

State of Alaska
Board of Chiropractic
Examiners

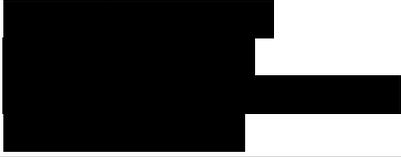
November 22, 2019

Board Packet

State Office Building
333 Willoughby Avenue,
9th Floor
Conference Room A
Juneau, Alaska

Roll Call

Alaska Board of Chiropractic Examiners
Board Roster (As of 03/01/2018)

Board Member	Appointed	Reappointed	Term Expires
Brian Larson, <i>Chiropractor</i> <i>Chair</i> 	03/01/2017		03/01/2021
Jeffrey Reinhardt, <i>Chiropractor</i> <i>Vice Chair</i> 	03/01/2016		03/01/2020
Jonathan Vito, <i>Chiropractor</i> <i>Secretary</i> 	03/01/2017		03/01/2021
James Morris, <i>Chiropractor</i> 	03/01/2018		03/01/2022
John Aderhold, <i>Public Member</i> 	03/01/2016		03/01/2020

Review of Agenda

Meeting Name: Alaska Board of Chiropractic Examiners
Meeting Start Time: 10:00 AM Alaskan Standard Time
Meeting Start Date: 11/22/2019
Meeting End Time: 5:30 PM Alaskan Standard Time
Meeting End Date: 11/22/2019
Meeting Location: Video Conference Originating from Juneau

State Office Building
333 Willoughby Avenue
9th Floor
Conference Room A

Agenda:

1. 10:00 a.m. - Call to Order/Roll Call
2. 10:05 a.m. - Review/Approve Agenda
3. 10:10 a.m. - Review/Approve Meeting Minutes
 - A. Board Meeting: August 23, 2019
4. 10:15 a.m. - Board Business
 - A. Ethics Reporting
 - B. Review Goals & Objectives
 - i. AS 08.01.050(d)
 - ii. Advanced Practitioner Status
 - iii. Clinical Chiropractic Nutritionist
 - C. Ratify New Licenses
 - i. James Harris
 - ii. Tami Hedges
 - iii. Kenneth Nutter
 - iv. Scott Maystrovich
 - D. Position Statements
 - i. Injectable Nutrients
5. 11:00 a.m. - Statutes and Regulations
 - A. Statute Projects
 - i. Acupuncture
 - ii. Postgraduate Preceptorships While Waiting for Board Exam Scores
 - B. Regulation Projects

- i. Travel to Treat for Sports
- ii. Travel to Treat for Emergencies
- iii. Definitions
 - a. Prescription Drugs
 - b. Surgery
 - c. Nutritional Products

C. SB 69 Regulations Project Update

- 6. 12:00 p.m. - Lunch
- 7. 1:00 p.m. - FCLB/NBCE/CCE Updates
- 8. 1:15 p.m. - Investigative Report
- 9. 1:30 p.m. - ACS Update
- 10. 2:00 p.m. - Paralegal Report
- 11. 2:15 p.m. - Public Comment/Correspondence
 - A. Rich Woolley - Prolotherapy
- 12. 2:30 p.m. - Budget Report/Division Updates
 - A. FY19 4th Quarter Fiscal Review
- 13. 3:30 p.m. - Administrative Business
 - A. Set Next Meeting Date/Board Travel
 - B. Task List
- 14. 3:45 p.m. - Adjourn

Review of 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, August 23rd, 2019

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 in Conference Room A in the State Office Building, 333 Willoughby Avenue, 9th Floor, Juneau, Alaska.

Friday, August 23rd, 2019

Agenda Item 1

Call to Order/Roll Call

Time: 10:00 a.m.

The meeting was called to order by Chairman, Brian Larson, at 10:00 a.m. James Morris and Jeffrey Reinhardt were not present at the beginning of the board meeting; however, the rest of the board was present, constituting a quorum.

Board Members present, constituting a quorum:

Brian Larson, Doctor of Chiropractic (*Via Videoconference*)
Jeffrey Reinhardt, Doctor of Chiropractic (*Via Videoconference – Arrived at 10:21 a.m.*)
Jonathan Vito, Doctor of Chiropractic (*Via Videoconference*)
James Morris, Doctor of Chiropractic (*Via Videoconference – Arrived at 1:04 p.m.*)
John Wayne Aderhold, Public Member (*Via Videoconference*)

Division Staff present were:

Thomas Bay, Licensing Examiner
Renee Hoffard, Records and Licensing Supervisor
Marilyn Zimmerman, Paralegal
Sharon Walsh, Deputy Director (*Via Videoconference*)
Sonia Lipker, Senior Investigator (*Via Videoconference*)
Jasmin Bautista, Investigator (*Via Videoconference*)

Present from the Public:

Sheri Ryan, Chief Operating Officer, Alaska Chiropractic Society (*Via Videoconference*)

Agenda Item 2**Review Agenda****Time: 10:02 a.m.**

After the roll call, chair, Dr. Larson asked the board to review the agenda. Mr. Bay explained that he had to add a few things to the agenda directly before the board meeting.

On a motion duly made by John Wayne Aderhold, requesting unanimous consent, and approved unanimously without any objections, it was

RESOLVED to approve the agenda as amended.

Agenda Item 3**Review/Approve Meeting Minutes****Time: 10:04 a.m.**

The board reviewed the meeting minutes from April 26th, 2019, and May 23rd, 2019.

On a motion duly made by John Wayne Aderhold, requesting unanimous consent, and approved unanimously without any objections, it was

RESOLVED to approve the meeting minutes for April 26th, 2019, as written.

On a motion duly made by John Wayne Aderhold, requesting unanimous consent, and approved unanimously without any objections, it was

RESOLVED to approve the meeting minutes for May 23rd, 2019, as written.

Mr. Bay asked the chair, Dr. Larson, to sign a copy of both minutes and send them in the mail to the Division of Corporations, Business and Professional Licensing, so they could finalize the meeting minutes.

Agenda Item 4**Board Business****Time: 10:05 a.m.****Ethics Report**

Dr. Larson addressed ethics reporting. There were no ethical violations to report.

Review Goals and Objectives

With no ethical issues to report, Dr. Larson began conversation with the board on their goals and objectives. Mr. Bay reminded the board that their objective #1, under Goal #7, was to pursue inclusion into AS 08.01.050(d), for the purpose of providing licensed chiropractors the resources needed to address abuse of alcohol, drugs, or other substances. Dr. Larson provided an overview of the goal, citing that many professions are included in the statute, but not the chiropractic profession, and that he believed there was an oversight when the statute was created. Mr. Bay explained that the board would likely need to reach out to a representative who is willing to sponsor a bill regarding this topic. He informed the board that his supervisor, Renee Hoffard, would be attending the meeting shortly and would explain the process of getting statutes amended and/or added. He addressed objectives #2, which is to pursue authority under AS 08.20 to create an advanced practitioner status for chiropractic physicians who pursue advanced training and certifications to utilize non-narcotic drugs, ancillary therapies, and procedures beyond chiropractic core methodology and commonly used by other Alaskan health care professionals and specialists, and #3, which is to pursue authority under AS 08.20 to create a Clinical Chiropractic Nutritionist practitioner status for chiropractic physicians to specifically resolve the question of injectable nutrients as part of chiropractic practice. He informed the board that Renee could help address any questions they had regarding those objectives. Mr. Bay

also informed the board that their objective #4, the board's request for regulation changes to clarify definitions of chiropractic practice under 12 AAC 16.990 to modify the definitions of surgery and prescription drugs, as well as adding a definition of nutrition or nutritional substance, was already on the board's agenda for that day, so they did not need to address it now. Having nothing left to discuss, the board moved to the next agenda item.

Ratify New Licenses

Dr. Larson entertained a motion to address the ratification of licensees for applicants who sat for the April 26th, 2019, examination.

On a motion duly made by John Wayne Aderhold, seconded by Jonathan Vito, and approved unanimously by a roll call, it was

RESOLVED to ratify the licenses for Alexander Ginzburg, Leah Humphries, Matthew Reilly, and Joseph Sullivan.

Renee Hoffard, Records and Licensing Supervisor, joined the meeting at 10:15 a.m.

Position Statements

Dr. Larson began discussion on injectable nutrients, a topic the board has been dealing with for a while. Mr. Bay reminded the board that they needed to have a stance on the topic following the board meeting. Dr. Larson gave an extensive overview of the history involving injectable nutrients. He reminded the board that they had issued a position statement on injectable nutrients back on January 20, 2017, and that although not all current board members were on the board at that time the current board still agreed with the position statement.

Jeffrey Reinhardt, Doctor of Chiropractic, joined the meeting at 10:21 a.m.

Dr. Reinhardt informed the board that he had been tasked with gathering information regarding non-prescription injectable nutrients and had drafted a letter on the topic, which he had provided to Mr. Bay prior to the board meeting so that he could get it to the Department of Law. Mr. Bay reminded the board that Dr. Reinhardt's letter was in response to an email from the Department of Law, asking for proof of non-prescription injectable nutrients. The board read his letter and modified it to include what is considered a prescription drug and what is considered a nutritional product, to clearly state that there is a difference between the two and that injectable nutrients are not considered prescription drugs. The board also decided to add, to the letter, the start of a regulations project that would amend 12 AAC 16.990 by adding a definition of nutritional products and amending the definition of surgery. Ms. Hoffard offered to draft an amended version of Dr. Reinhardt's letter and to have it for them following lunch. The board accepted her offer and decided to get back to the topic following lunch. Dr. Reinhardt left the meeting momentarily.

TASK:

Ms. Hoffard will draft an amended version of Dr. Reinhardt's letter regarding injectable nutrients and have it for them at this meeting, following lunch.

Renee Hoffard, Records and Licensing Supervisor, left the meeting at 11:29 a.m.

Jeffrey Reinhardt, Doctor of Chiropractic, left the meeting at 11:29 a.m.

SB 69 Regulations Project Update

Mr. Bay informed the board that Senior Assistant Attorney General Harriet Milks, from the Department of Law, had gone over their most recent version of the SB 69 regulations project and had recommendations and questions for the board to review. Mr. Bay asked the board to look over them so everybody was on the same page. Mr. Bay noticed that Dr. Larson had been disconnected from the videoconference software and explained that the board did not currently have a quorum, and that they should take a break until a third board member was available. The board called for a break.

Brian Larson, Doctor of Chiropractic, left the meeting at 11:32 a.m.

Off Record at 11:32 a.m.

On Record at 11:39 a.m.

SB 69 Regulations Project Update

Brian Larson, Doctor of Chiropractic, joined the meeting at 11:39 a.m.

Jeffrey Reinhardt, Doctor of Chiropractic, joined the meeting at 11:39 a.m.

Dr. Larson asked Mr. Bay where the board was currently at, to see if he had missed anything. Mr. Bay explained that he had not missed anything, and that the board was just about to begin conversation on the SB 69 regulations project update, specifically replying to recommendations and questions from Harriet Milks. Mr. Bay explained that her recommendations were up to the board to change, and that they would need to make a motion for any recommendation that was accepted. The board looked at Mrs. Milks' recommendations to 12 AAC 16.041(3) and (4), which read as follows:

12 AAC 16.041. Preceptor scope of practice. A chiropractic preceptor must

(3) ~~only~~ permit a chiropractic intern, ~~under personal supervision~~, to perform the practice of chiropractic as set out in 12 AAC 16.042 only under personal supervision;

(4) prior to any chiropractic manipulative therapy performed by the intern, provide a patient with an informed consent document that states that the chiropractic intern is a chiropractic student and not a licensed chiropractic physician in this state ~~prior to any chiropractic manipulative therapy performed by the intern~~;

The board approved Mrs. Milks' recommendations.

On a motion duly made by Jonathan Vito, seconded by Jeffrey Reinhardt, and approved unanimously by a roll call, it was

RESOLVED to approve the changes to 12 AAC 16.041(3) and (4).

Dr. Vito began discussion on the next section of recommendations, 12 AAC 16.042(b), (d), and (e). The board discussed Mrs. Milks' question of whether or not they wanted to keep "general" supervision as described:

12 AAC 16.042. Intern scope of practice. (b) A chiropractic intern may, under the **general** supervision of a chiropractic preceptor,

- (1) perform diagnostic imaging studies;
- (2) perform examination procedures;
- (3) use ancillary methodologies as defined in AS 08.20.900(1).

The board discussed her concerns but decided to keep the regulations as written.

On a motion duly made by Jonathan Vito, seconded by Jeffrey Reinhardt, and approved unanimously by a roll call, it was

RESOLVED to keep 12 AAC 16.042(b) as written.

