:	\$0.00
<input type="checkbox"/> Conference:	\$0.00
<input type="checkbox"/> Other:	\$0.00
<input type="checkbox"/> Direct Third-Party Offset:	\$0.00
<input type="checkbox"/> Reimbursed Third-Party Offset:	\$0.00

Net Total Estimated Cost: **\$0.00**

Out-of-State Meetings and Additional In-State Travel

Not Applicable

Date	Location	# Board	# Staff

Description of meeting and its role in supporting the mission of the Board:

<input type="checkbox"/> Airfare:	\$0.00
<input type="checkbox"/> Hotel:	\$0.00
<input type="checkbox"/> Ground:	\$0.00
<input type="checkbox"/> Conference:	\$0.00
<input type="checkbox"/> Other:	\$0.00
<input type="checkbox"/> Direct Third-Party Offset:	\$0.00
<input type="checkbox"/> Reimbursed Third-Party Offset:	\$0.00

Net Total Estimated Cost: **\$0.00**

ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report

Budget Recommendations for FY 2017 (continued)

Out-of-State Meetings and Additional In-State Travel

Not Applicable

Date	Location	# Board	# Staff

Description of meeting and its role in supporting the mission of the Board:

<input type="checkbox"/> Airfare:	\$0.00
<input type="checkbox"/> Hotel:	\$0.00
<input type="checkbox"/> Ground:	\$0.00
<input type="checkbox"/> Conference:	\$0.00
<input type="checkbox"/> Other:	\$0.00
<input type="checkbox"/> Direct Third-Party Offset:	\$0.00
<input type="checkbox"/> Reimbursed Third-Party Offset:	\$0.00

Net Total Estimated Cost: \$0.00

Out-of-State Meetings and Additional In-State Travel

Not Applicable

Date	Location	# Board	# Staff

Description of meeting and its role in supporting the mission of the Board:

<input type="checkbox"/> Airfare:	\$0.00
<input type="checkbox"/> Hotel:	\$0.00
<input type="checkbox"/> Ground:	\$0.00
<input type="checkbox"/> Conference:	\$0.00
<input type="checkbox"/> Other:	\$0.00
<input type="checkbox"/> Direct Third-Party Offset:	\$0.00
<input type="checkbox"/> Reimbursed Third-Party Offset:	\$0.00

Net Total Estimated Cost: \$0.00

ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report

Budget Recommendations for FY 2017 (continued)

Non-Travel Budget Requests

- Not Applicable Resources Examinations
 Membership Training Other

Product or Service	Provider	Cost Per Event
		\$0.00

Description of item and its role in supporting the mission of the Board:

Other Items with a Fiscal Impact

- Not Applicable

Product or Service	Provider	Cost Per Event
		\$0.00

Description of item and its role in supporting the mission of the Board:

Summary of FY 2017 Fiscal Requests

Board Meetings	\$0.00
Travel for Exams	\$0.00
Out-of-State and Additional In-State Travel	\$0.00
Dues, Memberships, Resources, Training, Teleconferences	\$0.00
Total Potential Third-Party Offsets	\$0.00
Other:	\$0.00
Total Requested:	\$0.00

ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report

Recommendations for Proposed Legislation for FY 2017

- No Recommendations**
The Board has no recommendations for proposed legislation at this time.

- Recommendations**
The Board has the following recommendations for proposed legislation:

ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report

Regulation Recommendations for FY 2017

- No Recommendations**
The Board has no recommendations for proposed regulations at this time.

- Recommendations**
The Board has the following recommendations for proposed regulations:

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report**

Goals and Objectives

Part I

FY 2016's goals and objectives, and how they were met:

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report**

Goals and Objectives

Part II

FY 2017's goals and objectives, and proposed methods to achieve them.

