

State of Alaska
Board of Chiropractic
Examiners

February 28, 2020

Board Packet

Robert Atwood Building

550 West 7th Avenue,

Suite 1550

Anchorage, 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

Meeting Name: Alaska Board of Chiropractic Examiners
Meeting Start Time: 10:00 AM Alaskan Standard Time
Meeting Start Date: 02/28/2020
Meeting End Time: 5:30 PM Alaskan Standard Time
Meeting End Date: 02/28/2020
Meeting Location: Video Conference Originating from Anchorage

Robert Atwood Building
550 West 7th Avenue
Suite 1550

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: February 11, 2020
4. 10:15 a.m. - Board Business
 - A. Ethics Reporting
 - B. Election of Officers
 - C. Review Goals & Objectives
 - i. AS 08.01.050(d)
 - ii. Advanced Practitioner Status
 - iii. Task List from November 22, 2019 Board Meeting
 - iv. Annual Report
 - D. Ratify New Licenses
 - i. Adam Groch
 - ii. Dillon Ingham
 - E. Position Statements
 - i. Dry Needling
5. 11:30 a.m. - Statutes and Regulations
 - A. Legislative Update
 - B. Current Regulations - Updated 02/23/2020
 - C. Regulation Projects
 - i. Definitions
 - a. Prescription Drugs

- b. Surgery
 - c. Nutrition/Nutritional Substance
 - ii. State Jurisprudence Examination
- 6. 12:00 p.m. - Lunch
- 7. 1:00 p.m. - Statutes and Regulations (continued)
- 8. 1:15 p.m. - Investigative Report
- 9. 1:30 p.m. - ACS Update
 - A. Groupon Advertising & Social Media Advertising
 - B. ACS Letter to Senator Giessel
- 10. 1:45 p.m. - FCLB/NBCE/CCE Updates
 - A. Ethics and Boundaries Assessment Services (EBAS) Exam
 - B. State Jurisprudence Examination
- 11. 2:15 p.m. - Public Comment/Correspondence
 - A. Dr. John Shannon
 - i. Letter to ABOCE
 - ii. Second Matter - Executive Session
- 12. 2:30 p.m. - Budget Report/Division Updates
 - A. FY20 2nd Quarter Fiscal Review
 - B. Fee Analysis
- 13. 3:00 p.m. - Incomplete Agenda Items
- 14. 3:30 p.m. - Administrative Business
 - A. Set Next Meeting Date/Board Travel
 - B. Task List
- 15. 3:45 p.m. - Adjourn

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
Tuesday, February 11th, 2020

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 via teleconference on February 11th, 2020.

Tuesday, February 11th, 2020

Agenda Item 1

Call to Order/Roll Call

Time: 10:05 a.m.

The meeting was called to order by Chairman, Brian Larson, at 10:05 a.m.

Board members present, constituting a quorum:

Brian Larson, Doctor of Chiropractic
Jeffrey Reinhardt, Doctor of Chiropractic (arrived at 10:08 a.m.)
Jonathan Vito, Doctor of Chiropractic
James Morris, Doctor of Chiropractic
John Wayne Aderhold, Public Member

Division staff present were:

Thomas Bay, Occupational Licensing Examiner
Andy Khmelev, Acting Records and Licensing Supervisor

Present from the public were:

John Shannon, Doctor of Chiropractic
Edward Barrington, Doctor of Chiropractic
Richard Woolley, Doctor of Chiropractic (arrived at 10:19 a.m.)
Sheri Ryan, Chief Operating Officer, Alaska Chiropractic Society
Brian Yelverton, President, Alaska Acupuncture Association (arrived at 10:18 a.m.)
Signe Pignalberi, Practice Manager, Natural Health Center
Sean Logue, Office Director, Advanced Chiropractic

The Board of Chiropractic Examiners (BOCE) welcomed members of the public who were in attendance. Chairman Larson informed them that the board would need to address some board business before addressing the main topics of the teleconference, dry needling and needle EMG.

Agenda Item 2**Review/Approve Agenda****Time: 10:11 a.m.**

After the roll call, Dr. Larson asked the board to review the agenda.

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 written.

Agenda Item 3**Review/Approve Meeting Minutes****Time: 10:12 a.m.**

The board reviewed the meeting minutes from December 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 December 23rd, 2019, as written.

Agenda Item 4**Board Business****Time: 10:13 a.m.****Ethics Report**

Dr. Larson addressed ethics reporting. There were no ethical violations to report. Wayne Aderhold mentioned that, although he did not have any ethical violations to report, he wanted to remind the board that when they talked about their scope of practice that he was not a chiropractor and wanted to make sure that the board wanted him to vote on the matter. Chairman Larson thanked Mr. Aderhold for asking but reminded him that he was the public member of the board, that his opinion was valued, and that he would be called for his vote at the time of voting. Dr. Larson asked the board's examiner, Thomas Bay, to move on to the next agenda item.

Voting Delegate for FCLB/NBCE

Mr. Bay informed the board that they needed to vote on a voting delegate to represent the board at the upcoming Federation of Chiropractic Licensing Boards (FCLB)/National Board of Chiropractic Examiners (NBCE) annual conference. Dr. Larson reminded the board that this conference will be held in Denver, Colorado, towards the end of April 2020. Mr. Bay reminded the board that two of them would no longer be on the board at the time of the conference. He informed them that he had reached out to the other three members to see if they would be available and that only Dr. Larson would be. At this time a member of the public joined the meeting. Dr. Larson asked who was present from the public. Brian Yelverton introduced himself as the president of the Alaska Acupuncture Association.

Brian Yelverton, President, Alaska Acupuncture Association, arrived at 10:18 a.m.

The board continued their conversation. Dr. Larson asked the board if they had any opinions on a voting delegate, to which they did not. He suggested that it would be helpful if they could get Mr. Bay to the conference so he could get more affiliated and work closer with the FCLB/NBCE. At this time a member of the public joined the meeting. Signe Pignalberi introduced Dr. Richard Woolley, who was on the conference line with her.

Richard Woolley, Doctor of Chiropractic, arrived at 10:19 a.m.

The board welcomed Dr. Woolley and continued their conversation. Dr. James Morris informed the board that he thought it would be a great opportunity for the board to get Dr. Larson and Mr. Bay to the conference. Dr. Larson and Mr. Bay agreed to attend the conference.

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

RESOLVED to have Dr. Brian Larson attend the FCLB/NBCE conference and represent the Board of Chiropractic Examiners as a voting delegate.

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		

The board moved onto the next agenda item.

Agenda Item 5

Old Business

Time: 10:22 a.m.

Scope of Practice – Dry Needling/Needle EMG

Dr. Larson began discussion on the topic of dry needling and needle EMG. He explained that for many years the board and chiropractors in the state have been dealing with scope of practice issues such as injectable nutrients and dry needling, in addition to several others. He also explained that current and past boards have opined that, with appropriate training and education, it is within the scope of practice of chiropractors to perform procedures other than spinal manipulation, such as dry needling and injections of various nutrients. He went on to say that the Department of Law (LAW) has consistently opined that these procedures are not within a chiropractor's scope of practice, particularly because these techniques or protocols require the use of needles.

Thomas Bay interjected and informed everybody in attendance that no direct names should be discussed in the meeting, and that if direct names were discussed the board would be required to go into Executive Session, which would also require public members to leave the meeting during that time. The board continued their discussion.

Dr. Larson explained that LAW had based their opinions on the board's current definition of surgery, as defined in 12 AAC 16.990(b)(2):

12 AAC 16.990. DEFINITIONS. (b) In AS 08.20.900,

(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.

Dr. Larson further explained that LAW has opined that the use of a hypodermic needle incises living tissue, as stated in 12 AAC 16.990(b)(2)(A), and, therefore, performing dry needling or injecting a nutrient constitutes a surgical procedure. He went on to say that in the very next section, 12 AAC 16.990(b)(2)(B), it clearly states that surgery does not include venipuncture, which is the use of a hypodermic needle for puncturing the skin to enter a vein for the purpose of administering medications, taking laboratory samples, or administering contrast media for imaging studies. Dr. Larson explained that this has led to a direct conflict of what constitutes surgery. He also explained that LAW had pointed out that the board does have the authority to review and amend their definitions in regulation as needed. He further explained that the board received a directive from the Governor's Office that ordered all professional boards to review their statutes and regulations in an attempt to clean them up and bring them up to modern times, specifically looking at areas that would benefit the public and the professions. Dr. Larson informed everybody in attendance that the ABOCE had already begun a regulations project to amend the definition of surgery, specifically to redefine the definition of surgery to look similar to the State of Virginia's, which would clearly state that certain procedures such as acupuncture, dry needling, injectable nutrients, suturing, etc. do not constitute surgery, thus clearing up the issue of using a needle. At this time Dr. Larson, as Chair, invited Dr. John Shannon to speak for five minutes on dry needling/needle EMG, and informed others from the public that if they wanted to, they could speak after Dr. Shannon was finished.

Dr. Shannon thanked the board for allowing him to speak. He began by saying that the Attorney General's Office's opinion that dry needling/needle EMG constitutes surgery was absurd. He used other professions and their scope of practice to explain his reasoning. He explained that the scope of practice for acupuncturists explicitly excludes surgery, yet they use needles on a daily basis. He went on to say that physical therapists use dry needling, but that there is nothing in their statutes that allow for puncturing of the skin or dry needling. He asked why is it that these professions can do dry needling and it does not constitute surgery, but that when chiropractors do it, it does. He explained that even medical assistants, who earn a one-year technical degree, can give injections. He further explained that lobotomists, who receive a several month-long certification, can use needles to draw living tissue out of the human body. He stated that chiropractors are allowed to do venipuncture in their scope of practice and that it requires a needle, which contradicts LAW's interpretation that using a needle constitutes surgery. He went on to say that chiropractors have statutory authority to do trigger point therapy, which, according to nearly all national definitions, includes massage, myotherapy, dry needling, and/or injections. He stated that, with all due respect, LAW's interpretation was meaningless and cited Director Sara Chambers' memorandum to the board from their December 23rd, 2019, board meeting, where she informed the board that neither the division or the Department of Law determine the scope of practice for any state licensed profession. He informed the board that he was dealing with a Worker's Comp case and that an attorney general argued that the procedures he does are not within a chiropractor's scope of practice, but that it was just an opinion and that it carried no legal weight. Dr. Shannon reminded the board that they had previously approved dry needling two years ago, but that they were going back on their decision based off of the December 23rd, 2019, meeting minutes. He informed the board that past chiropractic boards have approved needle EMG since 1992 or 1993. He expressed his frustration with the board's ruling because past boards have approved both dry needling and needle EMG for the better part of a quarter century and all of a sudden they are not allowed to perform them. He ended by stating that the Board of Chiropractic Examiners has the sole authority to make these determinations and requested that the comments in the December 23rd, 2019, meeting minutes be rescinded because it will dramatically affect businesses and the treatment of their patients, and that if something happens with dry needling or needle EMG in a chiropractic office malpractice insurance will not cover it. Dr. Larson thanked Dr. Shannon and asked Mr. Bay to explain the issue with the December 23rd, 2019, meeting minutes.

Mr. Bay explained that the board, during their December 23rd, 2019, meeting, used LAW's interpretation of dry needling and needle EMG constituting surgery to decide that they could not approve of them at that time because they were a questionable portion of practice. Mr. Bay explained that, although the board came to that decision, they never made a motion on the record to change their previous opinion, so their previous opinion was still in effect. Dr. Larson assured Dr. Shannon that the board's previous opinion had not been rescinded and reminded him that the board is working on a regulations project to clear up the confusion of what constitutes surgery. Dr. Larson asked if there was anybody else that would like to speak, to which Brian Yelverton said yes. Dr. Larson invited Mr. Yelverton to speak.

Brian Yelverton introduced himself as a currently licensed acupuncturist in Alaska and the president of the Alaska Acupuncture Association (AKAA). He explained that it is the AKAA's purpose to protect the health, welfare, and public interest of Alaskans in regard to their access to acupuncture in Alaska. He informed the board that the AKAA, National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), and the American Medical Association all share the very clear position that dry needling, myofascial trigger point needling and/or intramuscular stimulation should not be performed by anyone other than a licensed acupuncturist and/or medical doctor with a certification in medical acupuncture. Mr. Yelverton informed the board that he had recently found out that the BOCE wanted to add acupuncture into the chiropractic scope of practice. He expressed concern for the profession of acupuncture as well as the health and safety of Alaskans, stating that allowing all chiropractors to practice acupuncture without nationally recognized education in the field is both inappropriate and irresponsible. He also stated that dry needling is acupuncture and falls into the same category of unsafe and unregulated practice. He ended by saying that he values working collaboratively with both professions and does not wish to create an adversarial situation moving forward, but instead would appreciate the opportunity to work together in advocating for public safety and appropriate regulation. Dr. Larson thanked Mr. Yelverton and asked him to get any paperwork that he would like the board to see to Mr. Bay so they could address it at another time. He also asked Mr. Yelverton if he thought the AKAA would be amenable to allowing chiropractors to receive the same acupuncture training that is currently allowable for medical doctors. Mr. Yelverton said that he could not speak for the association, but that he thought it would be rational and appropriate. Dr. Larson and Mr. Yelverton agreed that there needs to be a standard set before acupuncture is introduced into chiropractic. Dr. Larson asked if there was anybody else that would like to speak, to which Sheri Ryan said yes. Dr. Larson invited Ms. Ryan to speak.

Sheri Ryan, Chief Operating Officer for the Alaska Chiropractic Society (ACS), asked if the BOCE's position statement on dry needling would be reposted to the board's website. The board assured her it would. Ms. Ryan informed the board that ACS will put out a message that they were in error regarding the practice alert that was sent out regarding the rescinded opinion of dry needling. Ms. Ryan asked how this information coincides with the December 23rd, 2019, meeting minutes where Mr. Bay was tasked with contacting a chiropractor to explain the board's decision on using needle EMG and dry needling. The board replied that they will stand by their previous opinion, that both procedures are allowable. Ms. Ryan suggested that the board amend their December 23rd, 2019, meeting minutes because it clearly stated that the board discussed the procedures and could not condone them. She expressed concern that chiropractors would have a hard time if the minutes were not amended. The board discussed Ms. Ryan's concern. Dr. James Morris asked if the board would need to come up with minimums if they amended the minutes. Dr. Jeffrey Reinhardt said that he did not think they needed to come up with minimums at that time, only that they needed to reestablish on the record that the board has supported these procedures for a very long time and that it was a mistake to change their opinion. He also said that the function of this meeting was not to come up with minimums, but to fix the mistake that was made. Wayne Aderhold agreed with Ms. Ryan, that the minutes should be

amended to reflect the board's opinion. He said that if they did not amend it then it would read the way it did, which was not a reflection of the board's opinion. Ms. Ryan explained that the way the minutes were written informed readers that the board could not approve of the procedures and having that in the minutes would be an issue because it basically says that the procedures are not in a chiropractor's scope of practice and would lead to malpractice insurance not covering them. Dr. Reinhardt agreed with both Ms. Ryan's and Dr. Shannon's stance, and recommended amending the minutes to reflect the board's opinion that both procedures are allowable. Dr. Morris raised his concern over the regulations project they had initiated at the last board meeting, stating that if they were to explicitly allow dry needling, they should have standards set in place so that not just anybody can do dry needling without the proper education and training. Dr. Larson suggested the board discuss standards for dry needling at their upcoming board meeting on February 28th, 2020, possibly through a regulations project. Dr. Larson asked Mr. Bay how the board would go about making a motion to amend their December 23rd, 2019, meeting minutes. Mr. Aderhold said that he did not think the board needed to amend the minutes but make a reversal of some kind because the minutes were written correctly. Ms. Ryan suggested that the board amend certain language from the minutes so that someone looking at those specific minutes would get the correct information. The board discussed possible motions to clear up the confusion in the December 23rd, 2019, meeting minutes.

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 meeting minutes from the December 23rd, 2019, teleconference meeting to reflect that the Board of Chiropractic Examiners does not agree with the Department of Law's stance on needle EMG and dry needling and that they are within the scope of practice for chiropractic, and also to put forward a proposal to outline the minimal education requirements at the next board meeting.