The board moved on to Mrs. Milks' recommendations for 12 AAC 16.042(d), which read as follows:

12 AAC 16.042. Intern scope of practice.

(d) An intern must ~~be of graduate level enrollment~~ be enrolled in a graduate-level course of study at a chiropractic institution located in this state and accredited by the Council on Chiropractic Education (CCE), and be accepted into and approved to participate in an internship program by that their accredited chiropractic college in this state educational institution. Internship placement in this state will be made by and overseen by the accredited chiropractic college program.

Mr. Bay informed the board that they had accidentally skipped public comment, which was scheduled for 11:45 a.m.

Agenda Item 6 Public Comment/Correspondence Time: 12:02 p.m.

Public Comment

Dr. Larson asked if there was anybody on the videoconference line, to which there was not. Dr. Larson closed public comment at 12:02 p.m. Having nobody present for public comment, the board continued their conversation regarding the SB 69 regulations project update.

SB 69 Regulations Project Update

The board, after going over Mrs. Milks' recommendations, decided to amend 12 AAC 16.042(b) to read as follows:

12 AAC 16.042. Intern scope of practice.

(d) An intern must be enrolled in a graduate-level course of study at a chiropractic institution accredited by the Council on Chiropractic Education (CCE), and be accepted into and approved to participate in an internship program. Internship placement will be made by and overseen by the accredited chiropractic college program.

On a motion duly made by Jeffrey Reinhardt, seconded by Jonathan Vito, and approved unanimously by a roll call, it was

RESOLVED to approve 12 AAC 16.042(d) as discussed.

Dr. Larson called recess for lunch at 12:05 p.m.

Off Record at 12:05 p.m.

On Record at 1:04 p.m.

Renee Hoffard, Records and Licensing Supervisor, joined the meeting at 1:04 p.m.

James Morris, Doctor of Chiropractic, joined the meeting at 1:04 p.m.

Back from lunch, Dr. Larson acknowledged that board member James Morris had joined the meeting, and that the entire board was in attendance. Ms. Hoffard was also in attendance to provide the board with her amended version of Dr. Reinhardt's letter regarding injectable nutrients. Mr. Bay informed the board that they would need to make a motion to amend the agenda if they wanted to go back to agenda item #4 regarding their position statement on injectable nutrients.

On a motion duly made by Jonathan Vito, seconded by Jeffrey Reinhardt, and approved unanimously by a roll call, it was

RESOLVED to amend the agenda by moving back to agenda item #4 regarding injectable nutrients.

The board read over Ms. Hoffard's letter and approved it to go to SAAG Harriet Milks for review.

On a motion duly made by John Wayne Aderhold, requesting unanimous consent, and approved unanimously without any objections, it was

RESOLVED to adopt Ms. Hoffard's letter on injectable nutrients and to have it sent to Senior Assistant Attorney General Harriet Milks for the Department of Law's review and approval.

Dr. Larson asked where the board was following their conversation on injectable nutrients. Mr. Bay let the board know that they had a few minutes to discuss a portion of the SB 69 regulations project update, and that they had their investigative report shortly.

Renee Hoffard, Records and Licensing Supervisor, left the meeting at 1:11 p.m.

TASK:

Mr. Bay will send the board's letter on injectable nutrients to Senior Assistant Attorney General Harriet Milks for the Department of Law's review and approval.

Agenda Item 5

Old Business

Time: 1:12 p.m.

SB 69 Regulations Project Update

Mr. Bay reminded that board that they needed to discuss a recommendation from SAAG Milks regarding 12 AAC 16.042(e), which read as follows:

12 AAC 16.042. Intern scope of practice.

(e) An intern may practice under a chiropractic preceptor for a period of no more than six months or the **approved** time period **approved** by their accredited chiropractic college, whichever **comes** first. Written extensions of an internship may be granted by the board.

Mrs. Milks had asked what the board meant by "comes" first. The board clarified that they meant an intern may practice under a chiropractic preceptor for a maximum of six months or the time period that was approved by their accredited chiropractic college, but that the time period could not exceed six months. Dr. Reinhardt suggested removing, "whichever comes first."

Sheri Ryan, COO, Alaska Chiropractic Society, joined the meeting at 1:18 p.m.

Mr. Bay noticed that Sheri Ryan, COO for the Alaska Chiropractic Society (ACS) and a subcommittee member on the SB 69 regulations project, had shown up early for the ACS update and welcomed her to the board meeting. Mr. Bay suggested that the board bring Ms. Ryan into the conversation since she was a subcommittee member and could help address questions from SAAG Harriet Milks. Dr. Larson informed Ms. Ryan of the SB 69 regulations project update, and where they were at with it.

Mr. Bay noticed someone else was on the videoconference line and, after asking who it was, found out it was Sonia Lipker, Senior Investigator for the division. She was in attendance for the board's investigative report, which was next on their agenda.

Agenda Item 9

Investigative Report

Time: 1:20 p.m.

Sonia Lipker, Senior Investigator, joined the meeting at 1:20 p.m.

Ms. Lipker began the investigative report by informing the board that between April 18th, 2019, and August 9th, 2019, the investigations unit opened four matters, closed four matters, and that two matters remained ongoing. Ms. Lipker informed the board that Jasmin Bautista, the board's investigator, was now in attendance as well.

Jasmin Bautista, Investigator, joined the meeting at 1:21 p.m.

Ms. Bautista continued with the investigative report. She asked the board if they had any questions with the report. Dr. Larson asked her what information she could provide regarding any of the cases mentioned by Ms. Lipker. Ms. Bautista reminded the board that she could not discuss the open cases, but that they could discuss specific closed cases. Dr. Larson asked her to discuss case #2019-000180, which was a matter regarding criminal charges and ended in a license action and suspension. Ms. Bautista informed the board that this case was presented to the board at their last board meeting, and that it was regarding a chiropractor who was charged criminally and had agreed to a voluntary license suspension until the criminal case was concluded. She explained that the criminal case in that matter was still ongoing, that the chiropractor would need to apply for reinstatement if that person planned to work again as a chiropractor, and that the board would be able to determine whether or not to issue the license following an application for reinstatement. Dr. Larson asked Ms. Bautista to inform the board of case #2019-000462, which resulted in no license action. She reminded the board that she could not discuss closed cases that have an outcome that results in no license action, to protect the privacy of the licensee and the complainant. She also let the board know that the other two cases that were closed could not be discussed. Dr. Larson asked if Ms. Bautista had anything else for the board, to which she did not. Ms. Bautista and Ms. Lipker left the meeting.

Sonia Lipker, Senior Investigator, left the meeting at 1:27 p.m.

Jasmin Bautista, Investigator, left the meeting at 1:27 p.m.

Dr. Larson asked what was next on the agenda. Mr. Bay reminded the board that Sheri Ryan was in attendance for the ACS update and that they had a meeting with the division paralegal that would require them to go into executive session, meaning that Ms. Ryan would not be allowed to be in the videoconference room at that time. The board gave the floor to Ms. Ryan.

Agenda Item 10

ACS Update

Time: 1:29 p.m.

Ms. Ryan began discussion on discount services such as Groupon, Facebook, and “deal of the day” discounts that are being offered by licensed chiropractors in Alaska. She said that it is ACS’s concern that deep discount sales are detrimental to practices in the state by creating disruptions in the quality of care and devaluing the profession. Ms. Ryan asked if it was possible for the board to have the Department of Law look into discount services to see if such discounts are in violation of any Alaska statutes or regulations regarding anti-kickback laws and inducements. Dr. Larson asked Mr. Bay if that was a possibility. Mr. Bay informed the board that he did not know if the Department of Law was the correct department to deal with discount services, and suggested having him find out the appropriate entity to get an opinion on the topic, to which the board agreed.

On a motion duly made by John Wayne Aderhold, requesting unanimous consent, and approved unanimously without any objections, it was

RESOLVED to have Thomas Bay reach out to the appropriate entity within the State of Alaska to get an opinion regarding discount services for the purpose of the board eventually writing a position statement in response to the Alaska Chiropractic Society’s request.

Ms. Ryan continued with the ACS update. She asked the board if there was anything within the Alaska chiropractic scope of practice that would preclude a Doctor of Chiropractic from using an

Osteopathic Manipulative Treatment (OMT) CPT code versus a Chiropractic Manipulative Treatment (CMT) CPT code. She explained that there was a chiropractor in Alaska that had been billing OMT CPT codes and getting reimbursed, and that it was her concern that if this was in fact allowable it would be devastating to offices in regard to clawbacks and/or fraud cases. Mr. Bay asked if this was a Department of Insurance issue, to which Dr. Vito agreed. Mr. Aderhold and Ms. Ryan disagreed and thought it was a scope of practice issue. Ms. Ryan explained that what needed to be addressed was the definition of an OMT CPT code and if performing the OMT CPT code was within in a chiropractor's scope of practice. Mr. Bay asked Ms. Ryan if she could write an email in defense of why it is a scope of practice issue so that he could present it to his supervisor and get some clarification on the issue, to which she agreed.

Ms. Ryan ended the ACS update by informing the ABOCE that the ACS Executive Board met to discuss the ABOCE's request of the ACS's interest in taking up legislative efforts to establish advanced chiropractic designations for Chiropractic Physician Certified Clinical Nutritionists and an Advanced Practice Chiropractic Certification. She let the board know that given the current insurance climate and limited resources available to their association, they are not interested at this time in the intensive legislative efforts that would be required for those particular advanced chiropractic designations. Mr. Bay reminded Sheri that the board would be discussing the SB 69 regulations project update following the division update and presentation on regulatory reform, and that since she was a subcommittee member on the project she may want to be there for it. Ms. Ryan said she would do her best to be in attendance. Having nothing left to discuss the board moved to their next agenda item.

Sheri Ryan, COO, Alaska Chiropractic Society, left the meeting at 2:00 p.m.

TASK:

Mr. Bay will reach out to the appropriate entity within the State of Alaska to get an opinion regarding discount services.

TASK:

Mr. Bay will present Ms. Ryan's email regarding OMT CPT codes to his supervisor to find out if using OMT CPT codes is a scope of practice issue.

Agenda Item 11

Paralegal Report

Time: 2:00 p.m.

Marilyn Zimmerman, Paralegal, joined the meeting at 2:00 p.m.

Chairman Larson began discussion on the board's paralegal report. Mr. Bay reminded the board that they would be going into executive session regarding the paralegal report. The board motioned to go into executive session to discuss the paralegal report.

On a motion duly made by John Wayne Aderhold, seconded by James Morris, and approved unanimously by a roll call, it was

RESOLVED to enter into executive session in accordance with the provisions of Alaska Statute 44.62.310(c), for the purpose of discussing, "subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion." Board staff members Thomas Bay and Marilyn Zimmerman remained during the session.

The board entered executive session at 2:01 p.m.

The board left executive session at 2:33 p.m.

Marilyn Zimmerman, Paralegal, left the meeting at 2:33 p.m.

The board's chair, Brian Larson, entertained a motion regarding matters discussed in executive session.

On a motion duly made by John Wayne Aderhold, seconded by Jeffrey Reinhardt, and approved by a roll call, it was

RESOLVED to accept the consent agreement in case #2019-000416 as written.

Roll call vote:

Board Member	Approve	Deny	Recuse
Dr. Brian Larson	X		
Dr. Jeffrey Reinhardt			X
Dr. Jonathan Vito	X		
Dr. James Morris	X		
Mr. John Wayne Aderhold	X		

Having finished with the paralegal report the board moved to the FCLB/NBCE/CCE update.

Renee Hoffard, Records and Licensing Supervisor, joined the meeting at 2:35 p.m.

Agenda Item 12

FCLB/NBCE/CCE Update

Time: 2:36 p.m.

FCLB Update

Mr. Bay informed the board that he and Dr. Larson received approval for travel to the upcoming FCLB District Meeting that would be held October 3rd, 2019, through October 6th, 2019, in Coeur d'Alene, Idaho, and that they would have information for the board at their next board meeting.

NBCE Update

Mr. Bay informed the board that he just received an email that might make it possible for board members to receive the honorarium that is provided to chiropractors that attend the NBCE Part IV exams and test committee schedule. The board had not been attending the NBCE Part IV exams and test committee schedule because Alaska is the only state that does not allow board members to receive honorariums, which is the only cost-effective way of attending the exam and/or test committee schedule. Dr. Larson asked if there were any board members that would be interested in attending. Depending on the honorarium, Dr.'s Morris, Reinhardt, and Vito were interested in attending. Mr. Bay said he would find out if the honorarium is now allowable and get back to the board.

Dr. Larson asked if they should move on to the next agenda item. Mr. Bay informed the board that the next agenda item was the budget report/division update and they were currently waiting on Deputy Director Sharon Walsh, who would be doing a presentation on regulatory reform. He reminded the board that she had accidentally joined the meeting during executive session and was required to leave the meeting, but that she had planned to join it shortly. In the meantime, he suggested the board continue their discussion regarding old business, specifically topics that were not discussed yet, to which the board agreed.