Describe any strengths, weaknessness, opportunities, threats and required resources:

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2016 Annual Report**

Sunset Audit Recommendations

Date of Last Legislative Audit:

Board Sunset Date:

Audit Recommendation:

Action Taken:

Next Steps:

Date Completed:

Audit Recommendation:

Action Taken:

Next Steps:

Date Completed:

Sunset Audit Recommendations (continued)

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

Sunset Audit Recommendations (continued)

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

Audit Recommendation:
Action Taken:
Next Steps:
Date Completed:

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

FCLB/NBCE Update

From: kwebb@fclb.org
To: [Carrillo, Laura N \(CED\)](#)
Subject: FCLB Bylaws and Elections Information
Date: Friday, April 01, 2016 10:24:59 AM



TO: FCLB Licensing Board Offices / Chairs
 FCLB Registered Delegates and Alternates

FROM: Dr. Jon Schwartzbauer, FCLB Executive Director

DATE: April 1, 2016
 RE: FCLB BYLAWS AND ELECTIONS

Below, please find the proposed amendments to the bylaws to be considered at the annual meeting in Phoenix, Arizona. The current bylaws are available on our [website](#).

AMENDMENT 1

Issue To amend Article V, Section 3, Subsection B, establishing clarity to when a newly-elected District Director becomes a member of the Board of Directors.

Proposed Dr. Kirk Shilts (MA)

ARTICLE V. FEDERATION MEETINGS AND ELECTIONS

Section 3. District Caucus

A District Caucus shall take place in conjunction with the Federation's Annual Meeting of the Delegate Assembly for the purpose of enabling each District to elect its District Director and Alternate District Director to the Board of Directors.

The newly-elected District Director and Alternate District Directors shall accede to their new positions upon the conclusion of the Annual Meeting of the Delegate Assembly.

AMENDMENT 2

Issue To amend Article VII, Section 1, to designate the authority of the Board of Directors to interpret bylaws.

Proposed Dr. William Rademacher (IL)

The Board of Directors shall manage the affairs of the Federation including the establishment of an annual budget and the transaction of all business for and on behalf of the Federation. The Board of Directors shall carry out the legal resolutions, actions, or policies as authorized by the Delegates. The Board of Directors shall act for the Federation between Annual Meetings of the Delegate Assembly, and is authorized to **interpret the bylaws and to** develop appropriate policies to carry out the Bylaws and purposes of the Federation, and can authorize the Executive Committee of the Board of Directors to act on its behalf.

AMENDMENT 3

Issue To amend Article VII, Section 3, Subsection B, establishing a residency requirement for District Directors.

Proposed Dr. Kirk Shilts (MA)

ARTICLE VII. BOARD OF DIRECTORS

Section 3. Qualifications for Nomination and Election of Appointment.

B. District Directors

At the time of initial nomination and election or at the time of appointment , a District Director and Alternate District Director shall be either a Fellow, or an Honorary Fellow who has served as a member of a Member Board within the last five (5) years. **A District Director shall be a legal resident from a Member Board jurisdiction located within the Federation District the District Director and Alternate District Director represents.**

Resolutions must be submitted to the FCLB Conference Office by 5:00 PM on Wednesday, April 27, 2016.

In accordance with the FCLB Bylaws, those candidates for district director or alternate director who wish to have their materials distributed by the FCLB offices must advise the FCLB no later than March 2, 2016. It is our pleasure to forward the following for your information:

(Candidate intent to run letters and CVs are available on the [FCLB Website](#))

District III Director - announced candidates

Dr. Keita Vanterpool (DC)

Eligible for initial three-year term in this office.

Dr. Michael Fedorczyk (MD)

Eligible for initial three-year term in this office.

District III Alternate Director - announced candidate

Dr. Scott Storozuk (MA)

Eligible for initial three-year term in this office.

Dr. Lisa Lanzara-Bazzani (NH)

Eligible for initial three-year term in this office.

Dr. George Khoury (PA)

Eligible for initial three-year term in this office.

District Director and Alternate Director elections will take place during the **April 30, 2016, Saturday morning regional district breakfasts.**

Nominating Committee (one member from each district) - no announced candidates

Nominating Committee Elections will take place during the **April 30, 2016, Saturday business meeting.**

Candidates may also run from the floor.

