



of the changes were in line with what the board was trying to accomplish. Mr. Bay explained that he had made the following changes to the board's regulation changes of 12 AAC 16.030(a)(6):

(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. Anything in green was changed and approved by the subcommittee prior to this teleconference. Anything in red was changed by the division as a recommendation. Red brackets indicate recommended language being deleted.)

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 64 32 credit hours of [approved] continuing education as provided in 12 AAC 16.030(a)(6)(A) - (G) approved by the board or an equivalent licensing jurisdiction taken within two years preceding the date of the application [taken within the two years of the date of application as listed]:**

**(A) 16 eight hours in radiographic safety, radiographic techniques, and interpretation, or diagnostic imaging;**

**(B) eight two hours in coding and documentation;**

**(C) eight two hours in ethics and boundaries;**

**(D) four two hours in cardiopulmonary resuscitation**

**(E) 28 eighteen additional hours in clinical 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

The board discussed the recommended changes and decided to keep them because they were in line with the biennial license requirements for renewing chiropractors, which was their objective.

Mr. Bay went on to explain the following changes that he had made to 12 AAC 16.052(d), (e), and (f), which were part of a new section that the subcommittee added:

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

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

- (1) diagnostic imaging studies;
- (2) examination procedures;
- (3) use 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 2000 hours or more experience is required to 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 six months of effective date of these regulations.

(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 2000 hours of experience is required to take 24 hours of approved education and 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 effective date of these regulations.

(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 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 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 use the title “Certified Chiropractic Clinical Assistant” or another [other] designation indicating status, including abbreviations, or hold themselves out directly or indirectly as a Certified Chiropractic Clinical Assistant, unless having completed the requirements [of] under (d), (e), or (f) of this section [above].

(i) After completing the initial certification requirements [of] under (d), (e), or (f) of this section [above], Chiropractic Clinical Assistants must maintain current certification per the requirements 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).

Mr. Bay asked if the changes were accurate to what the subcommittee and board were trying to accomplish. They agreed that the changes, which were really just a cleanup, were done correctly. Mr. Bay also explained that the highlighted portions of the regulations were not changes, but that they would need to be talked about during the teleconference, and that Renee Hoffard, Records and Licensing Supervisor, would be joining the teleconference to discuss it.

Mr. Bay explained to the subcommittee that he had added in a section that the Alaska Board of Chiropractic Examiners had motioned, at the last board meeting, to include in the regulations project, and it reads as follows:

12 AAC 16.130(a) is amended to read:

**12 AAC 16.130. State Chiropractic Examination.** (a) The state chiropractic examination consists of a written [AND ORAL] examination, administered by the board or the board's agent, covering AS 08.01 – AS 08.03, AS 08.20, 12 AAC 02, 12 AAC 16, and 18 AAC 85, and any other subjects that the board determines are necessary to demonstrate knowledge of chiropractic as defined in AS 08.20.

The change removes the oral examination from the state chiropractic examination. The reason for this is that the oral examination is basically a meet and greet where the examinees meet the board and answer questions that are of a general nature. The oral examination is also required to be administered by the board or the board's agent, meaning that there is a face to face conversation that is much harder to accomplish now that the board only has one face to face board meeting each fiscal year. Even if the board had an agent do the oral examination the board would still need to answer the examinee's questions, which would delay them getting licensed.

Mr. Bay began conversation regarding the FAQ worksheet. He explained that an FAQ worksheet was required to be filled out for each regulation change, but that similar changes to regulations could be consolidated. He informed the board that, if they felt comfortable, he could do them outside the board meeting, to which they agreed. Mr. Bay explained that he could do most of them outside the board meeting but that there were a few regulation changes that he did not feel comfortable filling out an FAQ worksheet for on his own and wanted to get finished during the board meeting.

*Renee Hoffard, Records and Licensing Supervisor, joined the meeting at 10:48 a.m.*

Mr. Bay updated Ms. Hoffard on what had been discussed so far at the board meeting. Ms. Hoffard began discussion on the highlighted portions of the regulations as listed above in 12 AAC 16.052. She explained that the board would need to replace the highlighted portions at the end of sections (d) and (e) with actual dates because the way they were written had effective dates of the regulations being put into effect. The problem with this is that regulations change and are updated in the future, meaning that the effective dates would change in the future. After deliberation, and citing when the regulations would likely be put into effect, the board decided to make the effective date for section (d) May 15<sup>th</sup>, 2020, and the effective date for section (e) November 15<sup>th</sup>, 2020. Ms. Hoffard continued with her discussion on the highlighted portions of the regulations by referring to the middle of section (e), which refers to a requirement for a chiropractic clinical assistant with less than 2,000 hours of

experience to take 24 hours of approved education in addition to other requirements as set out by their nationally recognized program. She explained that all chiropractic clinical assistants must be treated the same and that the way the regulations project reads makes it so that is not the case. Sheri Ryan explained that this requirement comes from the Federation of Chiropractic Licensing Boards (FCLB) and that the subcommittee wanted to make sure that it was followed in the state of Alaska. After deliberation the board decided to amend 12 AAC 16.052(e) by replacing the words, “required to take 24 hours of approved education and,” with, “required to,” as to read, “with less than 2,000 hours of experience is required to complete the requirements as set forth.” This change makes sure a chiropractic clinical assistant follows the requirements of the FCLB, but also treats all chiropractic clinical assistants the same in the board’s regulations.