TASK:

Mr. Bay will find out if board members are now allowed to receive honorariums for going to the NBCE Part IV exams and test committee schedule.

Agenda Item 5**Old Business****Time: 2:44 p.m.****Seat on Professional Panel for Drug Addiction**

The board began discussion on getting a seat on Alaska's professional panel for drug addiction. Renee Hoffard explained that if the board was interested in getting a chiropractic seat on the panel it would require a statute change and they would need to contact the Governor's Office and talk to their point of contact, who was currently Deputy Attorney General John Skidmore. She explained that a member of the chiropractic board may meet the requirements and be able to sit on the panel as a public member, but that they could not sit on that board as a representative of the Alaska Board of Chiropractic Examiners.

Postgraduate Preceptorships While Waiting for Board Exam Scores

Ms. Hoffard informed the board that this topic would also require a statute change because there was no license type for it. She told the board that it would be a legislative change so they would need to find a sponsor to add the license type in their statutes. She explained that the board could designate board members as representatives, on behalf of the board, to speak to possible sponsors, but that if more than three board members were designated it would constitute any meeting between the three of them as an official board meeting and would have to be publicly noticed. The board decided to maybe bring this topic up after the budget report/division update, as Deputy Director Sharon Walsh had joined the meeting.

Agenda Item 13**Budget Report/Division Updates****Time: 2:47 p.m.**

Sharon Walsh, Deputy Director, joined the meeting at 2:47 p.m.

The board began discussion on the division update. Ms. Walsh informed the board that she was in attendance to provide a presentation on regulatory reform. She explained that Governor Dunleavy was asking for state boards to look at rethinking regulations and streamlining by putting Alaskans back to work. She also explained that Director Sara Chambers had put a presentation together for all State boards and had labeled it, "Right-Touch Regulation." Ms. Walsh began her presentation. She explained that the division was asking boards to rethink options to manage risk, break out of their comfort zone, and be willing to hear different perspectives that enable them to evaluate current and proposed management strategies, as well as propose statute, regulation, or administrative changes to the existing regulatory landscape. She informed the board of an evaluation tool that was created by the division that is based on the principles of right-touch regulation, and that the exercise does not prescribe an outcome, but leads to the exploration of characteristics of oversight that properly limit or address any problems with the activity in question. She informed the board that the presentation and workbook was not meant to force changes upon them, but rather presented an opportunity to think about it. Dr. Larson informed Ms. Walsh that the board is currently working on the possibility of statute and regulation changes that are outdated, and that they would welcome any help the division was willing to provide. Mr. Bay informed Ms. Walsh that the board had an understanding of what they needed to accomplish regulation wise, but that their biggest issues revolved around statute changes. Ms. Walsh explained that if the board could identify those statute changes, and provide a list, the division could work with them on getting them changed. Dr. Larson informed Ms. Walsh that the board's biggest need is to streamline statute and regulation changes in a timely manner.

After looking over the workbook, Ms. Hoffard let the board know that she was currently using it in several of her programs and that her, Mrs. Chambers, and Ms. Walsh are available to answer any questions the board may have once they get to the point of using it. Mr. Bay informed the board that he would be sending the PowerPoint presentation and the accompanying workbook to them shortly following the board meeting.

Dr. Larson asked Ms. Walsh when would be a good time for the board to reach out to sponsors in order to get statute changes on next year's legislative schedule. Ms. Walsh recommended getting it done sooner than later, but that she was not certain on a timeline. She suggested getting a hold of sponsors and getting them thinking about drafting language. Ms. Hoffard said that she believed legislators could do prefiles in November or December. She informed the board that usually the legislators and their staff write the language with assistance from a subject matter expert, meaning that one of the board members could assist them in drafting language. Mr. Bay asked Ms. Walsh if there was anything else she had for the board, to which she did not. The board thanked her for her time and she left the meeting.

Sharon Walsh, Deputy Director, left the meeting at 3:10 p.m.

Renee Hoffard provided the board with their budget report. She informed them that the 4th quarter report was not available yet, but that at the end of the 3rd quarter they were in a very good surplus. She also informed them that their 4th quarter report should be available at their next board meeting. Having nothing left to discuss on the budget report/division update, the board began discussion on correspondence from the public.

TASK:

Mr. Bay will send the PowerPoint presentation on right-touch regulation and the accompanying workbook to the board following the board meeting.

Agenda Item 6

Public Comment/Correspondence

Time: 3:11 p.m.

Acupuncture

The board began discussion on a letter from Dr. Jason Nardi, which inquired about the possibility of adding acupuncture to the chiropractic scope of practice in Alaska. Mr. Bay reminded the board that it is written in statute that chiropractic core methodology does not incorporate acupuncture. Furthermore, he informed the board that the acupuncture statutes only allow two professions to do acupuncture outside of an acupuncturist, and that those professions are dental and medical. He reminded the board that if they wanted to add acupuncture to the chiropractic scope of practice it would require statute changes from both the acupuncture program and chiropractic program. Ms. Hoffard informed the board that the acupuncture change in statute would be required to be finished first, or at the same time as the chiropractic change. She explained that the acupuncture program is not a boarded program and is overseen by the division, and that they would need to write a proposal letter to Director Sara Chambers informing her that they are planning to seek legislative sponsorship to make updates to their statutes, and in doing so will be requesting an update to the acupuncture statutes to permit chiropractors, with the appropriate training, to perform acupuncture as dental and medical are allowed. The board agreed that they would like to move forward with the possibility of adding acupuncture to the chiropractic scope of practice in Alaska.

On a motion duly made by Jonathan Vito, seconded by Jeffrey Reinhardt, and approved unanimously by a roll call, it was

RESOLVED to allow Renee Hoffard or Thomas Bay speak to Dr. Jason Nardi to let him know that the board is looking into his inquiry and relay to him the steps that are required.

Prolotherapy

The board received an inquiry from Dr. Rich Woolley, asking for the board's stance on prolotherapy. Dr. Reinhardt provided an overview of what prolotherapy comprises of. Dr. Larson suggested having a board member contact Dr. Woolley to explain that the board is looking at a lot of different options, including ways to appropriately expand practice, and to ask for his intent on using prolotherapy. Dr. Reinhardt volunteered to contact Dr. Woolley to find out his intent regarding prolotherapy and to get that information back to the board.

On a motion duly made by Jonathan Vito, seconded by James Morris, and approved unanimously by a roll call, it was

RESOLVED to allow Dr. Reinhardt to speak with Dr. Woolley on his intent regarding prolotherapy and to get that information back to the board.

Sheri Ryan, COO, Alaska Chiropractic Society, joined the meeting at 3:29 p.m.

Restriction on Referrals

The board received an email from Carolyn Heyman, a healthcare attorney, asking if 12 AAC 16.920(a)(12) restricted referral fees within an organization. The regulation reads as follows:

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

(12) exploiting a patient for financial gain or offering, giving, soliciting, or receiving fees for referral of a patient;

After discussion, the board concluded that 12 AAC 16.920(a)(12) prohibits referrals for compensation of any kind, be it between unrelated entities or related entities. The board motioned to have Mr. Bay reply to Ms. Heyman with their determination.

On a motion duly made by Jonathan Vito, seconded by John Wayne Aderhold, and approved unanimously by a roll call, it was

RESOLVED to have Thomas Bay reply to Carolyn Heyman's inquiry on behalf of the board's determination.

TASK:

Ms. Hoffard or Mr. Bay will contact Dr. Nardi to let him know the board is looking into his inquiry and relay to him the steps that are required in the process.

TASK:

Dr. Reinhardt will contact Dr. Woolley to find out his intent regarding prolotherapy and get that information back to the board.

TASK:

Mr. Bay will contact Carolyn Heyman and relay the board's determination regarding referrals for compensation.

Agenda Item 5

Old Business

Time: 3:47 p.m.

SB 69 Regulations Project Update

The board welcomed Sheri Ryan back to the meeting. Mr. Bay explained that the SB 69 regulations project had been sent back to the board with recommendations and questions from Senior Assistant Attorney General Harriet Milks, who works for the Department of Law. He also explained that the board had already gone over a few of her recommendations/questions, but that, if the board would like, they could go over them again to ensure that everything was in line with what the subcommittee was trying to accomplish. The board agreed to go over the recommendations/questions that they had previously worked on. Mr. Bay explained to Ms. Ryan the board's responses to Mrs. Milks' recommendations/questions regarding 12 AAC 16.042(b), (d), and (e), to which she agreed. In that conversation Ms. Ryan offered to write a response clarifying the intent of "general" supervision, as requested by Mrs. Milks, and to get it to Mr. Bay so that he could get it to Mrs. Milks. Mr. Bay explained the board's responses to recommendations/questions regarding 12 AAC 16.041(3) and (4). After discussion, the board decided to amend their motion made earlier in the day by amending 12 AAC 16.041(3) to read as follows:

12 AAC 16.041. Preceptor scope of practice. A chiropractic preceptor must

(3) permit a chiropractic intern to perform the chiropractic adjustment as set out in AS

08.20.900(4) only under personal supervision;

On a motion duly made by Jonathan Vito, seconded by John Wayne Aderhold, and approved unanimously by a roll call, it was

RESOLVED to amend the board's previous motion to approve the changes to 12 AAC 16.041(3) and (4), by amending 12 AAC 16.041(3) as discussed.

The board continued with Harriet Milks' next recommendations/questions, which were to 12 AAC 16.052(a) and (a)(3). The board briefly discussed her recommendation to clarify "general" supervision of 12 AAC 16.052(a), which was the same recommendation that had been discussed earlier. The board already addressed this issue and moved forward with 12 AAC 16.052(a)(3), which was Ms. Milks' recommendation to remove the word "use" from the regulation to read as follows:

12 AAC 16.052. Chiropractic clinical assistant scope of practice. (a) Only a chiropractic clinical

assistant may, under the general supervision of a licensed chiropractic physician, perform the following

procedures:

(3) ~~use~~ ancillary methodologies as defined in AS 08.20.900(1).

The board approved of Mrs. Milks' recommendation.

On a motion duly made by Jonathan Vito, seconded by Jeffrey Reinhardt, and approved unanimously by a roll call, it was

RESOLVED to accept the removal of the word "use" in 12 AAC 16.052(a)(3).

The board continued with Harriet Milks' next recommendations/questions, which were to 12 AAC 16.052 (d) – (i) and read as follows:

12 AAC 16.052. Chiropractic clinical assistant scope of practice. (d) In order to meet the initial certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a currently employed chiropractic clinical assistant with 2,000 hours or more experience ~~is required to~~ must complete the requirements as set forth by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), or the CTA Program administered by the Tennessee Chiropractic Association or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4) by May 15, 2020.

(e) In order to meet the initial certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a currently employed chiropractic clinical assistant with less than 2,000 hours of experience ~~is required to~~ must complete the requirements as set forth by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), or the CTA Program administered by the Tennessee Chiropractic Association or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4) by November 15, 2020.

(f) In order to meet the certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a newly hired chiropractic clinical assistant ~~is required to~~

must complete the requirements as set forth by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), or the CTA Program administered by the Tennessee Chiropractic Association or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4) within twelve months of hire date.

(g) A person enrolled in an educational program recognized by the board that leads to certification as a chiropractic clinical assistant ~~shall will~~ be allowed to lawfully provide clinical services under the **general** supervision of a chiropractic physician to gain the necessary practical clinical experience.

(h) No person ~~shall may~~ use the title “Certified Chiropractic Clinical Assistant” or another designation indicating status, including abbreviations, or hold themselves out directly or indirectly as a certified chiropractic clinical assistant, unless having that person has completed met the requirements under (d), (e), or (f) of this section.

(i) After completing the initial certification requirements under (d), (e), or (f) of this section, a chiropractic clinical assistants must maintain current certification per the requirements ~~set forth by of~~ the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), or the CTA Program administered by the Tennessee Chiropractic Association or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4).

The board accepted Mrs. Milks’ recommendations but decided to keep “general” supervision in 12 AAC 16.052(g) for the same reasons mentioned earlier regarding “general” supervision.

On a motion duly made by Jonathan Vito, seconded by John Wayne Aderhold, and approved unanimously by a roll call, it was

RESOLVED to accept Harriet Milks’ changes to 12 AAC 16.052(d) – (i), but keep “general” supervision in (g).

The board continued with Harriet Milks’ next recommendations, which were to 12 AAC 16.290(a)(1) and (b), and read as follows:

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 16.290. Hours of continuing education required. (a) **An** [EXCEPT AS PROVIDED IN (b) OF THIS SECTION, AN] applicant for renewal of a chiropractic license **who has been licensed at least two years** must **complete** [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 **that was earned** during the concluding licensing period **including at least** [, AS FOLLOWS:]

(1) [(A)] eight hours of the total hours required under this **subsection**

[PARAGRAPH] ~~must be~~ devoted to

- (A)** [(i)] radiographic safety;
- (B)** [(ii)] radiographic techniques and interpretation; or
- (C)** [(iii)] diagnostic imaging;

(2) [(B)] two hours of the total hours required under this **subsection**

[PARAGRAPH] must be devoted to coding and documentation;

(3) [(C)] two hours of the total hours required under this **subsection**

[PARAGRAPH] must be devoted to ethics and boundaries; **and**

(4) [(D)] two hours of the total hours required under this **subsection**

[PARAGRAPH] must be devoted to cardiopulmonary resuscitation (CPR) training.

