

State of Alaska
Board of Chiropractic
Examiners

March 26, 2020

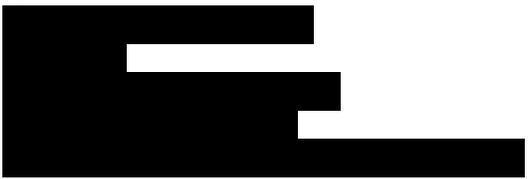
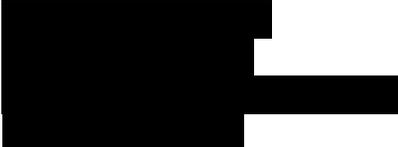
Board Packet

Online via ZOOM

Alaska

Roll Call

Alaska Board of Chiropractic Examiners Board Roster (As of 03/01/2020)

Board Member	Appointed	Reappointed	Term Expires
Brian Larson, <i>Chiropractor</i> <i>Chair</i> 	03/01/2017		03/01/2021
Jonathan Vito, <i>Chiropractor</i> <i>Vice Chair</i> 	03/01/2016	03/01/2020	03/01/2024
James Morris, <i>Chiropractor</i> <i>Secretary</i> 	03/01/2017		03/01/2021
John Lloyd, <i>Chiropractor</i> 	03/01/2020		03/01/2024
Vacant			

Meeting Name: Alaska Board of Chiropractic Examiners
Meeting Start Time: 10:00 AM AKDT
Meeting Start Date: 03/26/2020
Meeting End Time: 1:00 PM AKDT
Meeting End Date: 03/26/2020
Meeting Location: Teleconference Originating from ZOOM (online)

Agenda:

1. 10:00 a.m. - Call to Order/Roll Call
2. 10:02 a.m. - Review/Approve Agenda
3. 10:05 a.m. - Board Business
 - A. Ethics Reporting
4. 10:08 a.m. - New Business
 - A. COVID-19
 - i. Exams/Deadlines
 - ii. Chiropractic as Essential Healthcare
 - iii. Board Definitions for Urgent and Emergency Care Regarding Mandates
5.1 and 9.1
 - iv. Position Statement Regarding Telemedicine and Advertising
 - B. ACS Questions/Requests
5. 10:45 a.m. - Emergency Regulations Project
 - A. Continuing Education Courses - In Person Credits for Live
Webinars/Videoconferencing
 - B. Alaska Chiropractic Society Request - Extension for Certified Chiropractic
Clinical Assistant Deadlines
6. 11:15 a.m. - Adjourn

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.

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

Alaska Department of Law

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Ethics Disclosure Form

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

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

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

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

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

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

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

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

(Signature)

(Date)

(Printed Name)

(Division, Board, Commission)

(Position Title)

(Location)

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

Ethics Disclosure Form

Receipt of Gift

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

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

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

Yes No

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

Yes No

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

The gift is _____

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

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

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

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

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

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

(Signature)

(Date)

(Printed Name)

(Division)

(Position Title)

(Location)

Ethics Supervisor Determination: Approve Disapproved

Designated Ethics Supervisor*

(Date)

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

From: [REDACTED]
To: [Bay, Thomas L \(CED\)](#)
Subject: Board Packet Info. - Chiro Advertising
Date: Monday, March 23, 2020 3:48:34 PM

Tom-

We are going to have to be specific about not allowing Chiropractic advertising to be a direct "treatment" for COVID-19 while still protecting the ability to advertise the science surrounding the benefits of immune function with relation to spinal adjustments. I've enclosed an article along with studies supporting this claim for our review during our upcoming meeting.

Chiropractic care is also ESSENTIAL HEALTHCARE when it comes to providing musculoskeletal care to "frontline" providers and other crucial industry workers. Let's push for more than telemedicine privileges while increasing our efforts to create safe office polices.

Thanks
- Dr. James Morris

From Joe Borio, ChiroPassion Consulting...