The board decided to strike language from the December 23rd, 2019, board meeting.

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

RESOLVED to strike from the December 23rd, 2019, meeting minutes the following verbiage, "The board discussed the topic and agreed, based on the interpretation from the Department of Law, that needle EMG is a questionable portion of practice, and that the board cannot approve of it at this time. The board tasked Mr. Bay with contacting Dr. Wilczak with their decision and to also let her know that they are working towards clarifying statute so that all who pursue advanced training and education can perform the things they are trained to do, and to hold off until there is a clear definition that allows for it. Mr. Bay asked the board if they wanted him to relay the same message to people who ask about dry needling, to which the board agreed," and the task for Mr. Bay to contact Dr. Wilczak.

Dr. Vito let the board know that he had to leave the meeting. The rest of the board stayed in attendance, constituting a quorum.

Jonathan Vito, Doctor of Chiropractic, left the meeting at 11:16 a.m.

Dr. Larson asked if there was anybody else that would like to speak, to which Brian Yelverton asked if he could speak again. Dr. Larson invited Mr. Yelverton to speak again.

Mr. Yelverton raised his concerns with dry needling, stating that there is no consistency with the education. He suggested the board look seriously at the amount of education and training that should be required in order to do dry needling. Dr. Richard Woolley asked if he could speak. Dr. Larson invited him into the conversation. Dr. Woolley explained that he had done dry needling for a long time and agreed with Mr. Yelverton's concerns regarding the issue of inconsistent education and training that is being offered and suggested that the board be thorough in the required education and training they intend to come up with. The board informed everybody in attendance that they intended on having competent standards, likely something similar to what a medical doctor would be required to get. Dr. Larson again asked Mr. Yelverton to submit any recommendations to Mr. Bay so he could get them to the board for review. Sean Logue, Office Director of Advanced Chiropractic, asked if he could speak. Dr. Larson invited him into the conversation. Mr. Logue mentioned that, although the board amended its previous statement and comments, the board's definition of surgery has not changed and asked if they were still subject to the malpractice issue until that definition is changed. The board assured him that they were working on a regulations project to amend that definition and were hopeful it would be completed in the near future. Mr. Bay informed everybody that the board would be addressing their regulations project at their upcoming board meeting in just over two weeks.

Dr. Larson thanked those present from the public for attending the teleconference, informed them that the board was finished speaking on dry needling and needle EMG, and would be moving on to their next agenda item.

Dr. Larson called for a break

Richard Woolley, Doctor of Chiropractic, left the meeting at 11:26 a.m.

Signe Pignalberi, Practice Manager, Natural Health Center, left the meeting at 11:26 a.m.

Off record at 11:26 a.m.

On record at 11:30 a.m.

Agenda Item 6

Correspondence

Time: 11:30 a.m.

The board began discussion on their last agenda item, correspondence from the Alaska Chiropractic Society, through Sheri Ryan. Ms. Ryan informed the board that the Alaska Physical Therapy Association was attempting to pass Senate Bill 47, which was mainly a cleanup bill, and that it included an attempt to own the title, "Physiotherapist." Ms. Ryan explained that it was ACS's concern that if they were granted the title of "Physiotherapist" it could lead to term protection and keep chiropractors from advertising physiotherapy services, which is an approved ancillary methodology of chiropractic in statute. She informed the board that the ACS Executive Board voted unanimously to write a letter in opposition of SB 47 and asked if the BOCE would do the same. Dr. Morris suggested the possibility of not being in total opposition of them adding that title into their language, but that if they did then the board should lobby to also add it into the chiropractic statutes. Dr. Larson explained that chiropractors should not be excluded from that title because it is a statutorily approved procedure in their statutes and being excluded is an infringement on their scope of practice. He also explained that other health professions are trained and allowed to do physiotherapies as well, and that it should not be an exclusive title. Ms. Ryan informed the board that the addition of the title would also result in a misdemeanor if it was used by another profession. She informed the board that the bill has had overwhelming support and no opposition. The board discussed these issues and agreed to write a letter in opposition of SB 47, specifically the addition of owning the term, "Physiotherapist." Dr. Larson volunteered to write the letter.

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

RESOLVED to have Dr. Larson write a letter in opposition to being excluded from the title, “Physiotherapist,” as stated in Senate Bill 47, and to vote on it in OnBoard.

Mr. Aderhold suggested that if the bill was moving fast to make sure to track it, so their letter was sent to the correct place. Dr. Larson asked if there was anything else that the board needed to address, to which there was not. Dr. Larson thanked everybody for being in attendance and adjourned the meeting.

Agenda Item 7

Adjourn

Time: 11:49 a.m.

Having nothing left to address, the Alaska Board of Chiropractic Examiners’s Chair, Brian Larson, adjourned the meeting at 11:49 a.m.

Respectfully Submitted by:

Thomas Bay
Licensing Examiner

Date

Approved by:

Dr. Brian Larson
Alaska State Board of Chiropractic Examiners

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

1031 West 4th Avenue, Suite 200

Anchorage, AK 99501

attorney.general@alaska.gov

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Ethics Disclosure Form

<p style="text-align: center;">CONFIDENTIAL REQUEST FOR ETHICS DETERMINATION</p>
--

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.*

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.

TASK LIST – 11/22/2019

TASK:

~~Dr. Larson will write a letter to the Alaska Advisory Board on Alcoholism and Drug abuse regarding inclusion of chiropractors into AS 08.01.050(d). – This was addressed at the teleconference. No longer needed because it is being dealt through legislation.~~

TASK:

Dr. Larson and Dr. Reinhardt will prepare a poll that will be sent to other state boards and chiropractic specialty boards for their input on allowing chiropractors to practice in full for their specialized training. – **Incomplete. This will be addressed at the board meeting.**

TASK: DONE

~~Mr. Bay will relay the board's message to Dr. Rich Woolley regarding his inquiry into prolotherapy.~~

TASK:

~~Dr. Larson and Dr. Reinhardt will write a letter to the division regarding inclusion into the acupuncture exemptions. – This was addressed at the teleconference. No longer needed because it is being dealt through legislation.~~

TASK:

Mr. Bay will submit a detailed description of the EBAS exam to the Investigations Unit for their evaluation as a possible disciplinary tool. – **I spoke with Investigations and was told to forward the information to LAW, which I did. This will be discussed at the board meeting.**

TASK:

Mr. Bay will find out the steps it would take to implement national testing of the state jurisprudence examination, including the appropriation of examination fees. – **This will be discussed at the board meeting.**

TASK:

Mr. Bay will speak with his supervisor, to clear up the confusion on discount services and billing codes. He will get that information to the board and Sheri Ryan. – **As stated at the last board meeting, this topic had already been addressed with Sheri. I found the email chain that went back and forth between the two of us and readdressed the issues with her. This will be addressed during the ACS Update.**

TASK: DONE

~~Mr. Bay will contact the IACN to inform them that the IBE cannot be added as an approved chiropractic specialty program.~~

TASK:

Mr. Bay will provide the Department of Law with the amended definitions as discussed. – **This has been provided to our regulations specialists and forwarded to the Department of Law. This will be addressed at the board meeting.**

Annual Report

Fiscal Year 2019

BOARD OF CHIROPRACTIC EXAMINERS



**Department of Commerce, Community
and Economic Development**

**Division of Corporations, Business
and Professional Licensing**

This annual performance report is presented in accordance with
Alaska statute AS 08.01.070(10).

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

**BOARD OF CHIROPRACTIC EXAMINERS
FY 2019 Annual Report**

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**BOARD OF CHIROPRACTIC EXAMINERS
FY 2019 Annual Report**

Identification of the Board

Board Member	Duty Station	Date Appointed	Term Expires
Brian Larson, DC, DACBSP Board President	Soldotna, AK	Mar 01, 2017	Mar 01, 2021
Jeffrey Reinhardt, DC Board Vice-President	Sitka, AK	Mar 01, 2016	Mar 01, 2020
Jonathan Vito, DC Board Secretary	Anchorage, AK	Mar 01, 2017	Mar 01, 2021
James Morris, DC Chiropractor	Dutch Harbor, AK	Mar 01, 2018	Mar 01, 2022
John Wayne Aderhold Public Member	Homer, AK	Mar 01, 2016	Mar 01, 2020

**BOARD OF CHIROPRACTIC EXAMINERS
FY 2019 Annual Report**

Identification of the Board (continued) Not Applicable

Board Member	Duty Station	Date Appointed	Term Expires
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020
Insert Name Here Board Seat Title	City Location	Mar 01, 2018	Mar 01, 2020

**BOARD OF CHIROPRACTIC EXAMINERS
FY 2019 Annual Report**

Identification of Staff

Thomas Bay – Licensing Examiner

Department of Commerce, Community & Economic Development
Division of Corporations, Business and Professional Licensing
Post Office Box 110806
Juneau, Alaska 99811-0806
(907) 465-2588

Renee Hoffard – Records & Licensing Supervisor

Department of Commerce, Community & Economic Development
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(907) 465-2525

Jasmin Bautista – Investigator

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Jun Maiquis – Regulations Specialist

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Sher Zinn – Regulations Specialist

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BOARD OF CHIROPRACTIC EXAMINERS

FY 2019 Annual Report

Narrative Statement

The Board of Chiropractic Examiners consists of five members appointed by the Governor of Alaska. Our regulatory board acts as a governmental body under the authority of Alaska Statutes. Its purpose serves a dual role in protecting the public and promoting ethical and responsible practice. Our mission is to foster higher professional standards relative to the practice of Chiropractic in Alaska, consistent with the best interest of the health, welfare and safety of the Public. We strive to protect the public without creating unnecessary barriers to qualified practitioners.

This board is responsible for establishing minimum educational and competency standards, as well regulating chiropractic practice within the state. The board continues to propose changes to update regulations as needed. We, as a board, are committed to providing efficient and effective regulatory oversight, guiding our profession into the future.

This board has a services utilization committee to review and determine sensibility or appropriateness of care provided and fees charged for services rendered by licensees to patients. This committee currently consists of three licensed chiropractors and one public member. They are prepared and waiting to serve as needed. The use of this committee has been quiet this last year, but we encourage members of the public with complaints about value of services without criminal component to request a Utilization Review compared to an Investigative Unit Complaint. This is more cost effective, and allows this board to act in policing our own profession.

During FY 2018 board meetings, in addition to regular board business, this board offered the State jurisprudence written examination followed by oral interviews with candidates during the two meetings where the board met together in person. With the advent of the board meeting telephonically rather than in person, the in-person interview with each license applicant has been suspended. The board requested a regulation project to remove this requirement from existing regulation.

The state travel ban has negatively impacted the ability of this board to participate with the Federation of Chiropractic Licensing Boards (FCLB), the Association of Chiropractic Board Administrators (ABCA) and the National Board of Chiropractic Examiners (NBCE). Attendance at these national meetings allows the board and staff to be aware of issues concerning the practice of chiropractic nationally, internationally, and to participate in programs involving licensing requirements, professional standards, public protection, regulation, and discipline. The income provided by this board to the State is more than adequate to fund these meetings and the out of state travel expense required for participation from our licensing fees. This cannot be understated--the effectiveness of this board is directly tied to its ability to act, meet, and communicate with national colleagues, to the modest extent allowed in the past. The State of Alaska missed out on a multi-day program focusing on not only dealing with the opioid crisis, but realistic opportunities to slow or stop recruitment into the ranks of the addicted through programs designed on a national level for the exact problem Alaska suffers so severely—opioid addiction.

Senate Bill 69 setting forth statutory recognition of Certified Chiropractic Assistants, Interns and Preceptors was signed into law on May 17, 2016. While the statute is straight forward, the adoption and approval of regulations has been a nightmare, with final regulation draft being submitted in 2017, and then having to be severely rewritten (actually nearly half of the draft being deleted) and finally re-submitted for approval at the May 23, 2019, meeting of this board. Admittedly, this is the first change of chiropractic statute to occur in 30 years, but the regulation process has been unacceptably drawn out. The regulation subcommittee as well as the Alaska Chiropractic Society have been admirably diligent in pursuing this project to fruition.

FY 2019 Narrative Statement (continued)

Our licensing examiner, Thomas Bay, has been with us for just over his first year of service in this capacity and provides the board with outstanding support as well as being the contact point for the public for both information and licensing process. Thomas is an asset to our board and is an exemplary example of a public servant representing Alaska government. Thomas does an outstanding job of looking forward to the needs of this board and especially license applicants, being proactive and respectful, efficient and exercising the uncommon trait of common sense. We look forward to continuing this fantastic relationship far into the future.

The needs of Alaskans are significantly different now, regarding their health, then even 30 years ago when chiropractic statute was last addressed. Dramatically increased health care costs, huge increases in health insurance most of which continually limit and downgrade available coverages, and an exploding opioid epidemic are ravaging the resources of individuals, families, organizations and state government. Chiropractic offers a unique, cost-competitive and effective tool in addressing these challenges.

A vast and continual source of addiction for Alaskans is in dealing with pain from injury, illness and lifestyle. Estimates of as high as 70% of new addicts come from prescription narcotic treatment from primary health care providers. Research clearly demonstrates that chiropractic treatment is at least as effective for short and long-term care of low back pain, and accomplishes that without the use of opioid medication. Headache treatment fills a large part of the remaining recruits into addiction, and again, chiropractic represents a better-than-par opioid free option to help stem the ever-growing inflow. The recruitment into addiction has to be quelled before the tide can be turned. Chiropractic physicians need to be placed on research panels, boards and commissions focusing on opioid addiction.

Additionally, with decreasing numbers of primary care physicians and ever-increasing demand for professional health care, chiropractic physicians are uniquely qualified to meet that demand. Only chiropractic physicians can compare (and very well at that) to medical physicians and osteopaths in the depth and extent of training in clinical diagnosis, imaging, neurology, anatomy, physiology and training as primary care physicians. Chiropractic training has expanded specialty training into nearly all areas of health care and needs to be recognized for the truly outstanding care available to the public. There is a great need to upgrade statutes and regulations to recognize the developments and accomplishments of the chiropractic profession to better meet the needs of Alaskans as a whole, and a general desire by chiropractic physicians to step up to those roles. Efficiency in the statutory and regulatory process will be needed. Involvement with national organizations such as the NBCE and FCLB will be needed. Chiropractic physicians having place on councils, boards and commissions for opioid addiction will be needed. This board will continue to strive to protect and benefit the public while remaining vigilant of new trends in chiropractic practice, and be proactive in need for regulation while staying current with technology, trends and issues as they develop.

Respectfully submitted,

Brian E. Larson, D.C., DACBSP®
President, Alaska Board of Chiropractic Examiners

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

Budget Recommendations for FY 2020

The Budget Recommendations section anticipates the board’s fiscal priorities for the upcoming year. Please complete all parts of this section with details about anticipated meetings, conferences, memberships, supplies, equipment, to other board requests. Meeting expenses that are being funded through third-party reimbursement or direct booking must be identified separately from expenses paid through license fees (receipt-supported services or RSS). Be sure to explain any items listed as “other” so they may be tracked appropriately.

Board Meeting Date	Location	# Board	# Staff
August 23 rd , 2018	Originatin from Juneau - Videoconference	5	1
<input type="checkbox"/> Airfare:			\$0.00
<input type="checkbox"/> Hotel:			\$0.00
<input type="checkbox"/> Ground:			\$0.00
<input type="checkbox"/> Other:			\$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
November 22 nd , 2018	Originatin from Juneau - Videoconference	5	1
<input type="checkbox"/> Airfare:			\$0.00
<input type="checkbox"/> Hotel:			\$0.00
<input type="checkbox"/> Ground:			\$0.00
<input type="checkbox"/> Other:			\$0.00
Total Estimated Cost:			\$0.00

Board Meeting Date	Location	# Board	# Staff
February 7 th , 2019	Anchorage	5	1
<input checked="" type="checkbox"/> Airfare:			\$2,300.00
<input checked="" type="checkbox"/> Hotel:			\$875.00
<input checked="" type="checkbox"/> Ground: Taxi/Mileage			\$250.00
<input checked="" type="checkbox"/> Other: Meals/Per Diem			\$466.00
Total Estimated Cost:			\$3,891.00

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

Budget Recommendations for FY 2020

The Budget Recommendations section anticipates the board’s fiscal priorities for the upcoming year. Please complete all parts of this section with details about anticipated meetings, conferences, memberships, supplies, equipment, to other board requests. Meeting expenses that are being funded through third-party reimbursement or direct booking must be identified separately from expenses paid through license fees (receipt-supported services or RSS). Be sure to explain any items listed as “other” so they may be tracked appropriately.