The board was curious as to why Mrs. Milks removed “must be” from 12 AAC 16.290(a)(1) but not sections from 12 AAC 16.290(a)(2)-(4). The board motioned to remove “must be” as needed.

On a motion duly made by John Wayne Aderhold, requesting unanimous consent, and approved unanimously without any objections, it was

RESOLVED to remove the words “must be” from sections in 12 AAC 16.290(a)(1)-(4) as needed.

The board noticed that they did not address 12 AAC 16.290(b), which was a recommendation to remove the words “that was” and read as follows:

(b) An applicant for renewal of a chiropractic license **who has been licensed at least one year but less than two years of the concluding license period** [FOR THE FIRST TIME] must **complete** [OBTAIN AND DOCUMENT SUCCESSFUL COMPLETION OF THE FOLLOWING:

(1) FOR A LICENSE PERIOD THAT CONCLUDED 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] ~~that was~~ **earned** during the concluding licensing period **including at least...**

The board decided to amend their previous motion to include the removal of “that was” from 12 AAC 16.290(b).

On a motion duly made by John Wayne Aderhold, requesting unanimous consent, and approved unanimously without any objections, it was

RESOLVED to amend his previous motion by adding the removal of “that was” from 12 AAC 16.290(b).

The last recommendation/question Harriet Milks had was in regard to 12 AAC 16.990(a)(8) and read as follows:

12 AAC 16.990(a) is amended by adding new paragraphs to read:

(8) "**personal supervision**" means that the licensed chiropractic physician must be physically present at the same office location where the services are being furnished.

Mrs. Milks asked if this was really what the board was okay with for their definition of “personal supervision.” The board agreed that it was and decided not to change it.

The board informed Sheri Ryan that the board was finished with the SB 69 regulations project update and asked if she had any questions. She did not and left the meeting.

Sheri Ryan, COO, Alaska Chiropractic Society, left the meeting at 4:41 p.m.

TASK:

Sheri Ryan will write a response clarifying the intent of “general” supervision, as requested by Mrs. Milks.

Agenda Item 14

Administrative Business

Time: 4:41 p.m.

Set Meeting Dates

The board proceeded to set their next meeting date. The board decided to set a hard date of November 22nd, 2019, for their next meeting.

Dr. Larson asked if the board needed to do anything else regarding a possible position statement on injectable nutrients.

Agenda Item 4

Board Business

Time: 4:44 p.m.

Position Statements

Mr. Bay informed the board that he received a request from Assistant Attorney General Adam Franklin, an attorney for the Workers’ Compensation Board, to get a position statement from the board regarding injectable nutrients. Mr. Franklin informed Mr. Bay that he was currently in litigation involving a chiropractor and injectable nutrients. Mr. Bay informed the board that he told Mr. Franklin that he would try to get a definitive stance from the board and have it for him following the board meeting.

Dr. Larson reiterated that the board was in approval of injectable nutrients and that the board is working with the Department of Law to adopt clear and concise regulations to clear up confusion and directly support that stance. Mr. Bay suggested the board write a letter stating the board's position statement on injectable nutrients and to have it for him the following Monday so he could get it to AAG Franklin.

On a motion duly made by John Wayne Aderhold, seconded by Jonathan Vito, and approved unanimously by a roll call, it was

RESOLVED to have Dr. Larson and Dr. Reinhardt put a letter together stating the board's position on injectable nutrients and to have Thomas Bay present that letter to the AAG Monday.

Agenda Item 15

Adjourn

Time: 4:57 p.m.

Having nothing left to address, the Alaska Board of Chiropractic Examiners' Chair, Brian Larson, adjourned the meeting at 4:57 p.m.

Respectfully Submitted by:

Thomas Bay
Licensing Examiner

Date

Approved by:

Dr. Brian Larson
Alaska State Board of Chiropractic Examiners

Board Business

- A. Ethics Reporting
- B. Review Goals & Objectives
- C. Ratify New Licenses
- D. Position Statements

A. Ethics

State of Alaska
DEPARTMENT OF LAW

ETHICS ACT PROCEDURES FOR BOARDS & COMMISSIONS

All board and commission members and staff should be familiar with the Executive Branch Ethics Act procedures outlined below.

Who Is My Designated Ethics Supervisor (DES)?

Every board or commission subject to the Ethics Act¹ has several ethics supervisors designated by statute.

- The chair serves as DES for board or commission members.
- The chair serves as DES for the executive director.
- The executive director serves as DES for the staff.
- The governor is the DES for a chair.²

What Do I Have To Disclose?

The Ethics Act requires members of boards and commissions to disclose:

- Any matter that is a potential conflict of interest with actions that the member may take when serving on the board or commission.
- Any circumstance that may result in a violation of the Ethics Act.
- Any personal or financial interest (or that of an immediate family member) in a state grant, contract, lease or loan that is awarded or administered by the member's board or commission.
- The receipt of certain gifts.

The executive director of the board or commission and its staff, as state employees, must also disclose:

- Compensated outside employment or services.
- Volunteer service, if any compensation, including travel and meals, is paid or there is a potential conflict with state duties.

- For more information regarding the types of matters that may result in violations of the Ethics Act, board or commission members should refer to the guide, *"Ethics Information for Members of Boards and Commissions."* The executive director and staff should refer to the guide, *Ethics Information for Public Employees.* Both guides and disclosure forms may be found on the [Department of Law's ethics website](#).

How Do I Avoid Violations of the Ethics Act?

- Make timely disclosures!
- Follow required procedures!
- Provide all information necessary to a correct evaluation of the matter!³
- When in doubt, disclose and seek advice!
- Follow the advice of your DES!

What Are The Disclosure Procedures for Board and Commission Members?

The procedural requirements for disclosures by members are set out in AS 39.52.220 and 9 AAC 52.120. One goal of these provisions is to help members avoid violations of the Ethics Act. The procedures provide the opportunity for members to seek review of matters in advance of taking action to ensure that actions taken will be consistent with the Act.

Procedure for declaring actual or potential conflicts.

Members must declare potential conflicts and other matters that may violate the Ethics Act **on the public record and in writing to the chair**.

Disclosure on the public record. Members must identify actual and potential conflicts orally at the board or commission's public meeting **in advance** of participating in deliberations or taking any official action on the matter.

- A member must always declare a conflict and may choose to refrain from voting, deliberations or other participation regarding a matter.⁴
- If a member is uncertain whether participation would result in a violation of the Act, the member should disclose the circumstances and seek a determination from the chair.

Disclosure in writing at a public meeting. In addition to an oral disclosure at a board or commission meeting, members' disclosures must be made in writing.

- If the meeting is recorded, a tape or transcript of the meeting is preserved **and** there is a method for identifying the declaration in the record, an oral disclosure may serve as the written disclosure.
- Alternatively, the member must note the disclosure on the Notice of Potential Violation disclosure form and the chair must record the determination.

Confidential disclosure in advance of public meeting. Potential conflicts may be partially addressed in advance of a board or commission's public meeting based on the published meeting agenda or other board or commission activity.

- A member identifying a conflict or potential conflict submits a Notice of Potential Violation to the chair, as DES, in advance of the public meeting.
- This written disclosure is considered confidential.
- The chair may seek advice from the Attorney General.
- The chair makes a written determination, also confidential, whether the disclosed matter represents a conflict that will result in a violation of the Ethics Act if the member participates in official action addressing the matter.⁵
- If so, the chair directs the member to refrain from participating in the matter that is the subject of the disclosure.
- An oral report of the notice of potential violation and the determination that the member must refrain from participating is put on the record at a public meeting.⁶

Determinations at the public meeting. When a potential conflict is declared by a member for the public record, the following procedure must be followed:

- The chair states his or her determination regarding whether the member may participate.
- Any member may then object to the chair's determination.
- If an objection is made, the members present, excluding the member who made the disclosure, vote on the matter.
- *Exception:* A chair's determination that is made consistent with advice provided by the Attorney General may not be overruled.
- If the chair, or the members by majority vote, determines that a violation will exist if the disclosing member continues to participate, the member must refrain from voting, deliberating or participating in the matter.⁷

If the chair identifies a potential conflict, the same procedures are followed. If possible, the chair should forward a confidential written notice of potential violation to the Office of the Governor for a determination in advance of the board or commission meeting. If the declaration is first

made at the public meeting during which the matter will be addressed, the members present, except for the chair, vote on the matter. If a majority determines that a violation of the Ethics Act will occur if the chair continues to participate, the chair shall refrain from voting, deliberating or participating in the matter. A written disclosure or copy of the public record regarding the oral disclosure should be forwarded to the Office of the Governor for review by the chair's DES.

Procedures for Other Member Disclosures

A member's interest in a state grant, contract, lease or loan and receipt of gifts are disclosed by filling out the appropriate disclosure form and submitting the form to the chair for approval. The disclosure forms are found on the [Department of Law's ethics website](#).

What Are The Disclosure Procedures for Executive Directors and Staff?

Ethics disclosures of the executive director or staff are made in writing to the appropriate DES (chair for the executive director and the executive director for staff).

- Disclosure forms are found on the ethics website, noted above.

Notices of Potential Violations. Following receipt of a written notice of potential violation, the DES investigates, if necessary, and makes a written determination whether a violation of the Ethics Act could exist or will occur. A DES may seek advice from the Attorney General. If feasible, the DES shall reassign duties to cure a potential violation or direct divestiture or removal by the employee of the personal or financial interests giving rise to the potential violation.

- These disclosures are not required to be made part of the public record.
- A copy of a determination is provided to the employee.
- Both the notice and determination are confidential.

Other Disclosures. The DES also reviews other ethics disclosures and either approves them or determines what action must be taken to avoid a violation of the Act. In addition to the disclosures of certain gifts and interests in the listed state matters, state employees must disclose all outside employment or services for compensation.

- The DES must provide a copy of an approved disclosure or other determination the employee.

How Are Third Party Reports of Potential Violations or Complaints Handled?

Any person may report a potential violation of the Ethics Act by a board or commission member or its staff to the appropriate DES or file a complaint alleging actual violations with the Attorney General.

- Notices of potential violations and complaints must be submitted **in writing** and **under oath**.
- Notices of potential violations are investigated by the appropriate DES who makes a written determination whether a violation may exist.⁸
- Complaints are addressed by the Attorney General under separate procedures outlined in the Ethics Act.
- **These matters are confidential**, unless the subject waives confidentiality or the matter results in a public accusation.

What Are The Procedures for Quarterly Reports?

Designated ethics supervisors must submit copies of notices of potential violations received and the corresponding determinations to the Attorney General for review by the state ethics attorney as part of the quarterly report required by the Ethics Act.

- Reports are due in April, July, October and January for the preceding quarter.
- A sample report may be found on the Department of Law's ethics website.
- An executive director may file a quarterly report on behalf of the chair and combine it with his or her own report.
- If a board or commission does not meet during a quarter and there is no other reportable activity, the DES advises the Department of Law Ethics Attorney by e-mail at ethicsreporting@alaska.gov and no other report is required.

If the state ethics attorney disagrees with a reported determination, the attorney will advise the DES of that finding. If the ethics attorney finds that there was a violation, the member who committed the violation is not liable if he or she fully disclosed all relevant facts reasonably necessary to the ethics supervisor's or commission's determination and acted consistent with the determination.

How Does A DES or Board or Commission Get Ethics Advice?

A DES or board or commission may make a **written request** to the Attorney General for an opinion regarding the application of the Ethics Act. In practice, the Attorney General, through the state ethics attorney, also provides **advice by phone or e-mail** to designated ethics supervisors, especially when time constraints prevent the preparation of timely written opinions.

- A request for advice and the advisory opinion are confidential.
- The ethics attorney endeavors to provide prompt assistance, although that may not always be possible.
- The DES must make his or her determination addressing the potential violation based on the opinion provided.

It is the obligation of each board or commission member, as well as the staff, to ensure that the public's business is conducted in a manner that is consistent with the standards set out in the Ethics Act. We hope this summary assists you in ensuring that your obligations are met.

¹ The Act covers a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch of state government.

² The governor has delegated the DES responsibility to Guy Bell, Administrative Director of the Office of the Governor.

³ You may supplement the disclosure form with other written explanation as necessary. Your signature on a disclosure certifies that, to the best of your knowledge, the statements made are true, correct and complete. False statements are punishable.