[CLICK HERE to go to the Federation's Election Page to view candidates' information.](#)

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!](#)



901 54th Avenue / Greeley, Colorado 80634 / Tel: 970-356-9100 / www.nbce.org

RECEIVED
Juneau

FEB 09 2016

CBPL

February 5, 2016

Ms. Dawn Hannasch
Alaska State Board of Chiropractic Examiners
Division of Corporations, Business & Professional Licensing
333 Willoughby Ave, 9th Floor
PO Box 110806
Juneau, AK 99811-0806

Dear Ms. Hannasch:

During the past few years, we have made significant changes at the NBCE. In an effort to improve the services we offer to examinees, we have computerized the entire application process and now offer most of our written exams in paper-and-pencil AND computerized-testing formats.

Our newest initiative involves you – the state licensing boards. We will soon begin delivering electronic transcripts directly to state boards via a secure website. The site will also allow state boards to provide online authorization for applicants to take the NBCE Special Purposes Examination for Chiropractic (SPEC).

The advantages to this process include:

1. The NBCE will be able to deliver transcripts more quickly without relying on land mail.
2. The NBCE will be able to deliver transcripts more frequently without the need to print and emboss the reports.
3. SPEC applicants will be able to test sooner with the online authorization process.
4. You will have access to view the transcripts and SPEC applications for your state on our secure website by logging in with your username and password.

Please take a moment to complete the enclosed form and return it in the envelope provided. If you prefer, you can fax the form to us at 877-450-0519 or e-mail it to jjohnson@nbce.org. We look forward to continuing to serve your needs.

Sincerely,

Joanne Monath
NBCE Director of Public Relations

NBCE/FCLB Conference Update for 05/20/2016 Meeting

April 28th, 2016

Session: Welcome and opening remarks

- 90th anniversary; first meeting held at Baltimore Hotel, TN

Session: Update on the profession

- Dr. John Nab, Standard Process
 - launch new company, “Cultivate” (based on wellness)
 - 97% of S.P. employees now see a chiropractor at least once per quarter
 - Launch of “Organics by Lee”, centers on wellness via organic health
- Dr. Nathan Tuck, ACA – focus:
 - Medicare initiative
 - RFB process; outside experts addressing how ACA govern themselves
 - Full branding study, qualitative analysis involving students and professionals to ensure the organization is living and breathing its mission and values
 - Alignment of resources
- Dr. Stephen Welch, ICA – focus:
 - End discrimination within the healthcare profession
 - Collaboration with Integrative Health Policy Consortium in a program called, “Cover my Care”
 - Succeeded in ending discrimination in Medicare Part B (medically necessary and preventive services)
 - Striving to end discrimination in Medicare Part C (part that allows private insurance companies to provide Medicare benefits, i.e.: HMO’s and PPO’s”

Session: 26th Annual Joseph Janse lecture

- Created in 1991 after the late Joseph Janse, who relentlessly pursued recognition of the chiropractic profession as a legitimate healthcare service
- Award recipient: Dr. Wayne Wilson
- Be cognizant of power of info; data, news, research; scope must be clear
- Criminal background checks prior to licensure
- Look at wording of state regulations
- Act ethically with thorough consideration of public; review Board packets and laws prior to each meeting

- Don't be afraid to take unpopular position
- Maintain obligation to send info to CIN-BAD
- Update language for reciprocity
- Proper initial and ongoing participation in conferences; need to understand how to effectively regulation; be up-to-date with national trends like CCCA

Session: Accreditation and Regulation - "Scope is our domain as regulators"

- Promoting competence
- Improving safety
- CCE accreditation
- Currently recognized by U.S. Dept. of Education and CHEA
- 1 of 15 accredited; 78 professions yet to be recognized, including nurse practitioners and physician assistants
- Role of accreditation: emphasis in patient safety

Session: North Carolina state board of dental examiners vs. the Federal Trade Commission