Dr. Larson asked if 12 AAC 16.052(a) required a person to become a chiropractic clinical assistant in order to perform diagnostic imaging studies, examination procedures, and use ancillary methodologies as listed in AS 08.20.900(1). He pointed out that the way the regulation reads makes it so that chiropractic clinical assistants may perform these procedures, but that anybody else can too. Ms. Ryan pointed out that it was the subcommittee’s goal to make this regulation specific to chiropractic clinical assistants only. The board decided to amend 12 AAC 16.052(a) by adding the word, “Only,” to the beginning of the section as to read, “Only a chiropractic clinical assistant may.”

Ms. Ryan pointed out that 12 AAC 16.042(b) was missing a requirement that was meant to be in them. She referred to the following regulations:

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

- 12 AAC 16.042. Intern scope of practice.** (a) A chiropractic intern may, under the personal supervision of a chiropractic preceptor,
- (1) use chiropractic core methodologies as defined in AS 08.20.900(6), except that chiropractic diagnosis must be provided by the chiropractic preceptor; and
  - (b) A chiropractic intern may, under the general supervision of a chiropractic preceptor,
    - (1) perform diagnostic imaging studies;
    - (2) 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 of graduate level enrollment at a chiropractic institution accredited by the Council on Chiropractic Education (CCE) and be accepted into and approved to participate

in an internship program by their accredited chiropractic college in this state. Internship placement in this state 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 approved time period by their accredited chiropractic college, whichever comes first. Written extensions of an internship may be granted by the board.

Ms. Ryan explained that 12 AAC 16.042(b) should include three subsections and not two. She informed the board that it should be changed to the following:

12 AAC 16.042(b) is amended to read:

- (b) A chiropractic intern may, under the general supervision of a chiropractic preceptor,
- (1) perform diagnostic imaging studies;
  - (2) examination procedures;
  - (3) use ancillary methodologies as defined in AS 08.20.900(1).

The board agreed that this was just an oversight and approved the amendment.

Dr. Larson asked what the next section was that needed to be talked about, to which Mr. Bay responded that he wanted to talk about the following regulation:

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

**12 AAC 16.051. Patient examinations for school and sports activities.** A ~~chiropractor~~ **chiropractic physician** may perform physical examinations under AS 08.20.100(b)(5) within the scope of their professional licensing, training, and education.

Mr. Bay explained that this regulation mirrored AS 08.20.100(b)(5), but that the only difference was that the statute allowed a chiropractic physician to perform the physical examinations, “within the scope of chiropractic practice,” and the regulation allowed a chiropractic physician to perform the physical examination, “within the scope of their professional licensing, training, and education.” Mr. Bay asked the board if there was a difference between the language in statute vs. regulation, and if the regulation was in there for a reason. The board stated that the language may have been added at the early stages of the regulations project and that it would allow for regulation changes in the future. Ms. Ryan suggested making the language in regulation the same as in statute because all chiropractic physicians have the same scope of professional licensing, training, and education when it comes to

being able to administer physical examinations of children for school physical examinations and preparticipation physical examinations for sports and school activities. After a brief conversation the board decided to amend 12 AAC 16.051 by replacing the words, “their professional licensing, training, and education,” with, “chiropractic practice,” as to read, “within the scope of chiropractic practice.”

Dr. Larson asked if there was a provision that allowed an intern to stay working as an intern until they were able to get licensed, citing that a lot of newly graduated chiropractors get licensed in other states because Alaska does not allow them to get licensed until they receive their board scores from the NBCE, and that Part IV is only offered twice a year which results in a delay of licensing. Ms. Ryan explained that the State of Alaska is not allowing the board to directly oversee an intern program or charge a fee to do any type of screening of an intern, so the board has to rely on colleges to administer the program, which means that there is no avenue for a graduated chiropractor to work as a chiropractor until he/she has fulfilled all licensing requirements. Mr. Bay reiterated Ms. Ryan’s explanation and that he currently had one applicant that is in the same unfortunate case where he will not be allowed to work until his board scores are on file. He suggested that the board add this to the annual report as proposed legislation for Fiscal Year 2020. The board agreed that this would be a good thing to add to the annual report, which they will be finalizing shortly after the teleconference.

Mr. Bay mentioned that he had planned on working on a few of the FAQ worksheets with the board, but that the computer he was on did not have Adobe Acrobat, and was wondering if he could work on them with a board member outside of the board meeting to get them finished. Ms. Ryan asked if she was allowed to work with Mr. Bay, citing that she was only a subcommittee member. After receiving approval from division staff, Dr. Larson assigned Ms. Ryan to speak on behalf of the board and help Mr. Bay fill out the FAQ worksheets.

Ms. Hoffard began conversation on the possibility of adding a new article in their regulations specific to scope of practice. She mentioned that with these regulation changes the updated regulations will have multiple scope of practice sections and that they may want to be combined into their own article so they are all in one place. Dr. Morris explained that he needed to step out of the meeting but that he would be back momentarily.

*James Morris, Doctor of Chiropractic, left the meeting at 11:56 a.m.*

Ms. Hoffard continued the conversation by suggesting that the new article be inserted into the current articles between Article 2, “Licensing,” and Article 3, “Continuing Education,” as to create a new Article 3 titled, “Scope of Practice,” and would move each subsequent article down by one number. The board and subcommittee agreed that this would be a good idea. Having nothing left to address, Ms. Hoffard left the meeting.

*Renee Hoffard, Records and Licensing Supervisor, left the meeting at 11:58 a.m.*

Mr. Bay explained the process of either sending the regulations out for public comment via oral testimony or written comment. Dr. Larson suggested that written comment would work fine because the regulations should not be a big issue for the general public or other boards, and that most of it is clarification and additional regulation within their own scope of practice.

*James Morris, Doctor of Chiropractic, joined the meeting at 12:05 a.m.*