⁴ In most, but not all, situations, refraining from participation ensures that a violation of the Ethics Act does not occur. Abstention does not cure a conflict with respect to a significant direct personal or financial interest in a state grant, contract, lease or loan because the Ethics Act prohibition applies whether or not the public officer actually takes official action.

⁵ The chair must give a copy of the written determination to the disclosing member. There is a determination form available on the Department of Law's ethics web page. The ethics supervisor may also write a separate memorandum.

⁶ In this manner, a member's detailed personal and financial information may be protected from public disclosure.

⁷ When a matter of particular sensitivity is raised and the ramifications of continuing without an advisory opinion from the Attorney General may affect the validity of the board or commission's action, the members should consider tabling the matter so that an opinion may be obtained.

⁸ The DES provides a copy of the notice to the employee who is the subject of the notice and may seek input from the employee, his or her supervisor and others. The DES may seek advice from the Attorney General. A copy of the DES' written determination is provided to the subject employee and the complaining party. The DES submits a copy of both the notice and the determination to the Attorney General for review as part of the DES' quarterly report. If feasible,

the DES shall reassign duties to cure a potential violation or direct divestiture or removal by the employee of the personal or financial interests giving rise to the potential violation.

6/14

The Attorney General and Department of Law staff may not provide legal advice to private citizens or organizations. Please contact an attorney if you need legal advice. The [Alaska Lawyer Referral Service](#) or your local bar association may be able to assist you in locating a lawyer.

Alaska Department of Law

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Ethics Disclosure Form

<p style="text-align: center;">CONFIDENTIAL REQUEST FOR ETHICS DETERMINATION</p>
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TO: _____, Designated Ethics Supervisor

(Identify Your Department, Agency, Public Corporation, Board, Commission)

I request advice regarding the application of the Executive Branch Ethics Act (AS 39.52.010 - .960) to my situation. The situation involves the following:

I have provided additional information in the attached document(s).

I believe the following provisions of the Ethics Act may apply to my situation:

- AS 39.52.120, Misuse of Official Position
- AS 39.52.130, Improper Gifts
- AS 39.52.140, Improper Use or Disclosure of Information
- AS 39.52.150, Improper Influence in State Grants, Contracts, Leases or Loans
- AS 39.52.160, Improper Representation
- AS 39.52.170, Outside Employment Restricted
- AS 39.52.180, Restrictions on Employment after Leaving State Service
- AS 39.52.190, Aiding a Violation Prohibited

I understand that I should refrain from taking any official action relating to this matter until I receive your advice. If the circumstances I described above may result in a violation of AS 39.52.110 - .190, I intend that this request serve as my disclosure of the matter in accordance with AS 39.52.210 or AS 39.52.220.

I certify to the best of my knowledge that my statement is true, correct, and complete. In addition to any other penalty or punishment that may apply, the submission of a false statement is punishable under AS 11.56.200 - AS 11.56.240.

(Signature)

(Date)

(Printed Name)

(Division, Board, Commission)

(Position Title)

(Location)

Designated Ethics Supervisor: Provide a copy of your written determination to the employee advising whether action is necessary under AS 39.52.210 or AS 39.52.220, and send a copy of the determination and disclosure to the attorney general with your quarterly report.

Ethics Disclosure Form

Receipt of Gift

TO: _____, Designated Ethics Supervisor, _____
(Agency, Public Corporation, Board,
Commission or Council)

This disclosure reports receipt of a gift with value in excess of \$150.00 by me or my immediate family member, as required by AS 39.52.130(b) or (f).

1. Is the gift connected to my position as a state officer, employee or member of a state board or commission?

Yes No

2. Can I take or withhold official action that may affect the person or entity that gave me the gift?

Yes No

(If you answer "No" to both questions, you do not need to report this gift. If the answer to either question is "Yes," or if you are not sure, you must complete this form and provide it to your designated ethics supervisor.)

The gift is _____

Identify gift giver by full name, title, and organization or relationship, if any:

Describe event or occasion when gift was received or other circumstance explaining the reason for the gift:

My estimate of its value is \$ _____ The date of receipt was _____

The gift was received by a member of my family. Who? _____

If you checked "Yes" to question 2 above, explain the official action you may take that affects the giver (attach additional page, if necessary):

I certify to the best of my knowledge that my statement is true, correct, and complete. In addition to any other penalty or punishment that may apply, the submission of a false statement is punishable under AS 11.56.200 - AS 11.56.240.

(Signature)

(Date)

(Printed Name)

(Division)

(Position Title)

(Location)

Ethics Supervisor Determination: Approve Disapproved

Designated Ethics Supervisor*

(Date)

**Designated Ethics Supervisor: Provide a copy of the approval or disapproval to the employee. If action is necessary under AS 39.52.210 or AS 39.52.220, attach a determination stating the reasons and send a copy of the determination and disclosure to the attorney general with your quarterly report.*

B. Goals & Objectives

BOARD OF CHIROPRACTIC EXAMINERS

Fiscal Year 2019 Annual Report

Goals and Objectives

Part I

FY 2019's goals and objectives, and how they were met:

Goal 1: Carry out assigned duties of the board: The board met three times in FY 2019. The board met once by videoconference, with the board license examiner and Dr. Reinhardt in Juneau, and Drs. Larson, Vito and Morris in Anchorage. The other two meetings were by videoconference from the home locations of the board members, due to travel restrictions. The board administered jurisprudence exams, but did not conduct personal interviews with candidates, and conducted board business. The staff and board were able to review and approve applications in a generally timely manner, but distance between Alaska and chiropractic schools where most applicants are applying from always poses a logistics challenge. There was a significant uptick in investigations this year, which continue to be monitored by the board as investigations progress.

Goal 2: Provide information regarding board activities to the profession and the public: The board made time available in every meeting for public input and encourages its licensees and the public to attend scheduled meetings and provide comment. All meeting agendas and minutes were posted on the board's website to make available to the public the topics discussed, and actions taken by the board.

Goal 3: Continue affiliation with the Alaska Chiropractic Society (ACS) to work cooperatively in the best interest of the profession and the public: Regulation wording for SB69 defining practice for Certified Chiropractic Clinical Assistants, Interns and Preceptors was finalized and sent on for legal review and publication.

Goal 4: Assess and evaluate regulations: The board completed regulation work on SB69. There was an error in converting the final draft from the board into printed regulation, so the entire project was sent back to the subcommittee for complete revision/rewrite. This has been completed and will be forwarded on to the Department of Commerce for formal recognition and printing.

Goal 5: Assess and evaluate the review process available through the Utilization Review Committee: The formal name of this committee was changed from Peer Review Committee to the above. It is fully staffed and available should the need arise.

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 Association of Regulatory Boards (FARB): This board had no presence at the FCLB/NBCE Annual meeting or the NBCE Part 4 board examinations due to travel restriction. Dr. Larson did attend the FCLB District 1 meetings in Palm Springs, CA in October, where the focus was on sharing how the boards from different states in the region are dealing with issues such as interdisciplinary practice, opioid addiction, regulation projects and scope of practice, etc. This board has a strong budget. For the sake of training, continuity and efficiency, we need to have a board member and our examiner attending these meetings.

**BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2019 Annual Report**

Goals and Objectives (continued)

Part I (continued)

FY 2019's goals and objectives, and how they were met:

Goal 7: The board will endeavor, through the legislative process, to add the Board of Chiropractic Examiners to relevant centralized and non-centralized statutes that enhance the profession and administrative efficiency. The completion of the SB69 project has been a huge education for all involved and will hopefully be finalized shortly. A number of statutory and regulatory changes/additions have been recommended by this board, with the objective of successfully completing those projects within the next fiscal year. With the increased knowledge and skill base in writing statute and regulation, this should improve the ability of the board to efficiently draft new statute and regulations to meet the needs of the public for improved and broadened access to primary care, and further the goals of the chiropractic profession to increase access to care, especially as primary care physicians.

BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2019 Annual Report

Goals and Objectives

Part II

FY 2020's goals and objectives, and proposed methods to achieve them.

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

1. Goal 1: Carry out assigned duties of the board:

Objective 1: Conduct a minimum of three board meetings this year with different regional locations in the State to allow for public attendance and meeting transparency. We will hold four regularly scheduled board meetings, three which will be telephonic, and one in person. Ideally, this "live" meeting will be in Juneau while the legislature is in session so this board may be available to elected leadership, but may be limited to Anchorage to minimize total travel. While public input sessions/times are published in advance for attendance at these telephonic meetings, the very nature of no physical presence severely impairs the transparency of this board and the overall public access to these meetings.

Objective 2: Continue timely processing of applications and licensing of chiropractic physicians.

Objective 3: Continue to monitor 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 continuing education credit approval in a timely manner.

Objective 6: Continue to administer the jurisprudence examination as part of licensure. Especially with the loss of the direct board interview with applicants, consider utilizing NBCE services to administer the jurisprudence examination at certified testing centers in Alaska and across the lower 48, saving time and expense for applicants, and relieving the Department of Commerce of the responsibility of hosting those tests at a state office four time per year.

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

Objective 1: Inform licensees of any pending regulation changes in the customary manner.

Objective 2: Provide a public comment period during each meeting. This is scheduled per public meeting law for each board meeting, but difficult without face-to-face interaction required under telephonic meeting requirements.

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. Without the ability to travel for national and district meetings, this becomes a non-reality. This board, which operates well within its budget must have the opportunity for the volunteers who serve on the board to interact with district and national level boards to best serve the needs of the board in keeping current, obtaining training, and being alert and attentive to the commission to protect the public.

Objective 6: Continue to address the reporting requirements for domestic violence and sexual assault. This would be a great seminar sponsored by the State at the next ACS convention???

Objective 7: Seek and support efforts to educate the governor, state legislators, and the public regarding the benefit of chiropractic care as a health care option, and the particular opportunities to efficiently recover from work injuries (Workers Comp), and deal with pain without opiate prescriptions.

Objective 8: Raise awareness regarding public health, emergency training, hazardous material, 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.

BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2019 Annual Report

Goals and Objectives (continued)

Part II (continued)

FY 2020's goals and objectives, and proposed methods to achieve them.

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

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

 - Objective 1:** Encourage regular Alaska Chiropractic Society participation at board meetings.
 - Objective 2:** Support the Alaska Chiropractic Society in its efforts to provide information to the profession and the public.
 - Objective 3:** Support the Alaska Chiropractic Society in pursuit statutory changes or additions that expand the scope of chiropractic practice to provide better portal-of-entry service for the public, for those who wish to utilize their chiropractic physician efficiently their primary care physician.

- 4. Goal 4: Assess and evaluate regulations:**

 - Objective 1:** Continue to assess and evaluate continuing education requirements for quality, relevance, and application of scientific chiropractic research and practice.
 - Objective 2:** Continue to assess and evaluate radiological safety, professional ethics and boundaries, public health, and emergency training.
 - Objective 3:** Proactively make recommendations through regulation and recommend changes to statute to anticipate changes in the health industry.

- 5. Goal 5: Assess and evaluate the review process available through the Utilization Review Committee:**

 - Objective 1:** Direct appropriate inquiries to the committee for review and recommendations.
 - Objective 2:** Keep the committee roster fully staffed with three chiropractic physicians and one public member at all times. This committee is fully staffed and ready to serve as may be required.
 - Objective 3:** Maintain a list of alternate committee members to fill vacancies or recusals as needed.

- 6. Goal 6: Continue affiliation and improve interaction with the Federation of Chiropractic Licensing board (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 Association of Regulatory Boards (FARB:)**

 - Objective 1:** Provide attendance of a board member and the examiner to the district and annual meetings of the FCLB and NBCE, to provide input and obtain information at both national and state levels regarding the practice of chiropractic in Alaska. This was not accomplished due to the travel ban this year.
 - Objective 2:** Continue working with the FCLB on maintaining a listing of Alaskan chiropractic physicians on the National Database (CIN-BAD).
 - Objective 3:** Promote attendance of board members to 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 and other states. The prior governor banned the receipt of the professional honorarium offered by the NBCE to cover the personal travel and time these doctors invest without compensation from the State to participate in this testing process. We formally request the ban on personal gifts or gratuities, specifically in relation to professional honorariums for travel and time spent by volunteer professional members of boards be lifted. This represents no cost for the State of Alaska, increases the interaction of Alaska professional board members with the NBCE board and license testing process. All other states allow their professionals to receive this financial remuneration for

time and expenses directly related to the board and national testing process.

Objective 4: Promote the attendance of the licensing examiner at the annual meetings of the ACBA and the FCLB to provide input and obtain information at both national and state levels, regarding matters impacting regulation and licensure of Alaskan chiropractic physicians.

7. Goal 7: The board will endeavor, through the legislative process, to add the Board of Chiropractic Examiners to relevant centralized and non-centralized statutes that enhance the profession and its administrative efficiency:

Objective 1: The board will pursue inclusion in AS 08.01.050(d) for the purpose of providing licensed chiropractic physicians the resources needed to address abuse of alcohol, drugs or other substances. This request has been placed on the Recommendations for Proposed Legislation list, 2020.