- Mission FARB is to advance excellence in regulation of the professions in the interest of public protection
- Engage legal counsel
- Determine scope of proposed action
- Choose appropriate course of action
- Rule making
- Declaratory judgement
- Statutory changes
- *Active state supervision
- *Not controlled by active market participants
- Dr Holt in addressing issue: told by Amy Richardson (associate in law firm of Atkinson & Atkinson that Chiropractic matter with using cryotherapy device is not the same situation as with North Carolina Board and teeth whitening).
- 3 emphases: transparency, consistency, fairness

Session: A Malpractice Case to be Remembered

- Dr. Terry Yochum
- Clarity of x-ray imaging
- Assess before treatment

Session: COCSA Update

- Mission: strengthen and empower state associations (this would apply to the Alaska Chiropractic Society)
- Clarity of x-ray imaging
- Assess before treatment

Session: Board Administrators Committee meeting

- Montana: peer review regulates malpractice; Texas: regulates compliance issues
- MyiCourse: OK uses MyiCourse for CCA certification; TX uses estrategysolutions.com; Montana and WA: open book, requires 95% pass rate; Ohio requires 75% pass rate; AZ only offered to credential applicants—allowed to take online test once, if fail, need to travel to AZ
- Overall online: NOLA allows zero, whereas AZ allows all. Oklahoma and TX are same as Alaska
- Code of ethics adopted by ACA
- Montana Board composition rule: no two members could have gone to same chiropractic college

April 29th, 2016

Session: NBCE

- Part I
 - General Anatomy
 - Spinal Anatomy
 - Physiology
 - Chemistry
 - Pathology
 - Microbiology
 - If you are enrolled at an edible school, you can take Part I in your second year.
 - Registrar must approve your application
- Part II
 - General Diagnosis
 - Neuromusculoskeletal Diagnosis
 - Diagnostic Imaging
 - Principles Of Chiropractic
 - Chiropractic Practice
 - Associated Clinical Sciences

- Can only take if in third (junior year) of chiropractic college
- Registrar must approve
- Part III
 - Case History
 - Physical Examination
 - Neuromusculoskeletal Examination
 - Diagnostic Imaging
 - Clinical Laboratory and Special Studies
 - Diagnosis or Clinical Impression
 - Chiropractic Techniques
 - Supportive Interventions
 - Case Management
 - coursework must be at an eligible chiropractic college.
 - must have completed NBCE Part I.
 - must be within nine months of graduation before the administration of Part III.
 - registrar must approve your application.
 - NBCE withholds release of official Part III transcripts until you have passed Part II.
- Part IV
 - Diagnostic Imaging (DIM)
 - Chiropractic Technique
 - Case Management
 - Must pass Part I
 - Must be within 6 months of graduating
- SPEC
 - Special Purposes Examination for Chiropractic (SPEC) is a post-licensure exam that is offered six times per year at Pearson Professional Centers throughout North America. SPEC is available only at the request of state or foreign licensing agencies. SPEC requires approximately three hours of test administration time, divided into two equal sessions of 90 minutes each, with time for a brief tutorial, an optional break between sessions and a post-examination survey.
 - You must hold or have held a license to practice chiropractic. The license may have lapsed, been suspended or revoked, etc.
 - You must provide written authorization from a state board or international licensing agency to take SPEC.

Jurisdictional Report for CBAC

- SB 69 signed by house and senate
 - Chiropractic interns
 - Chiropractic preceptors
 - Chiropractic assistants
 - Change of name for Peer Review Committee
 - Sports physical exams
 - Signing exams for school

- MyiCourse
 - Currently offered as a practice quiz
 - Board has resolved to accept mycourse as continuing education activity (2 hours max)
 - No fee

- Online courses
 - Board allows up to half of the required hours to be completed online

- Peer review committee
 - Purpose of assessing/evaluating reasonableness of fees charged and patient/doctor relationships
 - Does involve initial collaboration with Investigations section
 - Does not require legal input unless there is a clear violation of the statutes and regulations
 - Only 2 cases presented since august 18th, 2016



Contact: Barbara Arango
Phone: (847) 559-3272
Email: FARB@FARB.org
Website: www.FARB.org

FOR IMMEDIATE RELEASE
May 4, 2016

The Federation of Associations of Regulatory Boards Publishes Model for Identifying and Addressing Antitrust Issues