Why this is your BEST time to be getting your chiropractic adjustment. It's all about strengthening your Immune System. Below are 109 published scientific studies demonstrating how your chiropractic adjustment increases your immune function.

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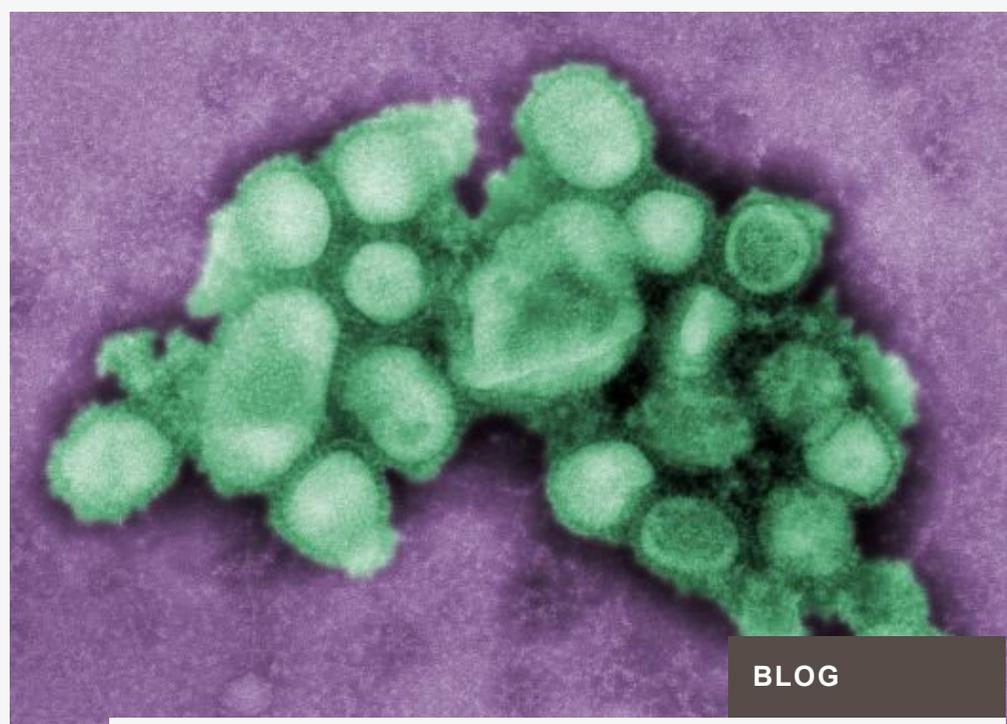
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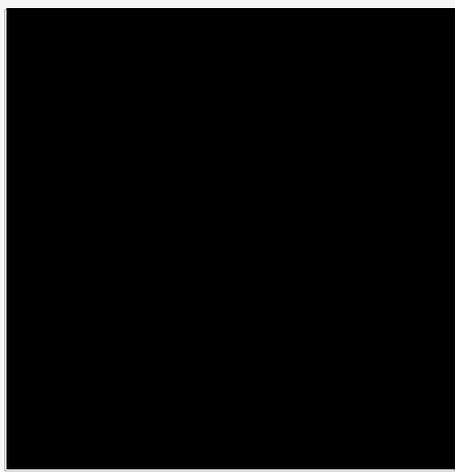
10 IMPORTANT STUDIES ON CHIROPRACTIC AND RESISTING A VIRUS

MARCH 03, 2020

How can chiropractic save you from the latest pandemic like the coronavirus? Many will wonder where the connection lies? It is important to know that scientific studies done both inside and outside of chiropractic have determined a direct correlation between spinal alignment, the function of the immune system, and fighting off illness and infection.