Objective 2: The board will pursue authority under AS 08.20 to create an Advanced Practitioner status for chiropractic physicians who pursue advanced training and certifications to utilize non-narcotic drugs, ancillary therapies and procedures beyond chiropractic core methodology and commonly used by other Alaskan health care professionals and specialists. This request has been placed on the Recommendations for Proposed Legislation list 2020.

Objective 3: The board is pursuing authority under AS 08.20 to create a Clinical Chiropractic Nutritionist practitioner status for chiropractic physicians to specifically resolve the question of injectable nutrients as part of chiropractic practice. Additionally, and Advanced Practitioner status for chiropractic physicians who pursue post-graduate specialist status in specific areas of chiropractic. Three requests have been placed on the Recommendations for Proposed Legislation list 2020.

Objective 4: The board is requesting regulation changes to clarify definitions of chiropractic practice under 12 AAC 16.990 to modify the definitions of surgery, prescription drugs, and add a definition of nutrition or nutritional substance.

C. Ratify New Licenses

**STATE OF ALASKA
BOARD OF CHIROPRACTIC EXAMINERS**

**State Chiropractic Examination
Candidate List**

**November 22nd, 2019
Juneau, Alaska**

- Chair may entertain a motion to ratify the newly licensed chiropractors in Alaska

“Upon a motion duly made by _____, seconded by
_____ and approved unanimously, it was:

RESOLVED to ratify new licenses.”

Licensee Name (From August 23 rd , 2019 Examination)
James Harris
Tami Hedges
Scott Maystrovich
Kenneth Nutter

D. Position Statements



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of Commerce, Community,
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING
Juneau Office

P.O. Box 110806
Juneau, AK 99811-0806
Main: 907.465.2550
Toll free tax: 907.465.2974

August 23, 2019

RE: Injectable Nutrients and definition of surgery; Alaska Board of Chiropractic Examiners (ABOCE)

Injectable nutrients have been used effectively for decades. They are utilized by professional health care providers that include medical physicians, osteopathic physicians, chiropractic physicians, naturopaths, homeopaths, nurses and personally by patients themselves under the direction of their respective physicians. Injectable nutrients are utilized in the treatment of specific conditions that include but are not limited to anemia, stomach/intestinal problems, vitamin B12 deficiency, poor nutrition, nerve damage, arthritis, inflammatory conditions, respiratory conditions, fatigue and age management. In addition to the more commonly utilized nutritional products oxygen, in the initial form of O3 is also classified as a nutritional product and its use is classified as nutritional therapy.

Injectable nutritional products are readily available from numerous commercial compounding pharmacies throughout the United States. The list of injectable nutritional products is very extensive and for the purposes of the ABOCE do not include any substance listed on the DEA Schedules 1-5. Nutritional products listed on DEA Schedule 6 are permitted. The ABOCE will consider starting a regulations project to amend 12 AAC 16.990 to further clarify the definition of nutritional products.

Application of the nutrients is accomplished by various methods. They include, subcutaneous (SC), intravenous (IV), intramuscular (IM), and intra-articular (IA). It is essential that the treating professional have the training necessary to safely perform the procedures. In the chiropractic profession that training is available at various chiropractic colleges. For those individuals who did not receive the training in chiropractic school there are numerous opportunities available through post-graduate training from chiropractic schools as well as through post-graduate medical programs.

The procedures required for implementing injectable nutritional products are not complicated. In fact, they are very simple and safe when utilized with the proper training and safety practices. They are simple to perform. The vast majority of procedures involving venipuncture and injections are performed by individuals with far less training than physicians. And, as previously noted, are performed on a daily basis and in many cases multiple times per day by the patients themselves at the direction of their physicians and nurses. Additionally, with the proper training, these procedures are also covered by professional liability carriers at a minimal additional cost to the provider. These are very basic procedures that have the ability to significantly enhance the health and well-being of the patients we serve.

In the proposed regulations project mentioned above, the ABOCE would also amend 12 AAC 16.900(b) (2) the definition of "surgery" to read as: "*Surgery*" means the structural alteration of the human body by the incision of or cutting into the tissue for the purpose of diagnostic or therapeutic treatment causing localized alteration or transportation of live human tissue **but does not include:** procedures for the removal of superficial foreign bodies from the human body, punctures, suturing, injections, venipuncture, dry needling, acupuncture, or removal of dead tissue."

The ABOCE will be moving forward with the above referenced regulations project in the near future.

From: [Dinegar, Harriet C. \(LAW\)](#)
To: [Bay, Thomas L \(CED\)](#)
Cc: [Cain, Rebecca \(LAW\)](#)
Subject: CHI board questions
Date: Thursday, October 31, 2019 5:00:40 PM

Tom, this is in response to the board's August 26, 2019 letter addressed to "To Whom it May Concern," which you have asked me about today and to which the board has asked me to respond.

This does not change my analysis or the conclusion that (1) injecting anything that is a prescription drug is outside the scope of practice for chiropractors as defined by AS 08.20.900 and 12 AAC 16.990, and (2) injecting *anything* is also probably outside the scope of practice of chiropractic as defined by the same authorities.

The board's August 26th letter appears to take the position that "prescription drug" means a drug listed on the federal DEA Schedule 1-5, or that is sold by a pharmacy with a DEA registration. This is not the case. The definition of prescription drug that the board is bound by today is at 12 AAC 16.990. It includes any drug that is required to by state or federal law or regulation to be dispensed by prescription. That certainly includes some schedule drugs, but it does not include all of them since Schedule I drugs are those deemed to have no acceptable medical use, so they are not sold by prescription.

Whether what the board is calling "nutritionals" must be sold by prescription depends not only on what's in them, but in what concentration. To be sure, some minerals, plants, and herbs are sold over the counter and without a prescription, but some, and in certain concentrations, may require a prescription under federal or state law. Anything that does, is outside the chiropractor's scope of practice, notwithstanding the board's characterization of it as a "nutritional."

It also is irrelevant to the chiropractic scope of practice where the substances are compounded, or whether the originating pharmacy has a DEA registration. What matters is what is set out in the board's governing statute and regulations, and neither of those authorities conditions the use of injections on whether the originating pharmacy has a DEA registration.

The board of chiropractic has authority to amend the definition of "prescription drug" and "surgery" consistent with its statute and the Administrative Procedure Act. I would be happy to continue assisting them in that endeavor.

Statutes and Regulations

A. Statute Projects

B. Regulation Projects

Proposed Regulation: 12 AAC16.206 - Travel to Treat for Sports

Under authority AS 08.01.062, a chiropractic physician traveling into Alaska for a limited sport event (less than 2 consecutive weeks) may treat the team members (and coaches) only, while present in the state, within the Alaska chiropractic scope of practice. The chiropractic physician must possess a license in good standing from their home state, proof of malpractice insurance coverage, and a letter from the team administration documenting an established relationship as a team physician, trainer, volunteer, etc. This must be readily available at all times. There is no required license or fee for traveling to treat sports teams.

Proposed Regulation: 12 AAC 15.207 - Travel to Treat for Emergencies

Under authority of AS 08.01.062, A chiropractic physician may travel to Alaska to treat as a volunteer during periods of declared emergencies for natural (or civil) disasters. They must possess a license in good standing in their home state, and evidence of malpractice insurance, and may work within the Alaska chiropractic scope of practice for the duration and extent of declared municipal-, borough- or state-wide emergencies. They must notify the board through the license examiner at the first available convenience of their volunteer status, and the planned duration of service. There is no additional license or fee required.

Universal Citation: [AK Stat § 08.01.062 \(2018\)](#)

(a) A board established under this title and the department, with respect to an occupation that it regulates under this title, may by regulation establish criteria for issuing a temporary courtesy license to nonresidents who enter the state so that, on a temporary basis, they may practice the occupation regulated by the board or the department.

(b) The regulations adopted under (a) of this section may include limitations relating to the

(1) duration of the license's validity;

(2) scope of practice allowed under the license; and

(3) other matters considered important by the board or the department.

- (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

C. SB 69 Regulations Project Update

Chapter 16. Board of Chiropractic Examiners.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 16.030(a)(6) is amended to read:

(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 **documentation of 32 credit hours of continuing education as provided under this paragraph, approved by the board or an equivalent licensing jurisdiction taken within two years preceding the date of the application, including at least:**

(A) eight hours in radiographic safety, radiographic techniques and interpretation, or diagnostic imaging;

(B) two hours in coding and documentation;

(C) two hours in ethics and boundaries;

(D) two hours in cardiopulmonary resuscitation;

(E) 18 additional hours in education not to include business management;

(F) no more than four hours may be in the following subject areas:

(i) cardiopulmonary resuscitation (CPR) training;

(ii) automated external defibrillator (AED) training;

(iii) basic life support (BLS) training;

(G) no more than 16 hours may be obtained over the internet or by distance learning; and

• • •

(Eff. 3/8/71, Register 37; am 9/30/81, Register 79; am 6/29/84, Register 90; am 5/10/90, Register 114; am 8/21/91, Register 119; am 4/7/96, Register 138; am 2/21/97, Register 141; am 5/27/2006, Register 178; am 1/29/2009, Register 189; am 8/14/2010, Register 195; am ____/____/_____, Register _____)

Authority: AS 08.20.055 AS 08.20.120 AS 08.20.170
AS 08.20.110 AS 08.20.130

12 AAC 16.033(7) is amended to read:

(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, **three, and four** of the national examination;

(Eff. 5/23/2003, Register 166; am 5/27/2006, Register 178; am 1/29/2009, Register 189; am 8/14/2010, Register 195; am ____/____/_____, Register _____)

Authority: AS 08.20.055 AS 08.20.130 AS 08.20.170
AS 08.20.110 AS 08.20.141

12 AAC 16.037(b) is amended to read:

(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 **this** [THE] state may substitute successful passage of the Special Purposes Examination of Chiropractic (SPEC) of the National Board of

Chiropractic Examiners for **parts** [PART] three **and four** of the **national** examination [OF THE NATIONAL BOARD OF CHIROPRACTIC EXAMINERS].

(Eff. 2/21/97, Register 141; am 12/7/97, Register 144; am 5/10/98, Register 146; am
____/____/____, Register _____)

Authority: AS 08.20.055 AS 08.20.120 AS 08.20.130

12 AAC 16 is amended by adding a new section to Article 2 to read:

12 AAC 16.041. Preceptor scope of practice. A chiropractic preceptor must

- (1) be physically present to provide personal supervision of a chiropractic intern during the preceptorship;
- (2) supervise no more than one chiropractic intern at a time;
- (3) permit a chiropractic intern to perform the chiropractic adjustment as set out in AS 08.20.900(4) only under personal supervision;
- (4) prior to any chiropractic manipulative therapy performed by the intern, provide a patient with an informed consent document that states that the chiropractic intern is a chiropractic student and not a licensed chiropractic physician in this state;
- (5) maintain a malpractice insurance policy with coverage limits of at least \$1,000,000 per claim, and a minimum aggregate limit of \$3,000,000 per policy period; and
- (6) have been licensed under this chapter in this state for no less than five years preceding the acceptance of a chiropractic intern. (Eff. ____/____/____, Register _____)

Authority: AS 08.20.055 AS 08.20.170

12 AAC 16 is amended by adding a new section to Article 2 to read:

12 AAC 16.042. Intern scope of practice. (a) A chiropractic intern may, under the personal supervision of a chiropractic preceptor, use chiropractic core methodologies as defined in AS 08.20.900(6), except that chiropractic diagnosis must be provided by the chiropractic preceptor.

(b) A chiropractic intern may, under the general supervision of a chiropractic preceptor,

(1) perform diagnostic imaging studies;

(2) perform examination procedures;

(3) use ancillary methodologies as defined in AS 08.20.900(1).

(c) A chiropractic preceptor is subject to disciplinary action if an intern is in violation of AS 08.20.170, 12 AAC 16.920 – .980.

(d) An intern must be enrolled in a graduate-level course of study at a chiropractic institution accredited by the Council on Chiropractic Education (CCE), and be accepted into and approved to participate in an internship program. Internship placement will be made by and overseen by the accredited chiropractic college program.