Board Meeting Date	Location	# Board	# Staff
May 8 th , 2020	Originatin from Juneau - Videoconference	5	1
<input type="checkbox"/> Airfare:			\$0.00
<input type="checkbox"/> Hotel:			\$0.00
<input type="checkbox"/> Ground:			\$0.00
<input type="checkbox"/> Other:			\$0.00
Total Estimated Cost:			\$0.00

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

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

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

Budget Recommendations for FY 2020 (continued)

Travel Required to Perform Examinations

Not applicable

Date	Location	# Board	# Staff
November 2019	TBD – Based off last location (LA, CA)	2	0

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

Board members are asked to participate in the National Board of Chiropractic Examiners Part IV Examination as proctors, and also as part of the testing steering committee. The NBCE will reimburse for lowest round-trip airfare, hotel, and reasonable ground transportation expenses. Costs are before reimbursement.

<input checked="" type="checkbox"/> Airfare:	\$950.00
<input checked="" type="checkbox"/> Hotel:	\$1,600.00
<input checked="" type="checkbox"/> Ground:	\$250.00
<input type="checkbox"/> Conference:	\$0.00
<input checked="" type="checkbox"/> Other:	\$594.00

Describe "Other" (break out all sections): Meals/Per Diem

Total Estimated Cost: \$3,394.00

Out-of-State Meetings and Additional In-State Travel (Rank in order of importance)

#1 Rank in Importance or Not Applicable

Date	Location	# Board	# Staff
Oct 3-6	Coeur d'Alene, ID	2	1

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

FCLB & NBCE District Meeting: A meeting with other state boards within the district to know more about the current issues and concerns of the public and chiropractors within the district.

Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input checked="" type="checkbox"/> Airfare:	\$1,700.00	\$0.00	\$0.00	\$1,700.00
<input checked="" type="checkbox"/> Hotel:	\$1,575.00	\$0.00	\$0.00	\$1,575.00
<input checked="" type="checkbox"/> Ground:	\$207.00	\$0.00	\$0.00	\$207.00
<input checked="" type="checkbox"/> Conference:	\$885.00	\$0.00	\$0.00	\$885.00
<input checked="" type="checkbox"/> Other	\$640.50	\$0.00	\$0.00	\$640.50
Describe "Other" (break out all sections):	Meals/Per Diem			
Net Total:	\$5,007.50	\$0.00	\$0.00	\$5,007.50

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

#2 Rank in Importance

Date	Location	# Board	# Staff	
April 22-26, 2020	Denver, CO	2	1	
Description of meeting and its role in supporting the mission of the Board:				
FCLB & NBCE Annual Conference Meeting: A meeting with other state boards within the district to know more about the current issues and concerns of the public and chiropractors within the district.				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input checked="" type="checkbox"/> Airfare:	\$1,944.00	\$0.00	\$0.00	\$1,944.00
<input checked="" type="checkbox"/> Hotel:	\$3,000.00	\$0.00	\$0.00	\$3,000.00
<input checked="" type="checkbox"/> Ground:	\$450.00	\$0.00	\$0.00	\$450.00
<input checked="" type="checkbox"/> Conference:	\$1,350.00	\$0.00	\$0.00	\$1,350.00
<input checked="" type="checkbox"/> Other	\$1,197.00	\$0.00	\$0.00	\$1,197.00
Describe "Other" (break out all sections):		Meals/Per Diem		
Net Total:	\$7,941.00	\$0.00	\$0.00	\$7,941.00

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

#3 Rank in Importance

Date	Location	# Board	# Staff	
Description of meeting and its role in supporting the mission of the Board:				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				
Net Total:	\$0.00	\$0.00	\$0.00	\$0.00

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

#4 Rank in Importance

Date	Location	# Board	# Staff	
Description of meeting and its role in supporting the mission of the Board:				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input checked="" type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input checked="" type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				
Net Total:	\$0.00	\$0.00	\$0.00	\$0.00

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

#5 Rank in Importance

Date	Location	# Board	# Staff	
Description of meeting and its role in supporting the mission of the Board:				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				
Net Total:	\$0.00	\$0.00	\$0.00	\$0.00

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

#6 Rank in Importance

Date	Location	# Board	# Staff	
Description of meeting and its role in supporting the mission of the Board:				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				
Net Total:	\$0.00	\$0.00	\$0.00	\$0.00

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

#7 Rank in Importance

Date	Location	# Board	# Staff	
Description of meeting and its role in supporting the mission of the Board:				
Expenditure	License Fees (RSS)	Third-Party Reimbursement	Third-Party Direct Booked	Total
<input type="checkbox"/> Airfare:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Hotel:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Ground:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Conference:	\$0.00	\$0.00	\$0.00	\$0.00
<input type="checkbox"/> Other	\$0.00	\$0.00	\$0.00	\$0.00
Describe "Other" (break out all sections):				
Net Total:	\$0.00	\$0.00	\$0.00	\$0.00

BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2019 Annual Report

Budget Recommendations for FY 2020 (continued)

Non-Travel Budget Requests

- Not Applicable Resources Examinations
 Membership Training Other

Product or Service	Provider	Cost Per Event
Membership Dues	FCLB	\$1,124.00

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

This is the required membership fee with the FCLB. Membership with the FCLB helps sustain an open relationship with the other state boards. Cost unknown at this point. Last year's cost was \$1,124.00.

Non-Travel Budget Requests

- Not Applicable Resources Examinations
 Membership Training Other

Product or Service	Provider	Cost Per Event
		\$0.00

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

Non-Travel Budget Requests

- Not Applicable Resources Examinations
 Membership Training Other

Product or Service	Provider	Cost Per Event
		\$0.00

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

BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2019 Annual Report

Budget Recommendations for FY 2020 (continued)

Other Items with a Fiscal Impact		Cost Per Event:	\$0.00
<input checked="" type="checkbox"/> Not Applicable		Number of Events:	0
Product or Service	Provider	Total Cost	
		\$0.00	
Description of item and its role in supporting the mission of the Board:			

Other Items with a Fiscal Impact		Cost Per Event:	\$0.00
<input checked="" type="checkbox"/> Not Applicable		Number of Events:	0
Product or Service	Provider	Total Cost	
		\$0.00	
Description of item and its role in supporting the mission of the Board:			

Other Items with a Fiscal Impact		Cost Per Event:	\$0.00
<input checked="" type="checkbox"/> Not Applicable		Number of Events:	0
Product or Service	Provider	Total Cost	
		\$0.00	
Description of item and its role in supporting the mission of the Board:			

BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2019 Annual Report

Budget Recommendations for FY 2020 (continued)

Other Items with a Fiscal Impact		Cost Per Event:	\$0.00
<input checked="" type="checkbox"/> Not Applicable		Number of Events:	0
Product or Service	Provider	Total Cost	
		\$0.00	
Description of item and its role in supporting the mission of the Board:			

Other Items with a Fiscal Impact		Cost Per Event:	\$0.00
<input checked="" type="checkbox"/> Not Applicable		Number of Events:	0
Product or Service	Provider	Total Cost	
		\$0.00	
Description of item and its role in supporting the mission of the Board:			

Summary of FY 2020 Fiscal Requests	
Board Meetings and Teleconferences:	\$3,891.00
Travel for Exams:	\$3,394.00
Out-of-State and Additional In-State Travel:	\$12,948.50
Dues, Memberships, Resources, Training:	\$1,124.00
Total Potential Third-Party Offsets:	-\$0.00
Other:	\$0.00
Total Requested:	\$21,357.50

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

Legislation Recommendations Proposed Legislation for FY 2020

No Recommendations

The Board has no recommendations for proposed legislation at this time.

Recommendations

The Board has the following recommendations for proposed legislation:

1. AS 08.01.050 (d): ADD Board of Chiropractic Examiners to current list of healthcare boards eligible to contract resources needed to address abuse of alcohol, drugs, or other substances to licensed professionals.
2. The board is pursuing authority under AS 08.20 to create a Clinical Chiropractic Nutritionist and advanced practitioner status for chiropractic physicians.

BOARD OF CHIROPRACTIC EXAMINERS
Fiscal Year 2019 Annual Report

Regulation Recommendations Proposed Legislation for FY 2020

No Recommendations

The Board has no recommendations for proposed regulations at this time.

Recommendations

The Board has the following recommendations for proposed regulations:

1. The board would like to modify its current definition of prescription drugs as defined in 12 AAC 16.990(b)(1)(B).
2. The board would like to modify its current definition of surgery as defined in 12 AAC 16.990(b)(2).
3. The board would like to create a new definition for nutrition and/or nutritional substances.
4. The board would like to add to 12 AAC 16.042 provision for the board to extend internships after graduation of new doctors, on a case by case basis, the ability to work under the general supervision of the preceptor, while waiting for NBCE Part 4 test scores to become available to be licensed.

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.

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

Sunset Audit Recommendations

**Date of Last Legislative Audit: July 24, 2013
Board Sunset Date: June 30, 2022**

Audit Recommendation:	The Office of the Governor should make Board appointments in compliance with statutory requirements.
Action Taken:	As this recommendation was for the Office of the Governor, neither the Board nor Division have the authority to take any action. However, currently, every seat on the Board is filled through March 1, 2020.
Next Steps:	None
Date Completed:	March 1, 2016

Audit Recommendation:	The Division of Corporations, Business and Professional Licensing’s Director should continue efforts to improve the investigative case management system’s integrity and confidentiality.
Action Taken:	Negotiated the GLS contract in 2016 and will continue to use the system through 2020, under the current contract, with process improvements. The Division supervisors, staff and the investigations unit participate in annual training. Additionally, the Director updated the policy and procedures for handling affirmative responses to professional fitness questions in 2011, and with the assistance of the Chief Investigator, further clarified the business process in 2016.
Next Steps:	We are working with GLS to refine data fields to more accurately capture the information required.
Date Completed:	2016

Sunset Audit Recommendations (continued)

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

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

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

Sunset Audit Recommendations (continued)

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

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

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

**STATE OF ALASKA
BOARD OF CHIROPRACTIC EXAMINERS**

**State Chiropractic Examination
Candidate List**

**February 28th, 2020
Anchorage, 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 November 22 nd , 2019 Examination)
Adam Groch
Dillon Ingham

Dry Needling by Chiropractic Physicians in Alaska: A Position Statement from the Current Alaska State Board of Chiropractic Examiners

Author: Brian E. Larson, D.C., DACBSP®

Current Board Members:
Walter Campbell, D.C., Chairman
John Wayne Aderhold, Public Member
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Reviewed, Amended and Approved: February 27, 2018

Introduction to Dry Needling

Dry needling, also called intramuscular stimulation (IMS) is a specific physiotherapeutic technique focused on the relief of pain and spasm in myofascial trigger points and immediately surrounding tissues wherein a filiform or hypodermic needle is inserted into the tissue without injecting any substance.

A number of practitioners are credited with the development and promotion of dry needling. The origin of the term "dry needling" is attributed to [Janet G. Travell](#). In her book, *Myofascial Pain and Dysfunction: Trigger Point Manual*, Travell uses the term "dry needling" to differentiate between two hypodermic needle techniques when performing [trigger point](#) therapy. However, Travell did not elaborate on the details on the techniques of dry needling. The two techniques Travell described are the injection of a local anesthetic and the mechanical use of a hypodermic needle without injecting a solution (Travell, Simons, & Simons, 1999, pp. 154–155).

Travell had access to acupuncture needles but reasoned that they were far too thin for [trigger point](#) therapy. She preferred hypodermic needles because of their strength and tactile feedback: "A 22-gauge, 3.8-cm (1.5-in) needle is usually suitable for most superficial muscles. In hyperalgesic patients, a 25-gauge, 3.8-cm (1.5-in) needle may cause less discomfort, but will not provide the clear "feel" of the structures being penetrated by the needle and is more likely to be deflected by the dense contraction knots that are the target... A 27-gauge, 3.8-cm (1.5-in) needle, is even more flexible; the tip is more likely to be deflected by the contraction knots and it provides less tactile feedback for precision injection" (Travell, Simons, & Simons, 1999, p. 156).

The "solid filiform needle" used in dry needling is regulated by the FDA as a Class II medical device described in the code titled "Sec. 880.5580 Acupuncture needle" as "a device intended to pierce the skin in the practice of acupuncture".^[5] Per the Food and Drug Act of 1906 and the subsequent Amendments to said act, the FDA definition applies to how the needles can be marketed and does not mean that acupuncture is the only medical procedure where these needles can be used.^{[6][7][8][9][10]} Dry needling, using such a needle, contrasts with the use of a hollow [hypodermic needle](#) to inject substances such as [saline solution](#), botox or corticosteroids to the same point. In a small number of studies, the use of a solid needle has been found to be as effective as injection of substances in such cases as relief of pain in muscles and [connective tissue](#).

The American Academy of Orthopedic Manual Physical Therapists (AAOMPT) states:

Dry needling is a neurophysiological evidence-based treatment technique that requires effective manual assessment of the neuromuscular system. Physical therapists are well trained to utilize dry needling in conjunction with manual physical therapy interventions. Research supports that dry needling improves pain control, reduces muscle tension, normalizes biochemical and electrical dysfunction of motor end plates, and facilitates an accelerated return to active rehabilitation.

Dry needling for the treatment of myofascial (muscular) [trigger points](#) is based on theories similar, but not exclusive, to traditional acupuncture; both acupuncture and dry needling target the [trigger points](#), which is a direct and palpable source of patient pain. However, dry needling theory is only beginning to describe the complex sensation referral patterns that have been documented as "channels" or "meridians" in Chinese Medicine. Dry needling, and its treatment techniques and desired effects, would be most directly comparable to the use of 'a-shi' points in acupuncture.^[14] What further distinguishes dry needling from traditional acupuncture is that it does not use the full range of traditional theories of Chinese Medicine which is used to treat not only pain but

other non-musculoskeletal issues which often are the cause of pain. The distinction between trigger points and acupuncture points for the relief of pain is blurred. As reported by Melzack, et al., there is a high degree of correspondence (71% based on their analysis) between published locations of trigger points and classical acupuncture points for the relief of pain.^[15] The debated distinction between dry needling and acupuncture has become a controversy because it relates to an issue of scope of practice of various professions.

5. ["\[Code of Federal Regulations\]". FDA.](#)
6. <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapV-partA-sec360j.pdf>
7. <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapV-partA-sec360c.pdf>
8. <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapV-partA-sec353.pdf>
9. <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapV-partE-sec360bbb.pdf>
10. <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapV-partE-sec360bbb-2.pdf>
11. Ma, Yun-Tao. "Integrative Systemic Dry Needling/ A New Modality for Athletes." Biomedical Acupuncture for Sports and Trauma Rehabilitation: Dry Needling Techniques. St. Louis: Churchill Livingstone Elsevier, 2011. 4. Print.
12. Ma, Yun-Tao. "What Is Dry Needling?" (n.d.): 1. Web. 02 Aug. 2010.
13. Ma, Yun-Tao. "Meet Your Teacher." Dry Needling Course RSS. Dr. Yun-Tao Ma, Ph.D., LAc. n.d. Web.
14. ab Aung & Chen, 2007, p. 101.
15. Travell; Simons. *Myofascial Pain and Dysfunction, The Trigger Point Manual, Volume 1. Upper Half of Body, Second Edition.* North Atlantic Books.

Introduction to Acupuncture

Northwestern Health Sciences University states "Chinese medical philosophy holds that all life is sustained by the constant flow of an energy called "qi" (pronounced "chee"). The qi of the body is connected to the qi of nature - illness occurs when the two are out of harmony. Acupuncture and Oriental medicine restore health by strengthening the body's qi and enhancing its flow.

Chinese medical knowledge has been shaped by the experiences of thousands of practitioners over many centuries. Acupuncture and Chinese medicine continue to evolve as practitioners and faculty members at traditional Chinese medicine colleges accumulate new experiences in the modern world."