 GO

MONDAY MORNING
INSPIRATION



As an example, in 1974, physiologist Dr. I.M. Korr proposed that “spinal lesions” (similar to the vertebral subluxation complex) are associated with exaggerated sympathetic activity, a division of the autonomic nervous system.¹ Sympathetic activity has been shown to release immune regulatory cells into the blood circulation, which alters immune function. Drs. Murray, Irwin, and Reardon were the authors of the report that stated: “Growing evidence suggests that immune function is regulated in part by the sympathetic nervous system. Sympathetic nerve endings densely innervate lymphoid tissue such as the spleen, lymph nodes, and the thymus, and lymphoid cells have beta 2 adrenergic receptors.”²

The coronavirus, flu, or other viral pandemics are often compared to the St. Louis 1918 (Spanish) flu epidemic. This 1918 flu-infected and killed radically more people than any similar outbreak in history, killing many Americans and riddling the country with fear. It has been estimated that 20 million people died throughout the world, including about 500,000 in the U.S.

In the midst of the Spanish Flu epidemic, the health care community discovered that the death rate of chiropractic patients was radically lower than that of non-chiropractic patients! In fact, it was chiropractic’s success in caring for Spanish Flu victims that led to the profession’s licensure in many states.

During that 1918 flu, researchers in Davenport, Iowa found that out of the 93,590 patients treated by medical doctors, there were 6,116 deaths — a loss of **one patient out of every 15**. Chiropractors at the Palmer School of Chiropractic adjusted 1,635 cases, with only one death. Outside Davenport, chiropractors in Iowa cared for 4,735 cases with only six deaths — **one out of 866**. During the same epidemic, in Oklahoma, out of 3,490 flu patients under chiropractic care, there were only seven deaths. Furthermore, chiropractors were called in 233 cases given up as lost after medical treatment and reportedly saved all but 25. In another report covering 4,193 cases by 213 chiropractors, 4,104 showed complete recovery.^{3,4,5} These results are part of the proven, critical link between the body’s central nervous system and the immune system.

A 2004 study published in a journal of orthopedics by researchers who study “Nerve Information & Blood Circulation” evaluated the relationship between vertebral deformities and the immune



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system. According to the results of this study, chronic nerve compression secondary to vertebral deformity (subluxation) in the thoracic region had a significant effect on the immune function.

The examiners found that adrenal cortex functions of these allergy patients may be in the chronic decline condition due to chronic nerve compression from thoracic spine misalignment. Among 120 atopic dermatitis patients **who received spinal correction treatments every day**, 106 (88%) showed improvement in skin problems. They obtained over 70 percent improvement in allergic symptoms. Ultimately, the study determined that vertebral misalignment is a common and characteristic finding in patients with atopic dermatitis and bronchial asthma.⁶

A study published in 1987 determined a link between the nervous system and the immune system. Dr. Felton, an endocrinologist, along with his research team found that “the neurotransmitter, norepinephrine is present in sympathetic nerve fibers that innervate lymphoid organs and act on the spleen.” Norepinephrine in lymphoid organs plays a significant role in the regulation of the immune system. The authors of the study determined, “Stressful conditions lead to altered measures of immune function, and altered susceptibility to a variety of diseases. Many stimuli, which primarily act on the central nervous system, can profoundly alter immune responses. The two routes available to the central nervous system are neuroendocrine channels and autonomic nerve channels.”⁷ Conclusion; the immune system is highly impacted by the nerve system through the interconnection between the autonomic portion of the nervous system and the endocrine system.

This link between the spine and the immune system also lines up with a study by Ronald Pero, Ph.D., chief of cancer prevention research at New York’s Preventive Medicine Institute and professor of medicine at New York University. It showed the positive effect that chiropractic care can have on the immune system and general health.