(e) An intern may practice under a chiropractic preceptor for a period of no more than six months or the time period approved by their accredited chiropractic college, whichever comes first. Written extensions of an internship may be granted by the board. (Eff. ____/____/____,

Register _____)

Authority: AS 08.20.055 AS 08.20.170 AS 08.20.900
AS 08.20.100 AS 08.20.195

12 AAC 16.048(a)(6) is amended by adding a new subparagraph to read:

(D) International Board of Chiropractic Neurology (IBCN);

(Eff. 1/6/2002, Register 161; am 8/20/2004, Register 171; am 8/14/2010, Register 195; am
____/____/____, Register _____)

Authority: AS 08.20.055 AS 08.20.155

12 AAC 16 is amended by adding a new section to Article 2 to read:

12 AAC 16.051. Patient examinations for school and sports activities. A chiropractic physician may perform physical examinations under AS 08.20.100(b)(5) within the scope of chiropractic practice. (Eff. ____/____/____, Register _____)

Authority: AS 08.20.055 AS 08.20.100

12 AAC 16 is amended by adding a new section to Article 2 to read:

12 AAC 16.052. Chiropractic clinical assistant scope of practice. (a) Only a chiropractic clinical assistant may, under the general supervision of a licensed chiropractic physician, perform the following procedures:

- (1) diagnostic imaging studies;
- (2) examination procedures;
- (3) ancillary methodologies as defined in AS 08.20.900(1).

(b) A chiropractic clinical assistant may not provide chiropractic diagnosis, chiropractic adjustment as in AS 08.20.900(6), and formulation or alteration of treatment plans.

(c) A chiropractic clinical assistant must maintain current CPR certification from a nationally recognized provider.

(d) In order to meet the initial certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a currently employed chiropractic clinical assistant with 2,000 hours or more experience must complete the requirements as set forth by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), or the CTA Program administered by the Tennessee Chiropractic Association or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4) by ____/____/_____. *{fill in date, six months from the regulations effective date}*

(e) In order to meet the initial certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a currently employed chiropractic clinical assistant with less than 2,000 hours of experience must complete the requirements as set forth by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), or the CTA Program administered by the Tennessee Chiropractic Association or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4) by ____/____/_____. *{fill in date, one year from the regulations effective date}*

(f) In order to meet the certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a newly hired chiropractic clinical assistant must complete the requirements as set forth by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), or the CTA Program administered by the Tennessee Chiropractic Association or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4) within 12 months of hire date.

(g) A person enrolled in an educational program recognized by the board that leads to certification as a chiropractic clinical assistant will be allowed to provide clinical services under the general supervision of a chiropractic physician to gain the necessary practical clinical experience.

(h) No person may use the title “Certified Chiropractic Clinical Assistant” or another designation indicating status, including abbreviations, or hold themselves out directly or indirectly as a certified chiropractic clinical assistant, unless that person has met the requirements under (d), (e), or (f) of this section.

(i) After completing the initial certification requirements under (d), (e), or (f) of this section, a chiropractic clinical assistant must maintain current certification per the requirements of the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), or the CTA Program administered by the Tennessee Chiropractic Association or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4). (Eff. ____/____/_____, Register _____)

Authority: AS 08.20.055 AS 08.20.168 AS 08.20.195
 AS 08.20.100 AS 08.20.170 AS 08.20.900

12 AAC 16.130(a) is amended to read:

(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.

(Eff. 3/8/71, Register 37; am 9/30/81, Register 79; am 10/21/82, Register 84; am 4/22/83,

Register _____, _____ 2020 **PROFESSIONAL REGULATIONS**

Register 86; am 6/3/89, Register 110; am 5/10/90, Register 114; am 5/10/98, Register 146; am 1/6/2002, Register 161; am 8/20/2004, Register 171; am 8/14/2010, Register 195; am _____/_____/_____, Register _____)

Authority: AS 08.20.055 AS 08.20.120 AS 08.20.130

12 AAC 16.205(j) is amended to read:

(j) In this section, "special event" means an athletic, **educational**, cultural, or performing arts event held in this state. (Eff. 11/21/2004, Register 172; am 8/14/2010, Register 195; am _____/_____/_____, Register _____)

Authority: AS 08.01.062 AS 08.20.055 AS 08.20.170

12 AAC 16.290 is amended to read:

12 AAC 16.290. Hours of continuing education required. (a) **An** [EXCEPT AS PROVIDED IN (b) OF THIS SECTION, AN] applicant for renewal of a chiropractic license **who has been licensed at least two years** must **complete** [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 **that was earned** during the concluding licensing period **including at least** [, AS FOLLOWS:]

(1) [(A)] eight hours of the total hours required under this **subsection** [PARAGRAPH] must be devoted to

(A) [(i)] radiographic safety;

(B) [(ii)] radiographic techniques and interpretation; or

(C) [(iii)] diagnostic imaging;

(2) [(B)] two hours of the total hours required under this **subsection** [PARAGRAPH] must be devoted to coding and documentation;

(3) [(C)] two hours of the total hours required under this **subsection** [PARAGRAPH] must be devoted to ethics and boundaries; **and**

(4) [(D)] two hours of the total hours required under this **subsection** [PARAGRAPH] must be devoted to cardiopulmonary resuscitation (CPR) training.

(b) An applicant for renewal of a chiropractic license **who has been licensed at least one year but less than two years of the concluding license period** [FOR THE FIRST TIME] must **complete** [OBTAIN AND DOCUMENT SUCCESSFUL COMPLETION OF THE FOLLOWING:

(1) FOR A LICENSE PERIOD THAT CONCLUDED 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] **that was earned** during the concluding licensing period **including at least**

(1) eight hours of the total hours required under this subsection must be devoted to

(A) radiographic safety;

(B) radiographic techniques and interpretation; or

(C) diagnostic imaging;

(2) two hours of the total hours required under this subsection must be devoted to coding and documentation;

(3) two hours of the total hours required under this subsection must be devoted to ethics and boundaries; and

(4) two hours of the total hours required under this subsection must be devoted to cardiopulmonary resuscitation (CPR) training.

(c) Two of the hours required under (a) of this section will be credited **as clinical hours** 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)** [(a)(1)] of this section from one or more of the following subject areas:

- (1)** [(A)] cardiopulmonary resuscitation (CPR) training;
- (2)** [(B)] automated external defibrillator (AED) training;
- (3)** [(C)] basic life support (BLS) training [;

(2) REQUIRED UNDER (A)(2) OF THIS SECTION FROM ONE OR MORE OF THE FOLLOWING SUBJECT AREAS:

- (A) AUTOMATED EXTERNAL DEFIBRILLATOR (AED) TRAINING;
- (B) BASIC LIFE SUPPORT (BLS) TRAINING].

(f) No more than 16 credit hours of the credit hours required under **(a)** [(a)(2)] of this section for a renewal of a chiropractic license may be obtained over the Internet or by distance learning.

(g) An applicant applying for renewal who has been licensed more than 90 days but

less than one year of the concluding biennial license period is not required to submit proof of completion of continuing education. Eff. 6/29/84, Register 90; am 5/10/90, Register 114; am 12/7/97, Register 144; am 5/8/99, Register 150; am 1/29/2009, Register 189; am 11/28/2009, Register 192; am 8/14/2010, Register 195; am 9/7/2012, Register 203; am ____/____/_____, Register _____)

Authority: AS 08.20.055 AS 08.20.170

The article heading for Article 4 is amended to read:

Article 4. Utilization [PEER] Review.

12 AAC 16.400 is amended to read:

12 AAC 16.400. Utilization [PEER] review committee. (a) For the purposes of AS 08.20.185, the board will, in its discretion, appoint a **utilization** [PEER] review committee that is advisory to the board.

(b) A **utilization** [PEER] review committee appointed by the board will consist of four individuals. Three members of the **utilization** [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 **utilization** [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. (Eff. 2/21/97,

Register 141; am ____/____/_____, Register _____)

Authority: AS 08.20.055 AS 08.20.185

12 AAC 16.410 is amended to read:

12 AAC 16.410. Term of appointments to utilization [PEER] review committee. (a)

Members of the utilization [PEER] review committee are appointed for staggered terms of two years.

(b) Repealed 1/29/2009.

(c) A member of the utilization [PEER] review committee may be removed by the board for cause.

(d) A member of the utilization [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. (Eff. 2/21/97, Register 141; am 1/29/2009, Register 189; am ____/____/_____, Register _____)

Authority: AS 08.20.055 AS 08.20.185

12 AAC 16.420 is amended to read:

12 AAC 16.420. Conduct of utilization [PEER] review. (a) A patient, patient's representative, insurer, or the patient's chiropractic physician may file a request for utilization [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 utilization [PEER] review fee established in 12 AAC 02.150; and

(3) if the **utilization** [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 **utilization** [PEER] review committee the information required in (c) of this section.

(c) A licensee involved in a case submitted to the **utilization** [PEER] review committee shall submit to the **utilization** [PEER] review committee all necessary records and other information concerning the patient's treatment.

(d) The **utilization** [PEER] review committee shall conduct a **utilization** [PEER] review for each request for **utilization** [PEER] review submitted to it in accordance with guidelines established by the board. Except as provided in (f) of this section, the **utilization** [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 **utilization** [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] **chiropractic physicians** for the same or similar services.

(f) If the **utilization** [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 **utilization** [PEER] review committee may not report its finding to the board, but instead shall refer the matter to the department's investigative section. The **utilization** [PEER] review committee shall provide all information gathered in connection with the **utilization** [PEER] review to the department's investigative section.

(g) Repealed 1/6/2002. (Eff. 2/21/97, Register 141; am 1/6/2002, Register 161; am 8/20/2004, Register 171; am 5/27/2006, Register 178; am ____/____/_____, Register _____)

Authority: AS 08.20.055 AS 08.20.185

The introductory language of 12 AAC 16.430(a) is amended to read:

(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 **utilization** [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:

• • •

12 AAC 16.430(b) is amended to read:

(b) The **utilization** [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.

(Eff. 1/6/2002, Register 161; am 11/28/2009, Register 192; am 9/7/2012, Register 203; am

____/____/____, Register _____)

Authority: AS 08.20.055 AS 08.20.185

12 AAC 16.990(a) is amended by adding new paragraphs to read:

(7) "general supervision" means the directing of the authorized activities by a licensed chiropractic physician and shall not be construed to require the physical presence of the supervisor when directing such activities;

(8) "personal supervision" means that the licensed chiropractic physician must be physically present at the same office location where the services are being furnished.

(Eff. 6/29/84, Register 90; am 8/31/86, Register 99; am 6/3/89, Register 110; am 1/6/2002, Register 161; am 8/14/2010, Register 195; am 3/16/2011, Register 197; am ____/____/____, Register _____)

Authority: AS 08.20.055 AS 08.20.900

FCLB/NBCE/CCE Updates

Breakthrough Regulation

Districts I & IV Regional Meeting ~ The Coeur d' Alene Resort

Please note: Travel days are Thursday and Sunday. Meetings will take place on Friday and Saturday from 8:00 a.m. until approximately 2:00 p.m.

On Saturday afternoon, Drs. Buchanan and Campion will conduct a question and answer session for attendees, as well as a review of FCLB Committees and an overview of FCLB initiatives.

Agenda subject to change
Updated 9/18/2019

Friday, October 4, 2019 - 7:30 AM Breakfast - 8:00 AM Meeting Begins Meeting Room: To be determined

8:00 AM

GREETINGS AND OPENING REMARKS - *Dr. James Buchanan and Dr. Karen Campion*

INTRODUCTIONS

PowerPoint

FCLB BOARD REPORT

OVERVIEW OF YOUR FEDERATION

FCLB Update, Current Projects, Financial Report

Upcoming Meeting: FCLB Annual Conference - Denver, CO – 2020

REPORTS FROM OTHER ORGANIZATIONS

PowerPoint

- Presentation - NBCE Directors
- ICRS Update

Discussion: Hot Issues in Chiropractic Regulation & Professional Governance

ROUNDTABLE DISCUSSIONS - BY TOPIC

1. DISCIPLINARY TOPICS

1. What type of complaints have been issued by insurance companies regarding licensees, and how does your jurisdiction handle these complaints?
2. How does your jurisdiction handle physicians with impairment?
3. What is your jurisdiction's process for handling CA disciplinary issues?
4. What proactive rules could be in place to address frequent issues that come before your jurisdiction? (i.e. records requirements, CE audits, etc.)
5. Does your jurisdiction disclose pending charges against a licensee?

Lunch on your own

Saturday, October 5, 2019 - 7:30 AM Breakfast 8:00 AM Meeting Begins

Discussion Continues: Hot Issues in Chiropractic Regulation & Professional Governance

2. GENERAL REGULATORY ISSUES

1. CBD - what is your jurisdiction's position?
2. How will your jurisdiction handle complaints against physicians who are traveling to treat?
3. What is your jurisdiction doing to help mitigate the opioid crisis?
4. How does your jurisdiction handle multi-disciplinary clinics?
5. Open Forum

3. BOARD OPERATIONS

1. What is the scope of authority for your board members?
2. What is your jurisdiction's communication protocol between board members and board administrators?
3. Is your jurisdiction able to promulgate endorsement of guidelines or regulations?
4. Deregulation and board operations
5. Open Forum

FCLB COMMITTEE REPORTS

1. CHIROPRACTIC BOARD ADMINISTRATORS

- Update - Overview of meetings and reminder of scholarships available for 2020

2. CHIROPRACTIC BOARD LEGAL ADVISERS

- Update - Scholarship reminder for 2020

3. RESOLUTIONS AND BYLAWS COMMITTEE

- Please note the following changes to FCLB board policy:
 - Resolutions must be submitted to the FCLB 30 days prior to the FCLB annual meeting. The deadline for 2020 is 3/25/2020.
 - The FCLB Delegate and Alternate designation deadline is now 60 days prior to the annual meeting (2/24/2020).