The Mayo Clinic explains “Acupuncture involves the insertion of very thin needles through your skin at strategic points on your body. A key component of traditional Chinese medicine, acupuncture is most commonly used to treat pain. Increasingly, it is being used for overall wellness, including stress management.

“Traditional Chinese medicine explains acupuncture as a technique for balancing the flow of energy or life force — known as chi or qi (chee) — believed to flow through pathways (meridians) in your body. By inserting needles into specific points along these meridians, acupuncture practitioners believe that your energy flow will re-balance.

“In contrast, many Western practitioners view the acupuncture points as places to stimulate nerves, muscles and connective tissue. Some believe that this stimulation boosts your body's natural painkillers.” This morphing of how acupuncture works adds to the contention that it is no longer an ancient and pure practice, but is becoming blended with Western Medicine as a whole, and no longer a proprietary science with exclusive rights and practices. It should be noted that over 90% of trigger points identified and treated in dry needling correspond to described acupuncture points in multiple studies. This author finds it very difficult to distinguish between the practices of acupuncture and dry needling for all intents and purposes.

It is not the intent of this author of The Board to focus on arguments of authenticity or origin, nor exclusivity of rights to practice a technique system that appears to offer both options for treatment and a viable method of relief of musculoskeletal pain and relief for patients.

Dry Needling and Chiropractic Scope of Practice in Alaska

As a therapy, dry needling produces relief of pain and spasm on par with other physiotherapies available to practitioners. Many comparative studies of dry needling to manual/hand techniques, electrical, sound, and light therapies demonstrate similar outcomes, without any greater benefit being demonstrated by dry needling.

Comparison to acupuncture or wet needling, dry needling shows inferior outcomes. The therapeutic effects of dry needling is most evident from three hours to three days of administration and is similar to other common physiotherapies. While dry needling is the current hot, sexy new treatment being used, it really is a middle of the pack therapy.

Certainly Chiropractic Physicians possess the background and practice skills, with proper training and experience to safely and adequately deliver dry needling services.

Chiropractic physicians are outstanding in anatomy and palpation skills, with a much greater level of training in diagnosis and neurology than a vast majority of professions currently practicing dry needling.

Risks

By the very nature of the process, dry needling poses risks that are not found in other areas of chiropractic or allied health care systems. By penetrating the skin, risk of infection, bleeding and bruising are inherent. Proper sterile or clean technique and personal protective equipment to prevent blood-borne pathogen transfer is required.

Cases of epidural hematoma of the cervical spine as well as injury to the central and peripheral nervous system have been documented. Perhaps the most common severe side effect of needling techniques is pneumothorax, which is a life threatening condition. Dry needling has been banned by management of the U.S. Olympic Committee training center clinics due to the rate of pneumothorax in athletes (3 cases in 1 week in 2016.) Pneumothorax caused by needling technique constitutes an acute emergency and requires emergent care in the view of this Board.

A minimum of 24 hours of clinical training in dry needling technique is recommended by the Alaska Physical Therapy Association as sufficient to practice dry needling, without provision for continuing education or registration of participants. No specific training in clean technique or emergency procedures is required. No registration of active practitioners is required.

Position of This Board

The primary function of this board is the protection and benefit of the people of Alaska. Dry needling is within the scope Chiropractic Physicians in the State of Alaska as a commonly performed physiotherapeutic, as outlined in Statute.

. This position is tempered with the following recommendations or guidelines:

1. Dry needling training, as currently practiced by allied healthcare groups, is insufficient in scope and duration. Clinical training should consist of a minimum of 24 hours, with significantly more practical training time recommended. Study and practice of clean technique should be included. The Board strongly recommends emergency procedures training should be sought, with specific training in utilizing low-pressure delivery oxygen systems and airways (OPA/NPA.);
2. Continuing education consisting of 8 hours biannually, with 2 hours of supervised technique and 2 hours of practical emergency procedures;

3. A very careful review of the Chiropractic Physician's malpractice insurance policy and a letter of coverage for dry needling;
4. The Chiropractic Physician must be able to obtain the instruments of the procedure (filiform needles) in a legal manner consistent with the restrictions of his/her license.

From: [REDACTED]
To: [Bay, Thomas L \(CED\)](#)
Subject: Dry needling courses
Date: Wednesday, February 19, 2020 2:26:44 PM

Thomas,

At the board's request, here are a few of the popular dry needling series available, along with their hours of training.

Myopain Seminars full cert: 96.5 hours over 3 courses.

*Myopain requires CE as well in the form of instructing at a seminar or doing an advanced course every 5 years. They also offer an optional pelvic dry needling course, but I do not know how many hours that is.

American Academy of Manipulative Therapy: 54 hours for courses 1 and 2 combined.

*They also offer an ultrasound guided needling course that is another 24 hours, if desired.

Integrative Dry Needling: 54 hours for the beginning and advanced courses combined.

* They also offer an 8 hour cranio-cervical course, but it looks like an add-on option.

Master Dry Needling: 54 hours once again for courses 1 and 2 combined.

Please let me know if I can be of any more help,

Best

--

Rich Woolley, DC, MS, ATC, CMTPT

Hello everyone, thank you for the opportunity to participate in this discussion. My name is Brian Yelverton and I am a nationally board certified and state licensed Acupuncturist in Anchorage, and the current president of the Acupuncture Association of Alaska. The purpose of our association is to protect the health, welfare and public interest of Alaskans in regards to their access to the practice of Acupuncture in this State. Our State Association, as well as our National Certification Board (NCCAOM) and the American Medical Association all share the very clear position that Dry Needling, Myofascial Trigger Point needling and/or Intramuscular Stimulation should NOT be performed by anyone other than a Licensed Acupuncturist and/or Medical Doctor with a certification in Medical Acupuncture.

My experience has been that Acupuncturists and Chiropractors work collaboratively in treating our patients within our respective specialties. I have Chiropractors in my family and am lucky to work along side two amazing Chiropractors. I respect the work you do and the unique help and relief you provide your patients.

It's recently come to my attention that the Chiropractic Board of Examiners want to add Acupuncture into the Chiropractic scope of practice. This obviously raises some very serious concern for our profession and, more importantly, the health and safety of Alaskans. I'm aware that Chiropractic colleges are very diverse in their curriculum and quality of education and that some schools offer courses in Traditional Chinese Medicine and acupuncture. My understanding is that some schools offer a complete adjunct education that enables them to take the National board and become dual licensed, which we fully support. But to open the door for all Chiropractors to practice acupuncture, without nationally recognized education in the field, is inappropriate and irresponsible. Dry needling is acupuncture and thus falls into this same category of unsafe and unregulated practice.

I value working collaboratively with our two professions and don't wish to create an adversarial situation moving forward, however, this is a matter of utmost importance to the Alaska Acupuncture Association as well as Acupuncturists nationwide. As such, we appreciate the opportunity to continue participating in this discussion as it moves forward into the legislature and trust and hope that our two professions can come together in advocating for public safety and appropriate regulation.



Policy Statement:

Dry Needling is Acupuncture in Alaska

Jan-2017

Alaska Licensed Acupuncturists are recognized by the division of Occupational Licensing and are authorized to use acupuncture needles in the practice of Acupuncture.

The Acupuncture Association of Alaska hereby places a position that the practice of Dry Needling (DN), Myofascial Trigger point needling and/or Intramuscular Stimulation (IMS) should not be performed by anyone other than a Licensed Acupuncturist and/or Medical Doctor with a certification in Medical Acupuncture.

The Alaska Acupuncture Association is the state's professional organization of Licensed Acupuncturists. The purpose of our group is to protect the health, welfare and public interest of Alaskans in relationship to their access to the practice of Acupuncture in this state. In addition to providing continuing education for its membership, it is the Association's mandate to educate the public regarding the nature and scope of the practice of Acupuncture & East Asian Medicine.

- **The Acupuncture Association of Alaska hereby takes the position that the practice of “Dry Needling” is acupuncture.**
- **It is mandated that only Licensed Acupuncturists or Medical Doctors certified in medical acupuncture are able to perform Acupuncture.**
- **Anyone who practices acupuncture or dry needling without the required training, as defined by state and federal regulations, is practicing acupuncture without a license.**
- **It should not be performed by anyone who lacks sufficient training and certification to insert acupuncture needles.**
- **Therefore, Acupuncture should be done by adequately trained and certified providers.**

Acupuncture for Alaska is now working on behalf of Acupuncturists in Alaska who have become concerned about physical therapists practicing a form of acupuncture and calling it "dry needling". Dry needling (DN) done by minimally trained, non-certified practitioners is dangerous, and has the potential of causing great harm and injury to the public.

Alaska Acupuncture Statutes and Regulations

<https://www.commerce.alaska.gov/web/portals/5/pub/AcupunctureStatutes.pdf>

Sec. 08.06.010. Practice of acupuncture without license prohibited. A person may not practice acupuncture without a license.

Sec. 08.06.030. License to practice acupuncture. (a) A person is qualified to receive a license to practice acupuncture if the person

- (1) is of good moral character;
- (2) is at least 21 years of age;
- (3) either

(A) **has completed a course of study consistent with the core curriculum and guidelines of the National Council of Acupuncture Schools and Colleges at a school of acupuncture approved by the department; or**

(B) is licensed to practice acupuncture in another jurisdiction that has acupuncture licensing requirements equivalent to those of this state;

(4) **is qualified for certification by the National Commission for the Certification of Acupuncturists as a diplomate in acupuncture;**

Sec. 08.06.190. Definitions. In this chapter

(1) **“acupuncture”** means a form of healing developed from traditional Chinese medical concepts that **uses the stimulation of certain points on or near the surface of the body by the insertion of needles** to prevent or modify the perception of pain or to normalize physiological functions;

(2) **“department”** means the Department of Commerce, Community, and Economic Development;

(3) **“Practice of acupuncture”** means **the insertion of sterile acupuncture needles** and the application of moxibustion to specific areas of the human body based upon acupuncture diagnosis; the

practice of acupuncture includes adjunctive therapies involving mechanical, thermal, electrical, and electromagnetic treatment and the recommendation of dietary guidelines and therapeutic exercise.

What is Acupuncture?

Acupuncture is a procedure with the insertion of a sterile, stainless steel filiform needle. This necessitates that the practitioner needling has been properly trained and have enough experience to perform safe and clean technique.

Acupuncture uses the stimulation of certain points on or near the surface of the body by insertion of acupuncture needles. Acupuncture Physical Medicine is a modern term used to perform an ancient practice that predates dry needling, myofascial trigger point needling and intramuscular stimulation (IMS). The traditional term is Ah-shi point, (pronounced ah-sure) translated literally as “Yes, that’s it” or “the painful point.” There is a reaction when Ah-shi points are stimulated by acupuncture needles. These points are not acupoints on any actual meridian, but they are used regularly and are considered a standard of practice to treat painful areas and muscle tension. Used alone or in conjunction with known acupuncture points, it is painless and a very effective Acupuncture treatment using very small 34-40 gauge needles.

Clarification of Dry Needling and Acupuncture Point Terminology

There is controversy regarding the definition of dry needling. Licensed medical physicians and Licensed Acupuncturists consider dry needling as Western Style Acupuncture or Trigger Point Acupuncture whereby the insertion sites are determined by tender painful areas and tight muscles. These sites may be treated alone or in combination with known acupuncture points. Dry needling claims to be different from acupuncture, in that it is not a holistic procedure and does not use meridians or other Eastern medicine paradigms to determine the insertion sites.

Acupuncture for Alaska maintains that dry needling is acupuncture by the following reference from Council of Colleges of Acupuncture and Oriental Medicine Position Paper on Dry Needling: http://www.ccaom.org/downloads/CCAOM_Position_Paper__May_2011_Update.pdf

Dry needling is an acupuncture technique As a system of treatment for pain, acupuncture relies on a category of points derived from the Chinese language as “ashi” (阿是) points. “Ashi” point theory describes the same physiological phenomenon identified as “trigger points,” a phrase coined by Dr Janet Travell, et al and dates to the Tang Dynasty (618-907). While Dr. Travell coined the phrase “trigger point”, the physiological phenomenon has been long known to acupuncturists. Dr. Travell herself had contact with acupuncturists and chiropractors interested in acupuncture in the Los Angeles area in the 1980s. Dr. Mark Seem, author of A New American Acupuncture, discussed the similarity of their techniques in the 1990s. Modern contributors from the field of acupuncture in the specialization of dry needling techniques are:

- *Dr. Mark Seem, Ph. D., L. Ac., published the textbook A New American Acupuncture covering the topic of dry needling in 1993. His books have been published for over two decades.*
- *Matt Callison, L. Ac., is the founder of the Sports Medicine Acupuncture® certification program and the author of Motor Points Index. The continuing education certification program is available to licensed acupuncturists through a private seminar company and through postgraduate studies at the New England School of Acupuncture.*
- *Whitfield Reaves, L. Ac. is the author of The Acupuncture Handbook of Sports Injuries and Pain: A Four Step Approach to Treatment. He also offers a 3 postgraduate continuing education program in Sports Acupuncture only for licensed acupuncturists.*

Differences in the training & certification of needle insertion.

Licensed Acupuncturists	Medical Acupuncturists (MD's)	Dry Needling by Physical Therapists
<ul style="list-style-type: none"> • 660-870 hours of hands-on, supervised training in the use of needles. In addition to 12451755 hours of training, diagnosis, biomedicine, ethics, and other topics • Required continuing education of 30 units every two years. - National Board Certification in acupuncture after attending an accredited school • Alaska State license to practice Acupuncture 	<ul style="list-style-type: none"> • 200 hours of formal approved education, consisting of 120 hours of didactic education and 80 hours of clinical training. An additional 20 hours and two years of clinical acupuncture practice are required to meet eligibility for Full Practice Membership. • AAMA affirms the necessity of 50 hours of approved continuing education in acupuncture every three years for continued membership. • Board Certification to recognize those physicians who have obtained 300 hours of medical acupuncture training, successfully passed an examination and have two or more years of clinical Acupuncture experience. 	<ul style="list-style-type: none"> • 27-72 hours of training in the use of needles, in addition to hours required to obtain Physical Therapy license. • About ½ of the training hours for dry needling are hands on. A portion of these hours may be online or home-study. • Continuing education is not mandatory in dry needling • Certification not required by PT board to perform dry needling. • No registration or listing with state board who is certified.

Supporting Policy Statements for “Dry Needling is Acupuncture”

American Medical Association policy statement (July 2016)

<https://searchpf.ama-assn.org/SearchML/searchDetails.action?uri=%2FAMADoc%2FHOD-410.949.xml>

Regulating Dry Needling

The AMA adopted a policy that said physical therapists and other non-physicians practicing dry needling should – at a minimum – have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture.

"Lax regulation and nonexistent standards surround this invasive practice. For patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians," AMA Board Member Russell W. H. Kridel, M.D.

The American Association of Medical Acupuncturists holds a position statement on dry needling:

<http://www.medicalacupuncture.org/Portals/2/PDFs/AAMADryNeedlingPolicyOct15.pdf>

...To include dry needling into the scope of practice by physical therapists is unnecessarily exposing the public to serious and potentially hazardous risks. Because of this we feel a duty to inform legislators and regulating bodies about the inherent danger to the public of this practice. Therefore, the AAMA strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists. In our experience and medical opinion, it is inadvisable legally to expand the scope of physical therapists to include dry needling as part of their practice.

The Council of Colleges of Acupuncture and Oriental Medicine holds a position statement on dry needling by Acupuncturists:

http://www.ccaom.org/downloads/CCAOM_Position_Paper_May_2011_Update.pdf

... It is the position of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) that dry needling is an acupuncture technique.

...It is the position of the CCAOM that any intervention utilizing dry needling is the practice of acupuncture, regardless of the language utilized in describing the technique.

... Documented practice of “dry needling” by Acupuncturists

The National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), the certifying board for acupuncture, completed a job task analysis in 2003 and again in 2008. The analysis documented the prevalence of actual use of dry needling techniques, i.e. the treatment of trigger points or motor points with acupuncture needles, by practicing acupuncturists. In 2003, 82% of Acupuncturists surveyed used needling of trigger points in patients that presented with pain. Of the patients that present for acupuncture treatment, it is estimated that 56% present with trigger point pain. The others present for non-pain conditions such as non-trigger point pain, digestive disorders, infertility and many other conditions. The other 18% of acupuncturists used acupuncture needling techniques in non-trigger point locations. These findings document that acupuncturists are well trained to use and have consistent historical usage of trigger and motor point “dry needling” treatment. Dry needling represents a substantial daily practice among American acupuncturists.