Northbrook, IL - The Federation of Associations of Regulatory Boards (FARB) is pleased to announce the development of the **FARB Model for Identifying and Addressing Antitrust Issues**. The Model provides a reasoned and balanced approach to regulation in response to the 2015 Supreme Court of the United States ruling in *North Carolina State Board of Dental Examiners v. FTC*. Legislative and legal responses exceeding those necessary to adequately address the issues have emerged, ignoring the foundation of the established administrative regulatory system. Examples of legislative responses range from the formation of oversight commissions to altering the board membership. The composition of state boards has become the focus of criticism, rather than the underlying nature of the contemplated board action.

Supreme Court Ruling

The Supreme Court ruling has prompted varied legal and political reactions including challenges to the basic need for an administrative regulatory system; suggested additional bureaucratic layers of government decision makers; and modifications to the composition of the regulatory boards. The judicial decision characterized a state regulatory board as "non-sovereign" for purposes of applying the immunity principles under the state action doctrine. This state action doctrine is a common law defense and provides antitrust immunity to state actors. Based upon the involvement of licensees, referred to as "active market participants," the Supreme Court imposed the two part test generally reserved to private actors seeking immunity from antitrust liability. The two part test includes a clearly articulated state policy to displace competition and active supervision by the state. In spite of the checks and balances in place to curb self-serving interests and the existence and application of relevant ethics laws applicable to volunteer state board members, the Court found the need for satisfaction of the two prong test and focused on the state oversight requirement.

FARB offers the following Model as a method by which boards may address the concerns in the opinion, balancing economic factors and the public protection needs met by an effective and efficient state based licensure system.