4. PACE COMMITTEE

- Update - Overview of committee meetings and future actions

REPORTS FROM OTHER ORGANIZATIONS

1. FEDERATION OF ASSOCIATIONS OF REGULATORY BOARDS (FARB) & Request from FCA

- Update - Leadership Forum and Regulatory Law Seminar review
- Florida Chiropractic Association - Request for Power Poll "Licensing Applicants from Foreign Educational Institutions"

REGULATION IN THE NEWS

- Interesting articles - read these at your leisure

NEW BUSINESS

FUTURE FCLB EDUCATIONAL MEETINGS

- ANNUAL CONFERENCE:
Spring 2020 - April 22 - 26, 2020 - Denver, Colorado
- DISTRICT REGIONAL MEETINGS:
Fall 2020 - Lake Tahoe, NV - October 8-11
Fall 2021 - TBD

UPCOMING MEETINGS / AFFILIATED ASSOCIATIONS & ORGANIZATIONS

Refer to
last pages

- Alphabet Soup - our popular reference of other organizations and their scheduled meetings

Investigative Report



MEMORANDUM

DATE: November 07, 2019
TO: Alaska Board of Chiropractic Examiners
THRU: Greg Francois, Chief Investigator
FROM: Jasmin Bautista, Investigator
RE: Investigative Report for the November 22, 2019 Meeting

The following information was compiled as an investigative report to the Board for the period of August 10, 2019 thru November 07, 2019; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegal in Juneau, regarding continuing education audits and license action resulting from those matters are not covered in this report.

OPEN - 2

<u>Case Number</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Status Date</u>
CHIROPRACTOR			
2019-000742	Practice beyond scope	Complaint	08/09/19
2017-001044	Sexual misconduct	Monitor	

Closed - 0

<u>Case #</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Closed</u>	<u>Closure</u>
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END OF REPORT

ACS Update

Alaska Chiropractic Society Staff

Executive Director

Debbie Ryan

(907) 222-2123
office
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cell
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fax

email Debbie



Executive Administrator

Sheri Ryan

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email Sheri



Alaska Chiropractic Society Officers/Board Members 2014 - 2016

<p>Dr. Todd Curzie, President</p> <p>Phone: (907) 569-9355</p> <p>email President</p>	<p>Some of you know me and of course, some may not. I have practicing in Anchorage, Alaska for over 17 years. I have been a member of the ACS since that year. I am a huge advocate of chiropractors being a member of a unified group. I totally support the ACS and its mission to support Chiropractic and its progress.</p> <p>I have been treasurer of the ACS from 2006-2010. I have raised funds by directing a golf tournament for 5 years. I currently sit on the legislative committee for the ACS. I am a strong supporter of my alma mater. I hosted a radio show for a few years to benefit all chiropractors in the community.</p> <p>There is no doubt that I truly support the chiropractic community.</p> <p>There are many reasons that I wish to be president of the ACS, but my primary motivation is to keep Chiropractic moving forward without compromising our founding principles. I believe we need a president with a good foundation and understanding of our core principles in order to move forward. Yes, I am strong in the philosophy of chiropractic, but I'm not naive.</p> <p>We have a bright future ahead of us as chiropractors. We don't need to be afraid of the government or other health care providers. We need to be strong and unite as a group and move forward.</p> <p>Join me in my mission to provide CHIROPRACTIC services to our great state and let us be the example other states follow.</p>	
	<p>Kelly Ryan is a 2008 Palmer College of Chiropractic graduate who currently practices in Anchorage, Alaska. Some of his hobbies include public speaking, skiing, snowboarding, reading, playing music, cooking, and engaging the arts. He holds membership and actively participates in various organizations including the Alaska Chiropractic Society, Toastmasters International, the Loyal Order of the Moose, and he serves as a current board member for the International Gallery of Contemporary Art. He also served two terms as a board member for the Chugach Power Talkers Toastmasters group. As a chiropractor he focuses on evidence based procedures and strives to deliver the best care to his patients. His future goals within the profession include improving chiropractic efficacy through the promotion of best practices, promoting chiropractic to the public through various local and national organizations, and working intimately with local, state, and federal entities to preserve and expand chiropractic influence in modern healthcare.</p>	<p>Dr. Kelly Ryan, Vice President</p> <p>Phone: (907) 222-2100</p> <p>email Vice-President</p>
<p>Dr. John Pairemore, Treasurer</p> <p>Phone: (907) 677-6953</p> <p>email Treasurer</p>	<p>Dr. John Pairemore has lived in Alaska since 1982 and practices in Anchorage. He is a 2002 graduate of Palmer College of Chiropractic and received his CCSP in 2006. Dr. Pairemore is a Gonstead practitioner and is certified in the Gaston technique. He is married to his beautiful wife Sengthiene and they have three awesome kids.</p>	
		<p>Dr. Joel Adkins, Secretary</p> <p>Phone: (907) 333-3535</p> <p>email Secretary</p>

Public Comment/ Correspondence

A. Rich Woolley - Prolotherapy

From: [REDACTED]
To: [Bay, Thomas L \(CED\)](#)
Subject: Prolotherapy
Date: Friday, October 25, 2019 4:07:08 PM

Good morning Thomas,

I've looked over the minutes from the recent board meeting, and wanted to follow up regarding my intentions for prolotherapy. My goal would be to use prolotherapy as an avenue to stimulate healing and regeneration of connective tissue and cartilage. If I were to use it, I would use products that do not require a DEA number. I principally had dextrose in mind as a possible agent, but ozone is also something I am hoping to utilize.

Would you please forward this email to Dr. Reinhardt as well?

--

Rich Woolley, DC, MS, ATC, CMTPT

Budget Report/Division Update

A. FY19 4th Quarter Fiscal Review

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing
Schedule of Revenues and Expenditures

Board of Chiropractic Examiners	FY 14	FY 15	Biennium	FY 16	FY 17	Biennium	FY 18	FY 19	Biennium
Revenue									
Revenue from License Fees	\$ 24,503	\$ 146,375	\$ 170,878	\$ 22,505	\$ 216,640	\$ 239,145	\$ 36,390	\$ 211,760	\$ 248,150
Allowable Third Party Reimbursements	537	557	1,094	-	1,373	1,373	505	-	505
TOTAL REVENUE	\$ 25,040	\$ 146,932	\$ 171,972	\$ 22,505	\$ 218,013	\$ 240,518	\$ 36,895	\$ 211,760	\$ 248,655
Expenditures									
Non Investigation Expenditures									
1000 - Personal Services	40,701	40,079	80,780	32,959	19,500	52,459	51,958	59,328	111,286
2000 - Travel	17,350	15,990	33,340	14,510	11,005	25,515	15,220	6,618	21,838
3000 - Services	2,518	7,569	10,087	14,256	3,262	17,518	6,067	4,456	10,523
4000 - Commodities	325	80	405	32	81	113	123	108	231
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	60,894	63,718	124,612	61,757	33,848	95,605	73,368	70,510	143,878
Investigation Expenditures									
1000-Personal Services	9,227	14,665	23,892	28,382	14,795	43,177	7,019	6,773	13,792
2000 - Travel	-	-	-	-	-	-	-	-	-
3023 - Expert Witness	2,250	1,350	3,600	-	-	-	-	-	-
3088 - Inter-Agency Legal	8,631	3,768	12,399	8,008	11,243	19,251	6,780	-	6,780
3094 - Inter-Agency Hearing/Mediation	-	-	-	410	557	967	326	-	326
3000 - Services other	-	-	-	-	-	-	-	78	78
4000 - Commodities	-	-	-	-	-	-	-	-	-
Total Investigation Expenditures	20,108	19,783	39,891	36,800	26,595	63,395	14,125	6,851	20,976
Total Direct Expenditures	81,002	83,501	164,503	98,557	60,443	159,000	87,493	77,361	164,854
Indirect Expenditures									
Internal Administrative Costs	9,435	10,333	19,768	11,957	10,713	22,670	15,029	16,664	31,693
Departmental Costs	8,377	13,713	22,090	10,012	9,009	19,021	12,087	14,108	26,195
Statewide Costs	5,883	7,166	13,049	3,823	2,971	6,794	6,591	6,797	13,388
Total Indirect Expenditures	23,695	31,212	54,907	25,792	22,693	48,485	33,707	37,569	71,276
TOTAL EXPENDITURES	\$ 104,697	\$ 114,713	\$ 219,410	\$ 124,349	\$ 83,136	\$ 207,485	\$ 121,200	\$ 114,930	\$ 236,130
Cumulative Surplus (Deficit)									
Beginning Cumulative Surplus (Deficit)	\$ 80,345	\$ 688		\$ 32,907	\$ (68,937)		\$ 65,940	\$ (18,365)	
Annual Increase/(Decrease)	(79,657)	32,219		(101,844)	134,877		(84,305)	96,830	
Ending Cumulative Surplus (Deficit)	\$ 688	\$ 32,907		\$ (68,937)	\$ 65,940		\$ (18,365)	78,465	
							* Fee analysis recommended		
Statistical Information									
Number of Licensees	314	336		343	379		379	361	
Additional information:									
<ul style="list-style-type: none"> • Fee analysis required if the cumulative is less than zero; fee analysis recommended when the cumulative is less than current year expenditures; no fee increases needed if cumulative is over the current year expenses * • Most recent fee change: Fee increase FY17 • Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065. 									

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing
Schedule of Revenues and Expenditures

Appropriation	(All)
AL Sub Unit	(All)
PL Task Code	CH11

Sum of Budgetary Expenditures Object Name (Ex)	Object Type Name (Ex)				
	1000 - Personal Services	2000 - Travel	3000 - Services	4000 - Commodities	Grand Total
1011 - Regular Compensation	33,941.20				33,941.20
1023 - Leave Taken	4,811.89				4,811.89
1028 - Alaska Supplemental Benefit	2,380.23				2,380.23
1029 - Public Employee's Retirement System Defined Benefits	1,178.78				1,178.78
1030 - Public Employee's Retirement System Defined Contribution	1,746.03				1,746.03
1034 - Public Employee's Retirement System Defined Cont Health Reim	1,463.71				1,463.71
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	312.11				312.11
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	3,781.83				3,781.83
1039 - Unemployment Insurance	66.25				66.25
1040 - Group Health Insurance	13,704.35				13,704.35
1041 - Basic Life and Travel	20.87				20.87
1042 - Worker's Compensation Insurance	311.90				311.90
1047 - Leave Cash In Employer Charge	890.91				890.91
1048 - Terminal Leave Employer Charge	542.77				542.77
1053 - Medicare Tax	543.28				543.28
1069 - SU Business Leave Bank Contributions	2.81				2.81
1077 - ASEA Legal Trust	67.91				67.91
1079 - ASEA Injury Leave Usage	3.55				3.55
1080 - SU Legal Trst	9.60				9.60
1970 - Personal Services Transfer	320.08				320.08
2000 - In-State Employee Airfare		268.65			268.65
2001 - In-State Employee Surface Transportation		38.35			38.35
2002 - In-State Employee Lodging		387.00			387.00
2003 - In-State Employee Meals and Incidentals		180.00			180.00
2005 - In-State Non-Employee Airfare		1,737.11			1,737.11
2006 - In-State Non-Employee Surface Transportation		7.30			7.30
2007 - In-State Non-Employee Lodging		534.00			534.00
2008 - In-State Non-Employee Meals and Incidentals		570.00			570.00
2009 - In-State Non-Employee Taxable Per Diem		77.00			77.00
2010 - In-State Non-Employee Non-Taxable Reimbursement		770.38			770.38
2020 - Out-State Non-Employee Meals and Incidentals		224.00			224.00
2022 - Out-State Non-Employee Non-Taxable Reimbursement		1,824.58			1,824.58
3000 - Training/Conferences			295.00		295.00
3002 - Memberships			1,124.00		1,124.00
3035 - Long Distance			119.33		119.33
3036 - Local/Equipment Charges			397.30		397.30
3044 - Courier			10.55		10.55
3045 - Postage			36.34		36.34
3046 - Advertising			435.45		435.45
3057 - Structure, Infrastructure and Land - Rentals/Leases			52.10		52.10
3069 - Commission Sales			57.00		57.00
3088 - Inter-Agency Legal			1,532.25		1,532.25
3970 - Contractual Transfer			475.00		475.00
4002 - Business Supplies				108.41	108.41
Grand Total	66,100.06	6,618.37	4,534.32	108.41	77,361.16