Regarding the use of FDA controlled Acupuncture needles the AAMA holds this position:

<http://www.medicalacupuncture.org/ForPhysicians/AbouttheAAMA/AAMAPositionStatement.aspx>.

... Needles and Devices

AAMA recognizes the importance of acupuncture needles and other tools in the practice of acupuncture. AAMA emphasizes the necessity of aseptic, sterile or clean technique as would be appropriate for any other tool or device used in the practice of medicine.

The AAMA recognizes that the use of needles by appropriately trained personnel should present a real, although very infrequent, risk to the patient with respect to tissue or visceral trauma or infection. Appropriate training is essential to provide the public with practitioners who may provide competent care with minimal risk to the patient.

The use of acupuncture needles has included millions of needle placements with a remarkably low incidence of risk to patients and practitioners. As such, the AAMA commends the FDA's reclassification of acupuncture needles to Class II medical devices for use by appropriately trained practitioners.

“Acupuncture should be done by Acupuncturists”

1. It has already been determined by Alaska State Law that Acupuncturists are the professionals who are licensed and have the authority to perform needling. The terminology is different between Acupuncture and dry needling, but the techniques and tools used are exactly Acupuncture.
2. Traditionally Physical Therapists are not trained in the use of needles. This marks a separation from traditional standards of practice. Referring providers to physical therapy are most likely unaware that their patients are being needled. According to the American Physical Therapy Association (APTA), dry needling is the insertion of filiform needles to penetrate the skin and stimulate underlying myofascial trigger points, muscular tissues, and connective tissues for the management of neuromuscular pain and movement impairments. Dry needling is also known as Myofascial Trigger Point

needling and Intramuscular Stimulation (IMS). This is acupuncture technique as stated exactly in Alaska Acupuncture statutes. Dry needling is an invasive procedure,, and any invasive procedure has associated and potentially serious medical risks. It is safe, only if performed by a properly educated, trained, licensed and experienced health professional. It is critical to understand that dry needling, in the hands of minimally educated practitioners can cause extreme harm.

3. Acupuncture is considered a safe procedure with low risk of serious complications. Risks are directly related to the amount of training the practitioner has undergone and decrease with increased hours of required training. It has been identified that over the course of one year the cases of pneumothorax due to dry needling had increased. This was in conjunction with the increase in physical therapists performing the procedure over the same time span. www.acupuncturesafety.org
4. Clean Needle Technique Certification should be mandated if there is dry needling done by Physical Therapists. It is required of Acupuncturists before they can enter into clinical practice in school, take National exams, and needle the public. There is no clean needle certification by PT's to perform dry needling. This is an OSHA standard required of Acupuncturists and practitioners who do dry needling should be subject to the same standards if an Acupuncture needle or filiform needle is inserted.
<http://www.ncbi.nlm.nih.gov/pubmed/22256654>
Clean Needle Technique Course Content
http://www.ccaom.org/pdf/NEW_On-line_Content.pdf
5. The public safety concern continues in respect to a patient's medical condition. Acupuncture is a comprehensive medical approach, whereas, DN is primarily focused upon musculoskeletal disorders, and is not looking holistically at the complete person. The concern for public safety mounts that significant medical details may be missing to determine if a patient should actually be needled. Licensed Acupuncturists are trained extensively to identify the appropriate indications and contraindication to needles and if a patient is unable to be needled, they apply non-needle therapies or provide referral. Acupuncturists are well versed in the implications of needling.
6. There are misperceptions by the general public that dry needling is Acupuncture. The public is experiencing difficulty discerning the differences. Patient's reports solicited by practitioners are that it is very painful, leaves bruises, and that patients have had to ask PT's to stop the procedure due to pain.
7. Patients are nervous and becoming afraid of Acupuncture because of their experiences when dry needled. It was so painful that they will not seek Acupuncture treatment. The

perception of pain associated with DN is diminishing and undermining the painless and effective practice of Acupuncture. There is also advertising by Physical Therapy clinics misrepresenting dry needling with the use of Acupuncture pictures.

8. Acupuncture statutes do prohibit anyone other than an Acupuncturist to insert needles. There is no physical therapy statute that allows for the practice of dry needling in Alaska. Since 2011 Physical therapists have asked the Physical Therapy Board for clarification on the inclusion of dry needling within a physical therapist's scope of practice. The board has shown its reluctance to regulate dry needling from a PT standpoint saying that the statutes don't prohibit dry needling. Despite the issue of the practice of dry needling coming before the Alaska State Physical Therapy board for 6 years in a row there still has not been an effort to regulate or interpret the law.
9. As of September 2016 the consistent statement from the Physical therapy board for the past six years is as follows....

The board stands, in regard to performance of dry needling, the board will not address specific treatment approaches by licensure; however, they expect the professionalism of the clinician to determine if they are qualified to provide the type of treatment in question or whether referral is more appropriate. The physical therapist will be held accountable for demonstrating this competence if there is ever a complaint.

https://www.commerce.alaska.gov/web/Portals/5/pub/PHY_Minutes_2016_09.pdf

September 2016

10. A survey in December 2015 of comments from patient experiences on dry needling are outlined below.

...New patient in the office reports that they went to a PT and received dry needling. Afterwards they had to go to emergency room because they developed a pneumothorax.

...61-year old woman with shoulder pain: "I had dry needling done at Physical Therapy and I almost passed out. She bent my needles and my whole shoulder would get bruised. She put needles into knots and hooked up electrodes to make the muscles twitch and then would go to the next set of knots. It was horrible. I got nauseated and almost passed out. I asked her to stop."

... We have several patients who have experienced dry-needling in PT's offices, and the main thing that these patients say is that the dry-needling therapy is a lot more painful than acupuncture.

...there are safety concerns, I have talked to probably 10-15 people who have had dry needling while receiving PT. Every one of them complains about pain from the procedure, I do not recall anyone stating they benefited and several believed what they received was acupuncture. When there was no benefit, they assumed acupuncture was not effective. This is on multiple levels a

disservice to patients, and added medical expenses for a treatment that appears to have minimal clinical benefit.

...Patient reported to Acupuncturist that they received dry needling by a PT. Afterward she was ill and remained in bed for two days with severe pain. The patient stated that she always feels good after Acupuncture.

SUMMARY

The Acupuncture Association of Alaska here by places the policy Dry needling is Acupuncture in Alaska. The use of acupuncture needles or filiform needles is Acupuncture.

1. Acupuncture, as mandated by Alaska State law, is to be performed by those that have fulfilled the requirements for Acupuncture licensure.
2. Alaskans who seek the out the traditional practices of Acupuncture and East Asian medicine modalities need to have full disclosure and education regarding the practices of needling, the education, training and certification of practitioners that are putting needles in them. The invasive nature of needle insertion and the public's general fear of needles predisposes for misinterpretation of acupuncture and dry needling because of the differences in technique.
3. Public safety for patients receiving acupuncture is not to be taken lightly. It poses significant risk of harm and injury to the public if the insertion of acupuncture needles is performed by no one other than a Licensed Acupuncturists and Medical Acupuncturists to use. Physical therapists who are practicing dry needling have minimal training in needle insertion, have no accredited certification process, no clean needle certification, nor regulation and are practicing acupuncture without a license.
4. Acupuncture and Physical Therapy are adjunctive and complementary disciplines and should treat each profession as such. We ask that PT's perform excellence in traditional PT practices without dry needling and work collaboratively with Acupuncturists to achieve the safest and best outcomes for the patient.

Alaska Licensed Acupuncturists are recognized by the division of Occupational Licensing and are authorized to use acupuncture needles in the practice of Acupuncture.

The Acupuncture Association of Alaska hereby places a position that the practice of Dry Needling (DN), Myofascial Trigger point needling and/or Intramuscular Stimulation (IMS) should not be performed by anyone other than a Licensed Acupuncturist and/or Medical Doctor with a certification in Medical Acupuncture.

References

Alaska Acupuncture Statutes

<http://www.commerce.alaska.gov/web/portals/5/pub/AcupunctureStatutes.pdf>

American Medical Association policy statement in July 2016:

<https://searchpf.ama-assn.org/SearchML/searchDetails.action?uri=%2FAMADoc%2FHOD-410.949.xml>

AAMA Position State on Dry Needling

<http://www.medicalacupuncture.org/Portals/2/PDFs/AAMADryNeedlingPolicyOct15.pdf>

AAMA Training Guidelines in Medical Acupuncture

<http://www.medicalacupuncture.org/ForPhysicians/AbouttheAAMA/AAMAPositionStatement.aspx>

Council of Colleges for Acupuncture and Oriental Medicine: Dry Needling is Acupuncture

http://www.ccaom.org/downloads/CCAOM_Position_Paper_May_2011_Update.pdf

National Center for Acupuncture Safety & Integrity

<http://acupuncturesafety.org/> http://acupuncturesafety.org/wp-content/uploads/2014/03/NCASI_10_Key_Facts_8.5x11_Brochure.pdf

<http://tryacupuncture.org/acupuncture-vs-dry-needling.pdf>

<http://www.ncbi.nlm.nih.gov/pubmed/22256654>

Clean Needle Technique Course Content

http://www.ccaom.org/pdf/NEW_On-line_Content.pdf

Dry Needling Terminology

<http://acupuncturewisconsin.org/dry-needling-10-facts-you-should-know-2/>

What you must know about dry needling from an Acupuncturist who took a dry needling course.

<http://www.liveoakacupuncture.com/dry-needling>

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 is amended by adding a new section to Article 5 to read:

12 AAC 16.910. Administering nutritional substances. (a) A chiropractic physician may administer a nutritional substance intended for oral, topical, or transdermal use.

(b) A chiropractic physician who has completed board approved post-graduate training **in nutrition** may administer a nutritional substance by oral, topical, transdermal, injection, or intravenous drip. (Eff. ____ / ____ / ____; Register ____)

Authority: AS 08.20.100 AS 08.20.990

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

(7) “nutrition or nutritional substance” means a vitamin, mineral, plant or extract, herb or extract, homeopathic, glandular or whole tissue extract, sugar, amino acid product, enzyme supplement, or saline, intended for use in the diagnosis, treatment, or prevention of disease in humans. Nutritional substances include food grade and pharmaceutical grade substances that can be purchased by professionals without a Drug Enforcement Administration registration.

For “prescription drug”, I did not add schedule I controlled substance as they may not be prescribed by federal law.

12 AAC 16.990(b) is repealed and readopted to read:

(b) In AS 08.20.900,

(1) “prescription drug” means a substance that is defined by the Drug Enforcement Administration as a schedule II, III, IV, or V controlled substance;

(2) “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 of human tissue, but does not include

(A) procedures for removal of superficial foreign bodies from the human body;

(B) punctures;

(C) suturing;

(D) injections;

(E) venipuncture;

(F) dry needling;

(G) acupuncture; or (AS 08.20.900(6) prohibits acupuncture, this will not get through DOL)

(E) removal of dead tissue. (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

Alternative for “surgery” by using the current definition and adding “injection” to the paragraph describing what surgery does not include:

12 AAC 16.990(b)(2)(B) is amended to read:

Register _____, _____ 2020 PROFESSIONAL REGULATIONS

(B) does not include venipuncture, or the removal of foreign objects from external tissue, **or injections**. (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

STATE OF ALASKA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT PROCEDURES		Procedure No. DOL - 19	Page 1 of 2
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SUBJECT BOARD/COMMISSION ACTION ON REGULATIONS		Supersedes	Dated
		APPROVED BY	
DIVISION Occupational Licensing	SECTION Licensing		

REQUEST FOR REGULATIONS: Then a board/commission requests a change in its regulations, the board/commission should explain, on the record during a properly noticed public meeting, the reason for the change and give detailed information on the change requested. The staff person responsible for the meeting minutes is also responsible for relaying the board/ commission's request to the regulations specialist through a draft copy of the minutes, plus any other information that explains the board/commission's request.

The regulations specialist will provide a draft copy of the requested changes in the regulations. It may be necessary to consult with the Department of Law on the board/commission's authority to make the changes requested. It may also be necessary for the board/commission to provide additional information in its intent before the regulations changes are drafted.

PUBLIC NOTICE OF REGULATIONS CHANGES: Once a board/commission has reviewed the draft of proposed regulations and agreed on the working of the proposed changes, the board/commission should state on the record whether it intends to hold a public hearing on the regulations. The responsible staff should give a draft copy of the minutes to the regulations specialist and provide the date, location, and time of the public hearing, if applicable.

The regulations specialist will prepare and distribute the public notice, including providing a copy of the notice and regulations to all board/commission members and the affected staff.

PUBLIC COMMENTS ON REGULATIONS: All notices of proposed regulations include an opportunity for the public to give written comments on the regulations and a specific invitation for comments on the cost of the proposed regulatory action. The board/commission is obligated to seriously consider all written comments, and oral comments of a hearing is held, before taking final action on the regulations. To be considered, written or oral comments must be submitted as instructed in the public notice.

The public notice also includes a deadline for submitting written comments. This deadline is strictly enforced, and letters received after the deadline will not be forwarded to a board/commission for its consideration. Written comments must be received at the address given in the public notice by the deadline date; the postmark date is not considered.

Comments received by phone will not be considered as written comments. The division will accept faced comments. Staff should inform anyone submitting oral comments outside of the public hearing that the comments will not become a part of the record of the regulations project.

Comment letters should be addressed to the regulations specialist. **If a staff member other than the regulations specialist receives a letter commenting on proposed regulations, the letter should be given to the regulations specialist immediately.**

At the close of the public comment period, the regulations specialist will compile the written comments and provide them to staff for distribution to board/commission members. The board/commission chair should ensure that all members have carefully considered the public comment letters before the board/commission takes action on the regulations.

REGULATION HEARINGS: If a board/commission chooses to hold a hearing on proposed regulations, the information about the public hearing must be included in the original or a supplemental notice of the proposed regulations. Hearings are usually held in conjunction with a regularly-scheduled meeting of the board/commission, and are always recorded. A board/commission may choose to use teleconferencing sites for the regulations hearing.

If a board/commission has not given notice of public hearing, the board/commission may not accept any oral comments on the regulations. If the board/commission accepts oral comments without having given notice of a public hearing, the board/commission is required to give supplemental notice and hold a hearing at a later date to allow other interested parties to give oral comments.

STATE OF ALASKA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT PROCEDURES		Procedure No. DOL - 19	Page 2 of 2
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		APPROVED BY	
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The board/commission chair often presides over the hearing. The general principle for conducting a regulations hearing is fairness. The board/commission may impose a time limit on commenters, but each commenter must be treated equally.

Staff should provide a sign-in sheet at the beginning of the hearing for those who plan to give oral comments.

FINAL ACTION BY THE BOARD/COMMISSION ON PROPOSED REGULATIONS: After carefully considering the written comments, any oral comments if a hearing was held, and discussing the costs of the proposal, the board/commission may take final action on proposed regulations. The board/commission's final action must be taken during a properly-noticed public meeting.

The board/commission may adopt the regulations as proposed, amend and adopt the regulations, or take no action on the regulations. If the board/commission amends the regulations beyond the summary of proposed changes it has given during the public notice process, the board/commission must give additional notice before adopting the regulations. It is important for the board/commission to explain the reason for its actions on the record. This is not only helpful in the preparation of the final draft of the regulations, but it is also important during the review of the regulations by the Department of Law and in case of a legal challenge to the regulations.

The record of the meeting should include how the board/commission considered the public comment in its deliberations. Also, the board/commission chair or other board/ commission member must make a statement on the record indicating how the board/commission gave special consideration to the cost to private persons. The board/commission must discuss the costs to private persons on the record, even if no comments on costs were submitted or if there are no apparent costs.

The board/commission's final action must be in the form of a motion that is passed.

The staff person responsible for the minutes of the meeting is also responsible for giving a draft copy of the minutes to the regulations specialist as soon as possible after the meeting.