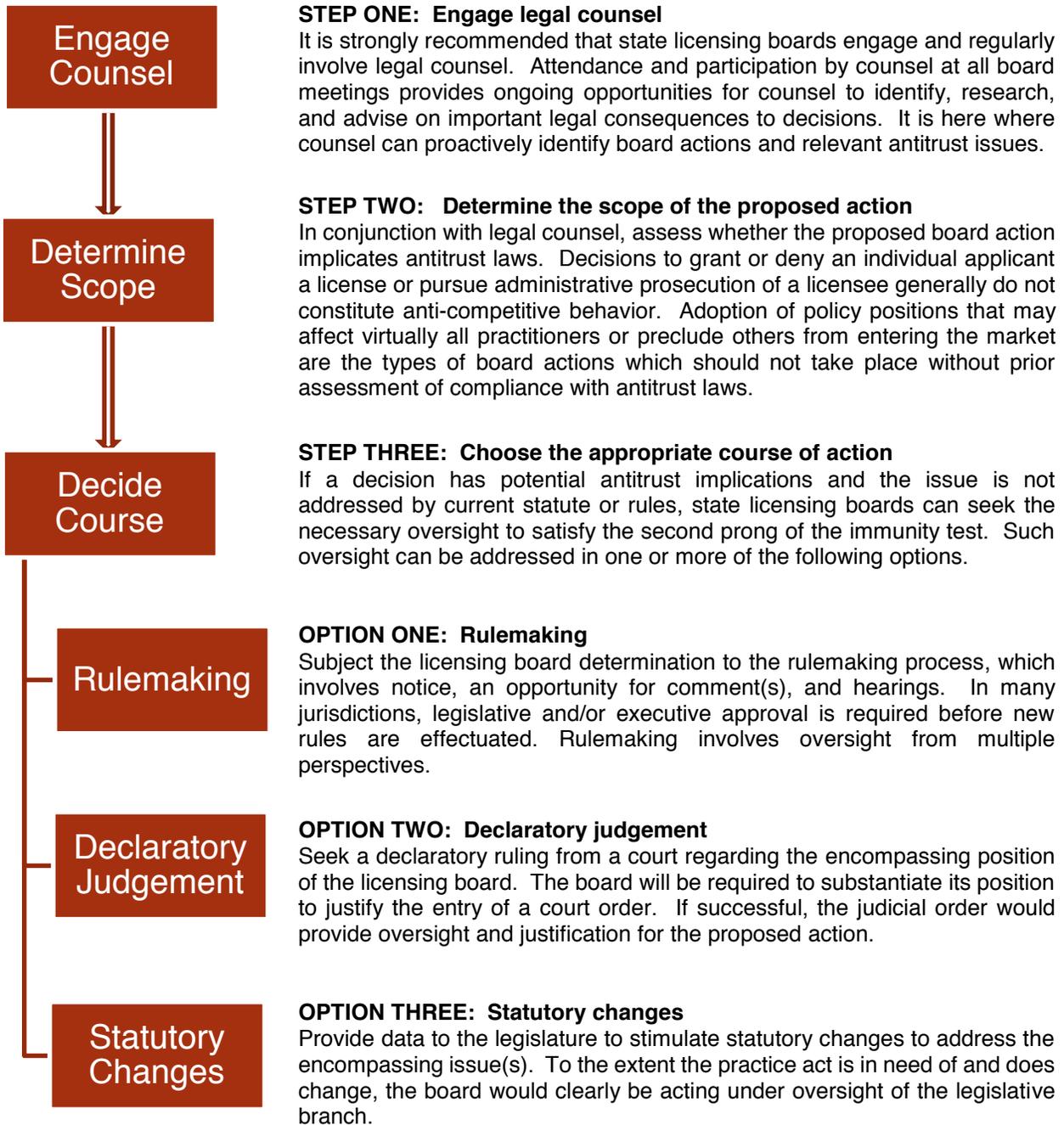
About FARB

FARB is a not for profit, 501(c)(3) organization incorporated in 1974 to promote public protection and provide a forum for information exchange for associations of regulatory boards and their stakeholders with interests in professional regulation. The mission of FARB is to advance excellence in regulation of the professions in the interest of public protection. FARB looks forward to continued dialogue with relevant stakeholders on important topics related to effective and efficient regulation of the professions.

###



FARB Model for Identifying and Addressing Antitrust Issues



These options, individually and/or collectively, will involve time, costs, and effort, and may contain some uncertainty. However, such checks and balances provide state oversight while maintaining the expertise on the boards to promote effective and efficient public protection legislation.

Agenda Item #15

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):

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**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

TASK LIST

(From January 22nd, 2016 Meeting)

Dr. Holt

- Dr. Holt will contact Dr. Todd Lovell and John Murphy regarding whether they intend to continue serving as Peer Review Committee members.

Dr. Barrington

- Dr. Barrington will draft language for a new goal 7 with objectives 1 and 2 to be incorporated in the Board's Goals and Objectives.
- Dr. Barrington will draft a letter to send to Myoscience requesting clarification on their prescribed method and type of anesthetic in administering Iovera[®]. The draft will be sent to Ms. Carrillo, who will send it the Board via an e-mail ballot before sending it to Myoscience.
- Dr. Barrington will e-mail Ms. Carrillo the Massage Therapy position statement for her to send to the Board before posting on the Board's site.
- Dr. Barrington will continue working on a position statement draft on sexual harassment.

Dr. Heston

- Dr. Heston will send the signed final minutes to Ms. Carrillo

All

- The Board will establish a subcommittee to determine whether the recommendation of amending 12 AAC 16.033(b) by adding NBCE exams Parts III and IV and amending 12 AAC 16.037(b) by adding Part IV is the most accurate correction.
- The Board will establish a subcommittee to work out the timeline details regarding NBCE examination requirements.

Examiner

- Ms. Carrillo will contact Truman Davidson via phone and inform him of the Board's decision to approve his license.
- Ms. Carrillo will mail the final minutes to Dr. Heston for his signatures.
- Ms. Carrillo will contact Dr. Vanessa Wilczak and the IBCN regarding the Board's decision.
- Ms. Carrillo will forward the updated investigative report to the Board.

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;
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**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).”**

Wall certificates for:

- James Petersen
- Tyler Best

EXECUTIVE SESSION MOTION

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MOTION WORDING:

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- (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 area” 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 designated 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.