FINAL REVIEW OF ADOPTED REGULATIONS: After a board/commission has adopted regulations, the regulations specialist will prepare the proper paperwork and submit the project to the Department of Law for final review. If approved by the Department of Law, then the project is sent to the Lieutenant Governor's office for filing.

The regulations specialist will notify board/commission members and affected staff of the effective date of approved regulations.

Regulation Changes Questionnaire

Division/Board: ABOCE - Chiropractors Meeting Date: _____

Regulation change being proposed: 12 AAC _____

General topic of the regulation: _____

This worksheet is designed to help the board think through an anticipated regulations project. Staff will provide this worksheet to the board at the time a regulations project is being approved for public notice. This information will be used to develop a FAQ to be posted on the board's web page to help the public understand the project. Staff will submit the completed worksheet with the draft board minutes to the Regulations Specialist within 10 days of the meeting and provide a copy to the supervisor. Appropriate staff will be assigned to complete this worksheet if a division regulation. **NOTE: Use a separate worksheet for each section being proposed.**

1. Is the new regulation needed to comply with new legislation or federal law? If yes, effective date of new statute/federal law: _____ <i>(If appropriate, ensure the new regulation is in line with federal requirements prior to initiating a regulation project.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does the change add a new license type? If yes: Does it affect current licensees? Do current licensees/non-licensees already perform the service for which the new license type is required? Is there a grace period or date explicitly included in the regulation to allow for a transition period?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does it change the qualifications or requirements of an existing license? If yes, does it affect current licensees?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does it affect continuing education/competency requirements? If yes: Does it add additional requirements or hours? Does it clarify existing regulations? Is there an effective date in the future to give licensees time to comply?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is it a fee change or does it create a new fee? If yes: Does it move fees in the centralized regulations to a new number, therefore affecting other program regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does it make changes to the requirements of licensees? If yes: All licensees Certain licensees (List: _____) Initial licensees	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7. In addition to interested parties, who should receive the public notice? (All licensees or certain license types?)	

8. In addition to the 30-day minimum written notice, does the board request a public hearing? If yes, when and where.
9. What will the regulation do?
10. What is the demonstrated public need or purpose of this regulation?
11. What is the known or estimated cost of the new regulation to a private person, another agency, or a municipality (see Step 3 of the <i>Steps in the Regulation Process...</i>)?
12. What <u>positive</u> consequences may this regulation have on public or private people, businesses, or organizations?
13. What <u>negative</u> consequences may this regulation have on public or private people, business, or organizations?
14. If any <u>negative</u> consequences, please address the reasons why the public need for this change outweighs the negative impact.
15. List any additional questions or comments that may arise from the public during the comment period. Include a response to the questions.
16. What type of notification outlining the changes will be required once the regulation is adopted? Check appropriate boxes. FAQ on website <input type="checkbox"/> Email to licensees <input type="checkbox"/> *Letter to licensees <input type="checkbox"/> <small>* Cost to board for mailing letter</small>

Staff submitting this worksheet: _____ Date submitted to Regulations Specialist: _____



MEMORANDUM

DATE: February 19, 2020
TO: Alaska Board of Chiropractic Examiners
THRU: Greg Francois, Chief Investigator
FROM: Jasmin Bautista, Investigator
RE: Investigative Report for the February 28, 2020 Meeting

The following information was compiled as an investigative report to the Board for the period of November 08, 2019 thru February 19, 2020; 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			
2017-001044	Sexual misconduct	Monitor	
2019-000742	Practice beyond scope	Monitor	

Closed - 0

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

From: [Bay, Thomas L \(CED\)](#)
To: [REDACTED]
Subject: RE: FW: Billing of OMT vs CMT CPT Codes
Date: Thursday, December 19, 2019 10:59:00 AM

Good Morning Sheri,

I just wanted to let you know that I have not been avoiding your email below. I have not had the time to address it with my supervisor until now. There has been a lot of turnover in our office and my supervisor is overseeing a high number of licensing programs at the moment. I want to address a few things really quickly.

You mentioned that the ABOCE, at their 08/23/2019 board meeting, motioned to refer the discount matter to the Department of Law for review. I went over the minutes and the board actually made the following motion:

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.

The first step in completing the board's motion was to speak to my supervisor, to see who takes care of these types of matters. She informed me that the Division does not regulate this issue, and that you should reach out to the Better Business Bureau. In my response to your email dated 11/27/2019, I asked you to let me know if you wanted to readdress this issue with a position statement, and that I would add it to the agenda if you did. I did not hear back from you prior to the last board meeting, so I thought we were not addressing it at the board meeting. That is why I was caught off guard when you brought it up.

After reading your last email, I understand your point of a position statement "having any teeth or effect on the situation." Now that we have readdressed this issue, would you like me to add this to the board's agenda, so they can decide on how to move forward? The Division does not believe that the Department of Law is the correct entity to address discount services, but the board can decide on whether or not to go that route.

The second thing I want to address really quickly is the OMT vs CMT CPT Codes issue. I will make sure that the board is aware of the email I sent you regarding this issue, and that all the board can do is use the Utilization Review Committee to address complaints regarding billing

purposes.

I hope all is well, and that you are taking some time off from all the work you do.

Happy Holidays!

Thomas Bay

Occupational Licensing Examiner

Division of Corporations, Business and Professional Licensing

(907)465-2588

From: [REDACTED]

Sent: Wednesday, November 27, 2019 5:17 PM

To: Bay, Thomas L (CED) <thomas.bay@alaska.gov>

Cc: Hoffard, Renee (CED) <renee.hoffard@alaska.gov>

Subject: RE: FW: Billing of OMT vs CMT CPT Codes

Good Afternoon Tom,

I'm truly frustrated with this whole situation. First off - thank you for your work on this. I know you struggle with the "how" of getting things done just as I do and I get it.

I'm good on the whole OMT vs. CMT CPT codes issue for now. I did receive your email below dated 10/8/2019 directing me to the Division of Insurance. Unfortunately, this matter is not within their purview. My apologies for not replying on this matter from your initial email on 10/8/19. I'm still gathering information from other states in order to respond. I still believe this is a scope of practice issue as it has been ruled on in other states. I need time to collect the information to make my case to the BOCE in Alaska for further clarification.

My question at this most recent BOCE meeting on 11/22/2019 was in regards to ACS' request on 8/23/2019 to have the AK BOCE look at discount services - ie Groupon, Facebook, and other "deal of the day" discounts made by chiropractic healthcare providers. My notes show that the Board of Chiropractic Examiners voted at the 8/23/19 meeting to refer the discount matter to the Department of Law for review. I apologize. I did not understand from the last paragraph of your email below when you stated you "spoke with your supervisor" regarding the matter that that superseded the Board's request to have the matter reviewed by the Department of Law. I took her statement to contact the BBB as a suggestion not as the final dissolution of our request. It was my impression from the Board on Friday that they too thought the matter had been sent for review with the Dept. of Law.

In our request on 6/13/2019, ACS specifically asked for direction from the BOCE on the matter of discount services. How the BOCE does that is entirely up to them - whether through a Position

Statement, regulation, or legislative initiative. We provided sample regulation and position statements from other states and information for the AKBOCE to draw from to assist with moving forward on the task. I am very well versed on the violations from a federal level as are many of the chiropractors who use these discount methods hence the disclaimers that they attach to them regarding not valid for patients with Medicare, Medicaid or other federally funded plans. We are looking for direction from our own Board of Examiners of any violations that may be occurring at the state level. It was my understanding that having the BOCE get clarification from the Dept. of Law was the first step to writing a Position Statement.

We strongly urge the Board of Examiners to have the Department of Law look at discount services (ie: Groupon, Facebook, and other "deal of the day" discounts) for healthcare providers. We would like clarification on anti-kickback laws and inducement in the state of Alaska. This will enable us to ensure we are giving our chiropractic membership the legal regulations and help with any misinformation regarding insurance fraud and compensation for referrals. This will also allow us to move forward with any marketing statutes from both an ethical and legal perspective.

Where do we go from here? Is there any chance the BOCE will have access to official clarification regarding the laws in effect in AK to draw from for a Position Statement? The only way a Position Statement is going to have any teeth or effect on the situation is if it can be clearly shown that chiropractors are violating existing healthcare advertising or anti-kickback laws in the State of Alaska. We can all collectively say it's a bad idea and don't do it, but that's not going to carry any weight in stopping them. It's devaluing services across the board and making it increasing hard for ethical doctors to compete.

Hope you have a great holiday. I'm looking forward to some time off and doing absolutely nothing work related! Happy Turkey Day my friend. Onward we go!

Sheri Ryan | Chief Operating Officer
Alaska Chiropractic Society | [REDACTED]

Ensuring Chiropractic is the first Healthcare Choice in Alaska!

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

Subject: FW: Billing of OMT vs CMT CPT Codes
From: "Bay, Thomas L (CED)" <thomas.bay@alaska.gov>
Date: 11/27/19 1:44 pm
To: [REDACTED]
Cc: "Hoffard, Renee (CED)" <renee.hoffard@alaska.gov>

Good Afternoon Sheri,

I'm contacting you in regards to your question, at the ABOCE's last board meeting, of whether the board had heard back from the Department of Law regarding discount services and the OMT vs CMT CPT Codes being a possible scope of practice issue. I was confused in the board meeting because I had sent the email below regarding these issues and never

heard back. There seems to have been a miscommunication between the two of us at some point, so let's fix that. Please read the email below and let me know how you would like to proceed. If I don't hear back from you today I hope you have a GREAT Thanksgiving!

Best regards,

Thomas Bay
Occupational Licensing Examiner
Division of Corporations, Business and Professional Licensing
(907)465-2588

From: Bay, Thomas L (CED)
Sent: Tuesday, October 8, 2019 10:45 AM
To: [REDACTED]
Cc: Hoffard, Renee (CED) <renee.hoffard@alaska.gov>
Subject: RE: Billing of OMT vs CMT CPT Codes

Good Morning Sheri,

I spoke with my supervisor regarding your email below. Unfortunately, the Division of Corporations, Business, and Professional Licensing does not regulate CPT codes and I was told to direct you to the Division of Insurance. You state that this is a scope of practice issue due to questions being raised over a DC's qualifications to perform OMTs, but in order for that to be so the ABOCE would have to define or list the allowed procedures in regulation. Any procedure not in the list or definition would not be permitted. And even that would not stop an individual from simply stating the procedure was one of the allowed ones and bill accordingly. Now, if complaints are filed with this division or the utilization review committee there may be a way to find out what codes are being used for billing purposes. A utilization review would allow for the URC to, "consider, among other appropriate factors, charges by health care providers other than chiropractors for the same or similar services," as listed in the following regulation:

12 AAC 16.420. CONDUCT OF PEER REVIEW. (a) A patient, patient's representative, insurer, or the patient's chiropractic physician may file a request for peer review with the board by submitting to the department

(1) a written request for review of the care provided, fees charged, or services rendered by a licensee to a patient;

(2) the peer review fee established in 12 AAC 02.150; and

(3) if the peer review committee requires a patient's treatment records for review, a completed release, on a form provided by the department, signed by the patient.

(b) A licensee's acceptance of or request for payment for treatment given to a patient constitutes the licensee's consent to submit to the peer review committee the information required in (c) of this section.

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

(d) The peer review committee shall conduct a peer review for each request for peer review submitted to it in accordance with guidelines established by the board. Except as provided in (f) of this section, the

peer review committee shall report its findings to the board and furnish a copy of its findings to the patient, licensee, and third-party payor involved in the case.

(e) The findings of the peer review committee must include a determination of whether the

(1) licensee provided or ordered appropriate treatment or services; and

(2) fees charged are a reasonable and appropriate cost of treatment; in determining the reasonableness and appropriateness of costs, the committee may consider, among other appropriate factors, charges by health care providers other than chiropractors for the same or similar services.

(f) If the peer review committee determines that reasonable cause exists to believe the licensee has violated a provision of AS 08.20 or this chapter for which a licensee may be disciplined, the peer review committee may not report its finding to the board, but instead shall refer the matter to the department's investigative section. The peer review committee shall provide all information gathered in connection with the peer review to the department's investigative section.

(g) Repealed 1/6/2002

Unfortunately, until then, there is nothing the division can do regarding chiropractors that may be using OMT codes. If you would like, this issue can be readdressed at the next board meeting. Please let me know if you would like me to add it to the agenda.

I also spoke to my supervisor regarding discount services. The Division of Corporations, Business, and Professional Licensing does not regulate this issue either. My supervisor recommends reaching out to the Better Business Bureau to find out if medical services offered at facilities in Alaska, at such discounts as you mentioned in your email, are within their standards. They may also have more information on this topic at the federal level. Aside from that, the ABOCE may be able to address this issue with a position statement. If that is the avenue you would like to go please contact me and I will add it to the board's next agenda.

Best regards,

Thomas Bay
Occupational Licensing Examiner
Division of Corporations, Business and Professional Licensing
(907)465-2588

From: [REDACTED]

Sent: Friday, October 4, 2019 2:58 PM

To: Bay, Thomas L (CED) <thomas.bay@alaska.gov>

Subject: RE: Billing of OMT vs CMT CPT Codes

I apologize Tom. This apparently got buried in my email box.

What I do know is this, according to the AMA CPT Assistant -

It is important to recognize that the listing of a service or procedure and its code number in a specific section of the CPT code book does not restrict its use to a specific specialty group. Any procedure or service in any section of the CPT coding manual may be used to

*designate the services rendered by any qualified physician. Therefore, the osteopathic manipulative treatment codes and the chiropractic manipulative treatment codes can be reported **by any physician who is qualified to perform these types of manipulation**. No distinction is made concerning the physician's licensure or professional credential. Licensure and credentialing vary on a state-by-state and institutional basis.*

This is a scope of practice issue because we need to determine if the average Doctor of Chiropractic licensed in Alaska is qualified to perform the services as defined in the AMA CPT Assistant definition for Osteopathic Manipulative Treatment (CPT codes 98925-98929), if performing those services falls within the Alaska Chiropractic Scope of Practice, and/or if there is special training that a DC needs in order to be able to perform OMT. I do not know what qualifies as an OMT "manual treatment", "manipulation", or "technique".

CPT - Codes Procedure Description

98925 - OMT; one to two body regions involved
98926 - OMT; three to four body regions involved
98927 - OMT; five to six body regions involved
98928 - OMT; seven to eight body regions involved
98929 - OMT; nine to ten body regions involved

Osteopathic Manipulative Treatment

Osteopathic manipulative treatment is a form of manual treatment applied by a physician to eliminate or alleviate somatic dysfunction and related disorders. This treatment may be accomplished by a variety of techniques. Body regions are defined as head, cervical, thoracic, lumbar, sacrum, lower extremity, upper extremity, pelvis, ribs, abdomen and viscera. (Such regions are defined in ICD-9 codes 739.0-739.9.) This information should be shown on the claim form or in the physician record.

Osteopathic Structural Diagnosis Includes: Somatic Dysfunction (By Region)

739.0 Head Region: Occipitocervical Region
739.1 Cervical Region: Cervicothoracic Region
739.2 Thoracic Region: Thoracolumbar Region
739.3 Lumbar Region: Lumbosacral Region
739.4 Sacral Region: Sacrococcygeal Region, Sacroiliac Region
739.5 Pelvic Region: Hip Region, Pubic Region
739.6 Lower Extremities: Acromioclavicular Region, Sternoclavicular Region
739.7 Upper Extremities
739.8 Rib Cage: Costochondral Region, Sternochondral Region, Costovertebral Region
739.9 Abdomen and Other

Sheri Ryan | Chief Operating Officer

Alaska Chiropractic Society | [REDACTED]

[REDACTED]

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

Subject: RE: Billing of OMT vs CMT CPT Codes

From: 'Bay, Thomas L (CED)' <thomas.bay@alaska.gov>

Date: 9/19/19 1:14 pm

To: [REDACTED]

Hi Sheri,

At the last board meeting you said you were going to write an email in defense of why the email below is a scope of practice issue. Can you please get that to me so I can get it to my supervisor? Also, I will be speaking with her shortly regarding your inquiry into discount services.

Best regards,

Thomas Bay
Occupational Licensing Examiner
Division of Corporations, Business and Professional Licensing
(907)465-2588

From: [REDACTED]

Sent: Thursday, June 13, 2019 1:03 PM

To: Bay, Thomas L (CED) <thomas.bay@alaska.gov>

Subject: Billing of OMT vs CMT CPT Codes

Afternoon Thomas,

I have a request of the ABOCE - is there anything within the Alaska chiropractic scope of practice that would preclude a Doctor of Chiropractic from using a OMT CPT code vs. a CMT CPT code? It was a question that came up through an ACS Board meeting that I was asked to get clarification on.

I reached out to a national billing/coding expert on the topic who sent me the information below that states the CPT codes are not limited to provider type but could be limited by state scope or payer policy.

I am now taking the next step in my quest - does state scope limit the use of 98925-98929 by a DC?

I will attempt to research the multiple payer policies on the topic in the state.

Thank you for your time on this matter.

Best regards,

Sheri Ryan | Chief Operating Officer
Alaska Chiropractic Society | [REDACTED]

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

Subject: Re: OMT vs CMT CPT codes

From: [REDACTED]

Date: 6/13/19 10:51 am

To: [REDACTED]

Though this *CPT Assistant* article is more than 20 years old now, it makes it clear that coding guidelines do not prohibit chiros from billing OMT. It can be limited by state scope or payer policy though.

Coding Consultation

Medicine, 98925-98929, 98940-98943 (Q&A)

Question

Who can report the Osteopathic Manipulative Treatment codes (98925-98929) and the Chiropractic Manipulative Treatment codes (98940-98943)? Are the OMT codes restricted for use by osteopathic physicians and the CMT codes restricted for use by chiropractic physicians?

AMA Comment

It is important to recognize that the listing of a service or procedure and its code number in a specific section of the CPT code book does not restrict its use to a specific specialty group. Any procedure or service in any section of the CPT coding manual may be used to designate the services rendered by any qualified physician. Therefore, the osteopathic manipulative treatment codes and the chiropractic manipulative treatment codes can be reported by any physician who is qualified to perform these types of manipulation. No distinction is made concerning the physician's licensure or professional credential. Licensure and credentialing vary on a state-by-state and institutional basis.

Medicine, 98925-98929, 98940-98943 (Q&A). *CPT*® *Assistant*. 1997; January 1997 page 11

In other words, if the state scope allows it, and the payer contract doesn't prohibit it, it can be done. It just needs to be documented and billed properly. The difference between CMT and OMT is in the outcome, not the licensure of the provider as the code title suggests. It is a bit like all the codes with physical therapy in the title (97010-97039). Chiros can still bill them even though we are not licensed as physical therapists.

It just needs to be documented distinctly to show that it is not CMT.

To establish necessity for OMT, the provider must document "somatic dysfunction". This is "diagnosed by history and palpatory assessment of tenderness, asymmetry of motion and relative position, restriction of motion, and tissue texture change." (see <https://jaoa.org/article.aspx?articleid=2093843>) "Somatic dysfunction" is coded with the M99.0- family of codes (which also include "segmental dysfunction" used to justify CMT).

Google tells me that, using OMT, a provider moves a patient's muscles and joints using techniques that include stretching, gentle pressure and resistance. I'm no expert, so there could be many things that qualify as OMT, but I found examples of specific techniques such as counterstrain or facilitated positional release. Frankly, I don't even know what these are, but the provider needs to make it clear that he or she is not just performing a chiropractic manipulative treatment.

So, there you have it. Want me to re-write this as an article? Or would that just open a can of worms?

Evan M. Gwilliam, DC MBA BS CPC CCPC CPC-I QCC MCS-P CPMA
CMHP AAPC Fellow

360-904-0205

On Thu, Jun 13, 2019 at 11:20 AM [REDACTED] wrote:

Morning Dr. Gwilliam -

At the ACS Executive Board mtg on Tuesday, discussion was had around a DC in town reported to be billing OMT CPT codes vs CMT codes. I've been asked to get an expert opinion on why that is wrong. The DC billing the OMT is convinced that it doesn't say anywhere in the CPT codes that you have to be a DO to bill OMT codes. I remember reading somewhere that it's the taxonomy codes that identify what provider type you are and the area of specialization for health care providers but I'm no expert. Would it be possible to get a write up of some type that I can use in a newsletter as to why you can't bill OMT codes if you are a chiro?

Thanks!

Sheri Ryan | Chief Operating Officer
Alaska Chiropractic Society | [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]



Alaska Chiropractic Society

February 13, 2020

The Honorable Senator Cathy Giessel
Alaska State Legislature
State Capitol Room 111
Juneau, AK 99801

Re: SB 47

Dear Senator Giessel,

The Alaska Chiropractic Society (ACS) applauds your efforts to update the statutes establishing physical therapists and physical therapy assistants in order to modernize their board, educational standards, and terminology through SB 47. However, our association is concerned about one provision in the bill - the addition of the title "*Physiotherapist*" for a physical therapist found in section 11 (see below).

ACS is concerned that granting the exclusive use of this title (with penalty) to physical therapists may translate to term protection of the word "physiotherapy". Term protection would prohibit all other healthcare providers from using the word "physiotherapy" to advertise services provided in their clinics/offices, much like how the AK Board of Physical Therapy and Occupational Therapy currently limits providers' use of the term "physical therapy" in advertising unless there is a licensed physical therapist on staff.

The CPT code set used to bill physical therapy services is not exclusive to any provider type. Many healthcare providers – ANP, DC, DO, LMT, MD, PA, PT – appropriately provide and bill for these type of services both within their state scopes of practice and insurance billing practices.

Doctors of Chiropractic must provide proof of board certification in physiotherapy to become licensed in Alaska and "physiotherapy" is an approved subject for continuing education under regulation. Because chiropractors, and others, already offer such treatment, granting exclusive use of the term "physiotherapy" will create conflict and confusion in the law that can reasonably be avoided.

We request that you amend the language in the bill to avoid such conflict. Specifically, we respectfully request that you either strike the term "Physiotherapist", or add language in section 11, or where appropriate, to clarify that healthcare providers who already provide physiotherapy, based on education and licensure, are not subject to the penalties established in Section 11 (a).

Senator Cathy Giessel
February 13, 2020
Page 2

28 * **Sec. 11.** AS 08.84.130(a) is amended to read:

29 (a) A person not licensed as a physical therapist, or whose license is
30 suspended or revoked [,] or **has** [WHOSE LICENSE IS] lapsed, who uses in
31 connection with the person's name the words or letters "**P.T.,**" "**Physical Therapist,**"
1 "**Physiotherapist,**" "L.P.T.," [,] "Licensed Physical Therapist," or other letters,
2 words, or insignia indicating or implying that the person is a licensed physical
3 therapist, or who, in any way, orally [,] or in writing, directly or by implication, holds
4 out as a licensed physical therapist, is guilty of a class B misdemeanor.

Again, we thank you for your efforts in SB 47, and recognize and appreciate your attention to a wide spectrum of health care issues as a state senator. I hope I have clearly explained our concerns. Please feel free to contact me, or our lobbyist in Juneau, Jeff Logan, if you have questions.

Sincerely,



Sheri Ryan | Chief Operating Officer
[REDACTED]

From: [REDACTED]
To: [Bay, Thomas L \(CED\)](#)
Subject: AK Chiropractic Jurisprudence exam
Date: Thursday, February 27, 2020 7:55:46 AM
Attachments: [REDACTED]

Thomas,

It was a pleasure talking with you on the phone. As you know, if the Alaska State Board of Chiropractic Examiners decides to utilize the services of the NBCE for development, administration and scoring of the Jurisprudence examination, there is no charge to the Alaska board for this service. Any fees that are paid online by the prospective licensee would be retained by the NBCE.

Although you currently have 85 questions/items on the exam, it is my impression that your board might be agreeable to reducing that number. With a 75% score required to pass, we often use an exam with 52 standard multiple choice questions (MCQs), with each having four answers to select from (only one answer being correct). I didn't think to ask if you are currently using MCQs, and if not is your board amenable to converting to them? These types of questions are typically much easier to score and perform more consistently than some other question types.

The examinees would schedule online through the NBCE portal; we can set up the system to either allow any chiropractor to take the exam, or we can require them to be authorized to test by your board prior to taking the exam, so it is your choice.

The Checklist that is attached will provide you with a list of actions that you will need to complete for this process, and as you will notice, it won't be difficult to check off the items listed. The other attachment is a general template for what a test plan looks like; yours will most likely vary somewhat, but should be similar.

As far as the fees, since we pay a publishing fee to Prometric and also seat fees for each exam, the cost for the test will need to be set at \$120 for us to break even within five years, which is when we will need to update the exam and start the cycle over. If you have any questions, feel free to call me on my direct line [REDACTED]

Bruce L Shotts, DC, Dipl Ac, MS
Director of Written Examinations
National Board of Chiropractic Examiners



State Board Checklist for Exam Development

Exam: _____

	Required Task	Completion Date
<input type="checkbox"/>	Review statutes to determine if anything prevents the NBCE from administering and receiving payment for the exam.	_____
<input type="checkbox"/>	Provide NBCE with references or Statutes/Rules that the exam is based on.	_____
<input type="checkbox"/>	Determine if the exam will be given in a proctored or open book format.	_____
<input type="checkbox"/>	Establish mutually agreeable dates with the NBCE for the transition process.	_____
<input type="checkbox"/>	Sign agreement allowing NBCE to provide examination services.	_____
<input type="checkbox"/>	Authorize appropriate fee for the exam.	_____
<input type="checkbox"/>	Determine the number of questions on the exam.	_____
<input type="checkbox"/>	Approve the test plan and weighting of each category.	_____
<input type="checkbox"/>	Provide NBCE with existing exam forms, test plan, test pool questions, and any available statistical information on past performance.	_____
<input type="checkbox"/>	Authorize 3-5 individuals to serve as a committee to review test forms and questions.	_____
<input type="checkbox"/>	Provide/confirm contact information to NBCE for Board's Score Recipient.	_____
<input type="checkbox"/>	Give final approval of the newly developed exam, with permission to publish and administer the exam.	_____
<input type="checkbox"/>	Update State Board website regarding the exam application process, fees, required passing score, test plan, reference list, and score reporting timeline; include link to NBCE website.	_____

This is a sample test plan. Please add or remove any category or subcategory you choose. Please add any category or subcategory you feel is important. We need the Board to provide a percentage for each major category. The percentages should be based on the amount of material in your statutes as well as the Board's preferences. Typically the smallest percentage is in license requirements but that is completely up to the Board.

Test Plan for Jurisprudence Exam

- | | |
|---------------------------------|----------|
| 1. License Requirements | % |
| License (renewal, types) | |
| Malpractice Insurance | |
| Continuing Education | |
| 2. Patient Care | % |
| Scope of Practice | |
| Physiotherapy | |
| Referrals | |
| Reporting | |
| 3. Office Management | % |
| Patient Records | |
| Chiropractic employees | |
| Advertising | |
| Billing | |
| Contracts | |
| 4. Professional Conduct | % |
| Complaints/Disciplinary actions | |
| Board powers | |
| Sexual misconduct | |
| Financial responsibilities | |

**Workers Comp.
Personal Injury
Pain Mgmt. Injections
Prolotherapy
Chiropractic Care
Impairment Ratings
Neurological Testing
Disc Decompression**

U-MED PAIN
MANAGEMENT
Dr. John P. Shannon, Jr.
Chiropractic Physician

**Electromyography
Nerve Conduction Studies
Evoked Potentials
Manipulation under
Anesthesia
Independent Examinations
Second Opinions
Cosmetic Injections**

December 15, 2019

Public Comment to the Board of Chiropractic Examiners

Submitted by: Dr. John Shannon and Dr. Bill McAfee

Dear Members of the Board:

Dr. McAfee and I are submitting this public comment for the next upcoming meeting. These comments are in reference to the August 2019 board meeting. Please read or add them into the record.

1. We note that in the board meeting the regulations and definitions that the board is drawing up definitions/regulations, on what is called “injectable nutrients”.
2. We respectfully suggest that term might be changed to “injectable all-natural substances” or “injectable biological substances”. The rationale for this is that certain substances such as homeopathics in many cases are not considered nutrients but are clearly in our scope of practice, as we have been using these substances for the better part of a century. Additionally, substances like sarapin, an all-natural local anesthetic/pain killer is also not directly considered a nutrient, however, is an all natural/biological substance and allowed under our scope of practice. (all-natural/biological meaning a substance which cannot be patented)

We respectfully submit that the definition of “injectable all-natural/biological substances” include things such as vitamins, minerals, animal tissue, homeopathics, compounded all-natural substances, enzymes, amino acids, etc. We are sure that the board has discussed this at length, however not seen in the minutes of the meeting.

3. The next issue is Rx products. The attorney general’s office is attempting, at all costs, to argue that if a product has Rx on it that it somehow cannot be used by the Chiropractic Physicians.

Currently, there are no federal or state statutes which state that chiropractic physicians cannot use products or substances that have Rx on them. The attorney general continues to quote the regulatory definition of “prescription drugs” which was adopted

by a prior board in 2010. In fact, in the minutes of the 2008 board meeting, specifically the January 18, 2008 minutes, on page 12 it states Dr. Colbert noted that AS08.20.900 does not prohibit nutritional and vitamins injections, **which the board is trying to prevent...**

4. This makes the definition of “prescription drugs” illegal under the APA.

You cannot write a regulation, which attempts to alter the letter or intent of the statute! This is, in their own words what they were attempting to do. (see: APA-Chapter 62; section 30.

As the regulation does not apply to us, and was created for illegal means, it is our and our legal counsel suggestion, that it be removed.

At the behest of Assistant Attorney General, Gayle Horetski, in June of 2010 the board adopted the definitions of “surgery” from the naturopathic definition and “prescription drugs” from the board of pharmacy definitions.

That definition reads as follows:

“Prescription drug” means a drug that under federal law before being **dispensed** or **delivered** is required to be labeled with the following statements: a) Caution: Federal law prohibits dispensing without prescription or b) Caution: Federal law restricts this drug to use by, or on the order of, a licensed veterinarian or a drug that is required to be 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**. This can be found on page 11 under the Pharmacy Board Regulations and Definitions #33.

A drug does not become prescription drug or substance until it is dispensed or dispersed to another individual, (i.e. through a prescription where they go to a pharmacy and pick it up the drug, or it is dispensed to the patient in the office for them to take with them. **We do neither of these in our office.**

As this definition, ‘prescription drug’, has definitions elsewhere in the pharmacy board definitions, we will go to those to further explain this. On page 9, #6, Deliver or Delivery means the actual constructive or attempted transfer of a drug or device from one person to another whether or not for consideration.

Dispense or dispensing means the preparation and delivery of a drug or device to a patient or patient’s agent under a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient. Neither of these actions are preformed in our office. Not only do our substances not have any of that labeling on them as listed under prescription medication but we do not dispense or disperse these. Therefore, by definition, they are NOT prescription drugs.

Number 9 on page 10, distribute means delivery of a drug or device other than by administering...

If we now go to the definition of administer on page 9, #1, administer means the direct application of a drug to the body of a patient or research subject by injection, inhalation, ingestion or other means.

Administering has its own separate definition and includes oral, inhalation, injections, and other means. As this has its own separate definition, it is not included in the definition of prescription drugs. Vitamin B12 whether given sublingually, transdermal, nasally or by injection all have the same function; and all are parenteral administration. To say we can use all of these, except injections, appears nowhere in our SOP.

We are certainly allowed to use Rx products that do not have federal labeling on them and are not dispensed or distributed to the patient, (i.e., we can administer these substances to our patient in our office). That is not only excluded in the definition of prescription drugs but is clearly defined under a separate definition.

Discussion: Let us be more succinct about this. The attorney general's office is trying to conclude that if something has Rx on it, it must be a prescription drug and therefore we cannot use it. **This is not true.**

My electrodes, used for nerve conduction studies and electrodiagnostic medicine, have Rx on them. Additionally, the needles we use for needle EMGs also have Rx on them. Lastly, my Ethyl Chloride I use to numb areas prior to injections has Rx on it. This is important because both massage therapists and physical therapists use Ethyl Chloride- Rx for their spray and stretch procedures. So, apparently massage therapists can use Rx products but chiropractic physicians cannot.

Dr.'s McAfee and I did some additional research on other scopes of practice.

1. Body piercing – body pierces require 495 hours to do operations. That is the total amount of hours required in order to pierce the skin and tissues of the body. The term “operations” is specifically put into the regulations. This is a fraction of the training and education we have to do much more invasive procedures.

Medical assistants – one year technical degree, RN's – two year undergraduate degree, BSN's – four year undergraduate degree are all allowed to do injections and IVs. This again is substantially less than half or more of the training and education we have but apparently, we cannot even give B12 injections (which is laughable as patients are given bottles of B12 to take home to give themselves B12 injections).

2. Let us now go to our definitions in our scope of practice. Under the definition of “surgery”, we are not allowed to cut or remove living tissue with a knife or scalpel. Surgery does not include the use of “venipuncture”. This means that venipuncture is within our scope of practice because it is specifically excluded from surgery. Venipuncture by virtually every definition I have read, from any authority, is the removal of blood or the introduction of a fluid or substance into the vein (IVs). Therefore, under our scope of practice we are allowed to do IVs and therefore can actually administer substances.
3. If we go to our definition under ancillary methodology, under physiological therapeutics, “trigger point therapy” is specifically listed. Under virtually every definition of trigger point therapy I have read, from various authorities, it includes massage therapy, myofascial release, dry needling and injection. Therefore, we are clearly allowed to inject as the definition of “trigger point therapy” includes injection and the definition of “administer” also includes injection.

Summary. To be clear, once again, there is no statute, federal or state, anywhere, that states chiropractic physicians cannot use products with Rx on them. We cannot dispense or distribute, i.e. prescribe drugs or substances to individuals, however we are absolutely by definition allowed to administer them in our office to patients.

Esteemed members of the board. Let's be clear here on what this issue is. The reason why no one cares that operations are performed by people with a fraction of our training and education, (i.e. body piercers), is because they are not a threat to the medical profession. The medical assistants, RNs, BSNs, etc., are certainly not a threat to the medical profession because they are part and parcel, part of the medical profession. However, our profession **does compete** with the medical profession. With the advent of recent pain management procedures and regenerative medicine which all use alternative medicine and substances, we now become a financial threat to the medical profession. This is about turf and money, and that is all it has ever been about.

Recently with the advent of many other chiropractic physicians requesting the board's position on injections and the minimum requirements (which we understand the board is working on), it now has become a financial threat to the medical profession with us doing these procedures versus them doing the procedures. If you think I am wrong, you can review the transcript of Sereyko v. MOA transcript before the Workers' Compensation Board. In that instant case Martha Tansik went on the record and stated, 'if the procedure was done by a medical doctor, we would pay for it, but not if it was performed by a chiropractor'. These are incredibly valuable procedures which use alternative medicine and all-natural substances and we have every right to offer these to our patients in our current scope of practice.

Public safety is, of course, a concern for this Board. Drs McAfee and I, have performed thousands of injections over the past 14 years, with out so much as 1 bad outcome, complaint or adverse reaction. We suspect, this would compare favorably with any other type of procedure, performed by any class of physician in this state. We also suspect we have a better safety record than adjustment/manipulation procedures by Chiropractic Physicians. When appropriately trained, these procedures are incredibly safe and effective. Lastly, it has allowed the patient and/or their medical provider, in countless cases, to reduce or remove their narcotic dependence.

We have additionally included the FDA's definition of drugs. If you will review the definitions, you will see that ANY substance, including biological products, are considered a Drug. To say that we don't use Drugs is a misnomer, by definition. Even a massage therapist, who uses an essential oil for a given purpose, on our order, is using a drug, by definition. We have been using all-natural/ biological 'drugs' for over 100 years; and they are certainly included in our Scope of Practice.

In summary, the substances we use are not prescription drugs by definition, we are allowed to perform trigger point therapy (which includes injection), we are allowed to perform venipuncture (IVs), we are allowed to administer all-natural/biological substances to our patients- which includes injection by definition.

There is no prohibition on injections in our SOP. Lastly, in the 6/27/08 ABOCE meeting, Ms. Winton, a licensing examiner for the state, stated “ when speaking to the public or complainant, she will often note that if an action is not explicitly prohibited by statute or regulation, and the provider is meeting the minimum professional standards of practice, then the action is **not** illegal!

The Board may want to consider adopting the Pharmacy Boards definition on “administer” to specifically include injections and clarify the issue via regulation.

As a final note, one has to wonder why the MSRC, AWCB, MOA, AG’s office and the investigative unit of the DOCED, (AAG [REDACTED] filed an illegal investigation into me), are all coming together at the same time, to stop this profession from providing additional services to our patients, with the exact same training as the MDs? I wonder why, and who is behind it.

These comments have been submitted under advice and discussion with legal counsel.

We thank the board for its time.

Respectfully submitted,

Dr. John P. Shannon, Jr.

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

Summary of All 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	FY 20 1st & 2nd QTR
	Revenue									
Revenue from License Fees	\$ 24,503	\$ 146,375	\$ 170,878	\$ 22,505	\$ 216,640	\$ 239,145	\$ 36,390	\$ 211,760	\$ 248,150	\$ 10,630
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	\$ 10,630
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	31,473
2000 - Travel	17,350	15,990	33,340	14,510	11,005	25,515	15,220	6,618	21,838	2,713
3000 - Services	2,518	7,569	10,087	14,256	3,262	17,518	6,067	4,456	10,523	2,087
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	36,273
Investigation Expenditures										
1000-Personal Services	9,227	14,665	23,892	28,382	14,795	43,177	7,019	6,773	13,792	3,973
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	237
3094 - Inter-Agency Hearing/Mediation	-	-	-	410	557	967	326	-	326	-
3000 - Services other								78	78	7
4000 - Commodities										
Total Investigation Expenditures	20,108	19,783	39,891	36,800	26,595	63,395	14,125	6,851	20,976	4,217
Total Direct Expenditures	81,002	83,501	164,503	98,557	60,443	159,000	87,493	77,361	164,854	40,490
Indirect Expenditures										
Internal Administrative Costs	9,435	10,333	19,768	11,957	10,713	22,670	15,029	16,664	31,693	8,332
Departmental Costs	8,377	13,713	22,090	10,012	9,009	19,021	12,087	14,108	26,195	7,054
Statewide Costs	5,883	7,166	13,049	3,823	2,971	6,794	6,591	6,797	13,388	3,399
Total Indirect Expenditures	23,695	31,212	54,907	25,792	22,693	48,485	33,707	37,569	71,276	18,785
TOTAL EXPENDITURES	\$ 104,697	\$ 114,713	\$ 219,410	\$ 124,349	\$ 83,136	\$ 207,485	\$ 121,200	\$ 114,930	\$ 236,130	\$ 59,275
Cumulative Surplus (Deficit)										
Beginning Cumulative Surplus (Deficit)	\$ 80,345	\$ 688		\$ 32,907	\$ (68,937)		\$ 65,940	\$ (18,365)		\$ 78,465
Annual Increase/(Decrease)	(79,657)	32,219		(101,844)	134,877		(84,305)	96,830		(48,645)
Ending Cumulative Surplus (Deficit)	\$ 688	\$ 32,907		\$ (68,937)	\$ 65,940		\$ (18,365)	\$ 78,465		\$ 29,820
Statistical Information										
Number of Licensees	314	336		343	379		379	361		-

Additional information:

- 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.

Appropriation	(All)
AL Sub Unit	(All)
PL Task Code	CHI1

Sum of Expenditures Object Name (Ex)	Object Type Name (Ex)			Grand Total
	1000 - Personal Services	2000 - Travel	3000 - Services	
1011 - Regular Compensation	18,146.88			18,146.88
1014 - Overtime	222.38			222.38
1023 - Leave Taken	3,168.70			3,168.70
1028 - Alaska Supplemental Benefit	1,322.79			1,322.79
1029 - Public Employee's Retirement System Defined Benefits	918.43			918.43
1030 - Public Employee's Retirement System Defined Contribution	913.87			913.87
1034 - Public Employee's Retirement System Defined Cont Health Reim	717.52			717.52
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	229.27			229.27
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	1,959.85			1,959.85
1039 - Unemployment Insurance	69.86			69.86
1040 - Group Health Insurance	6,476.57			6,476.57
1041 - Basic Life and Travel	9.32			9.32
1042 - Worker's Compensation Insurance	191.37			191.37
1047 - Leave Cash In Employer Charge	483.05			483.05
1048 - Terminal Leave Employer Charge	269.26			269.26
1053 - Medicare Tax	302.39			302.39
1077 - ASEA Legal Trust	34.49			34.49
1079 - ASEA Injury Leave Usage	5.60			5.60
1080 - SU Legal Trst	4.98			4.98
2012 - Out-State Employee Airfare			505.42	505.42
2014 - Out-State Employee Lodging			677.97	677.97
2015 - Out-State Employee Meals and Incidentals			185.50	185.50
2020 - Out-State Non-Employee Meals and Incidentals			185.50	185.50
3000 - Training/Conferences			590.00	590.00
3045 - Postage			6.80	6.80
3046 - Advertising			748.52	748.52
3069 - Commission Sales			9.00	9.00
3085 - Inter-Agency Mail			12.39	12.39
3088 - Inter-Agency Legal			964.20	964.20
2017 - Out-State Non-Employee Airfare			752.72	752.72
2019 - Out-State Non-Employee Lodging			405.98	405.98
Grand Total	35,446.58	2,713.09	2,330.91	40,490.58

Board of Chiropractic Examiners
 Analysis last updated: 2/19/2020
 Presented to board: 2/28/2020
 Renewal Deadline: 12/31/2020

Fee Type	Current fee schedule				Proposed by board				Proposed by division				Adjustments		In System 01.01.2018 - 12.31.2019	
	Current Fee	Projected Units	Projected Revenue	Fee Adjustment	Fee with Recommended Adjustment	Projected Revenue after Adjustment	% Change	Fee Adjustment	Fee with Recommended Adjustment	Projected Revenue after Adjustment	% Change	Fee Adjustment for Estimated Prorated Renewals	Projected Units	Projected Revenue Loss		
Application Fee - Initial	250	35	\$ 8,750		\$ 250	\$ 8,750	0%		\$ 250	\$ 8,750	0%				Application Fee - Initial	35
Application Fee - Locum Tenens Permit	250	0	-		250	-	0%		250	-	0%				Application Fee - Locum Tenens Permit	0
Application Fee - Any Courtesy License	250	0	-		250	-	0%		250	-	0%				Application Fee - Any Courtesy License	0
Temporary Permit	150	15	2,250		150	2,250	0%		150	2,250	0%				Temporary Permit	15
Locum Tenens Permit	150	0	-		150	-	0%		150	-	0%				Locum Tenens Permit	0
Courtesy License	150	0	-		150	-	0%		150	-	0%				Courtesy License	0
New License	600	35	21,000		600	21,000	0%		600	21,000	0%	(300)	20	\$ (6,000)	New License	35
Renew License	600	333	199,800		600	199,800	0%		600	199,800	0%				Renew License	298
Inactive License Fee	150	2	300		150	300	0%		150	300	0%				Inactive License Fee	2
Retired Status License Fee	150	2	300		150	300	0%		150	300	0%				Retired Status License Fee	2
Specialty Designation Fee	50	4	200		50	200	0%		50	200	0%				Specialty Designation Fee	4
Exam Fee	200	33	6,600		200	6,600	0%		200	6,600	0%				Exam Fee	33
Continuing Education Course Approval	125	166	20,750		125	20,750	0%		125	20,750	0%				Continuing Education Course Approval	166
Continuing Education Course Change Approval	50	3	150		50	150	0%		50	150	0%				Continuing Education Course Change Approval	3
Delayed Renewal Penalty	100	3	300		100	300	0%		100	300	0%				Delayed Renewal Penalty	3
Peer Review Fee Charged to Complainant	50	0	-		50	-	0%		50	-	0%				Peer Review Fee Charged to Complainant	0
Centralized Fees	2,482	1	2,482		2,482	2,482			2,482	2,482						
			\$ 262,882			\$ 262,882				\$ 262,882				\$ (6,000)		

Calculating Projected Units
 Initial: PY new applications
 New: PY new applications
 Renewal: PY renewed + PY new
 Temporary: PY temporary
 Courtesy: PY courtesy
 Centralized: PY revenue x .01
 Inactive: Equals PY inactive

Beginning Cumulative Surplus must be from FY2018

Revenues and Expenditures	FY2016/2017	CALCULATIONS BASED ON CURRENT FEES			
	Actuals	FY2018/2019 Actuals	Projected FY2020/2021	Projected FY2022/2023	Projected FY2024/2025
Revenue	240,518	248,150	262,882	262,882	262,882
Expenses	(207,485)	(236,130)			
Adjustments			(240,853)	(245,670)	(250,583)
			(6,000)	(6,000)	(6,000)
Projected Net		12,020	16,029	11,212	6,298
Beginning Cumulative Surplus (Deficit)		65,940	77,960	93,989	105,201
Ending Cumulative Surplus (Deficit)		77,960	93,989	105,201	111,499

Revenues and Expenditures	CALCULATIONS BASED ON BOARD'S PROPOSAL			
	FY2018/2019 Actuals	Projected FY2020/2021	Projected FY2022/2023	Projected FY2024/2025
Revenue	248,150	262,882	262,882	262,882
Expenses	(236,130)			
Adjustments		(240,853)	(245,670)	(250,583)
		(6,000)	(6,000)	(6,000)
Projected Net	12,020	16,029	11,212	6,298
Beginning Cumulative Surplus (Deficit)	65,940	77,960	93,989	105,201
Ending Cumulative Surplus (Deficit)	77,960	93,989	105,201	111,499

Revenues and Expenditures	CALCULATIONS BASED ON DIVISION'S PROPOSAL			
	FY2018/2019 Actuals	Projected FY2020/2021	Projected FY2022/2023	Projected FY2024/2025
Revenue	248,150	262,882	262,882	262,882
Expenses	(236,130)			
Adjustments		(240,853)	(245,670)	(250,583)
		(6,000)	(6,000)	(6,000)
Projected Net	12,020	16,029	11,212	6,298
Beginning Cumulative Surplus (Deficit)	65,940	77,960	93,989	105,201
Ending Cumulative Surplus (Deficit)	77,960	93,989	105,201	111,499

31st Legislature (2019-2020)
 Alaska Admin Code
 12 AAC 02.150

- 12 AAC 02.150. Board of Chiropractic Examiners**
- (a) The following fees are established for chiropractors:
- (1) application fee for
 - (A) initial license, \$250;
 - (B) locum tenens permit, \$250;
 - (C) any courtesy license, \$250;
 - (2) license fee for all or part of the initial biennial license period, \$600;
 - (3) biennial license renewal fee, \$600;
 - (4) temporary permit fee, \$150;
 - (5) examination fee, \$200;
 - (6) locum tenens permit fee, \$150;
 - (7) inactive license fee, \$150;
 - (8) retired status license fee, \$150;
 - (9) specialty designation fee, \$50;
 - (10) fee for any courtesy license, \$150;
 - (11) continuing education course approval fee, \$125;
 - (12) continuing education course change approval fee, \$50;
 - (13) delayed renewal penalty fee, \$100.
- (b) The peer review fee charged to a complainant is \$50.

STATE OF ALASKA 2020

BIWEEKLY CALENDAR

State Holidays

Date	Holiday
01/01	New Year's Day
01/20	MLK Jr.'s Birthday
02/17	Presidents' Day
03/30	Seward's Day
05/25	Memorial Day
07/04	Independence Day (observed 7/3)
09/07	Labor Day
10/18	Alaska Day (observed 10/19)
11/11	Veterans' Day
11/26	Thanksgiving Day
12/25	Christmas Day

Biweekly employees please refer to appropriate collective bargaining unit agreement for more information regarding holidays.

 Holiday
 Payday



State calendar maintained by the
Division of Finance,
Department of Administration
<http://doa.alaska.gov/calendars.html>
Revised 10/31/2019

JANUARY

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

FEBRUARY

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

MARCH

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

APRIL

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

MAY

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

JUNE

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

JULY

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

AUGUST

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

SEPTEMBER

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

OCTOBER

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

NOVEMBER

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

DECEMBER

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