Dr. Pero measured the immune systems of people under chiropractic care as compared to those in the general population and those with cancer and other serious diseases. His initial three-year study was of 107 individuals who had been under chiropractic care for five years or more. The chiropractic patients were found to have a 200% greater immune competence than those people who

had not received chiropractic care, and they had 400% greater immune competence than those people with cancer and other serious diseases. The immune system's superiority of those under chiropractic care did not appear to diminish with age. Dr. Pero stated: "When applied in a clinical framework, I have never seen a group other than this chiropractic group to experience a 200% increase over the normal patients. This is why it is so dramatically important. We have never seen such a positive improvement in a group."⁸

What is also interesting is the power of one chiropractic visit on immunology. In 1991, Patricia Brennan, Ph.D., leading a team of researchers, discovered an immediate immune boost following a single chiropractic adjustment. The study showed a "phagocytic respiratory burst of polymorphonuclear neutrophils (PMN) and monocytes" right after being adjusted by chiropractors. ⁹ Phagocytes are, the white blood cells that go out, engulf, and destroy unwanted cells and foreign invaders). This is something only an adjustment and no flu shot can do.

In 1994, Life Chiropractic University researchers took a group of HIV positive patients and adjusted them for six-months. They discovered that the "patients that were adjusted had a forty-eight percent (48%) increase in the number CD4 cells. CD4 cells are a critical part of immunity. The measurements were taken at the patients' independent medical center, where they were under medical supervision for the condition. The control group (patients that weren't adjusted) experienced the opposite effect with a 7.96% decrease in CD4 cell counts over the same period of time. ¹⁰

Some may ask, why haven't they continued to do more in-depth research on chiropractic and halting "pandemics" in their tracks? The obvious answer is money. Trillions upon trillions are made each year scaring people about infection and what has amounted to every other year with a global scare (See: Zika, Ebola, Bird Flu, etc., etc.). Governments, media networks, and drug companies amass fortunes leveraging our fear. There are not trillions to be made by discovering that people just need an adjustment.

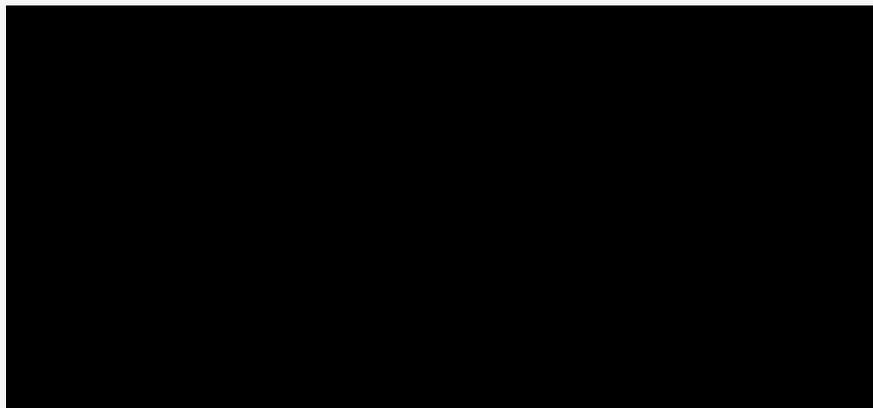
With all of the media, political, and corporate fear-mongering going on out there related to coronavirus, stay calm and follow your chiropractor's advice on how to strengthen your immune system. And by all means; get adjusted!

Have fun saving the world

Dr. Ben

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Vice President Michael Pence
The White House
Office of the Vice President
1600 Pennsylvania Avenue, NW W
Washington, DC 20500

The Honorable Alex M. Azar
Department of Health and Human Services
Office of the Secretary
200 Independence Avenue, SW
Washington, DC 20201

March 23, 2020

Dear Vice President Pence and Secretary Azar:

On behalf of the American Chiropractic Association (ACA), representing the nation's doctors of chiropractic and the patients they serve, we would like to thank you for your work in combating the novel coronavirus (COVID-19) pandemic.

We want you to know that America's doctors of chiropractic—more than 70,000 strong—stand ready to serve in this national crisis. Along with the Administration and the states, we are committed to eradicating this dreadful disease, which has put much of the world at risk and threatens to overwhelm the U.S. healthcare system.

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As portal-of-entry healthcare providers, doctors of chiropractic are educated and licensed to diagnose, treat, and co-manage patients. Our doctors work in private practices, multi-disciplinary clinics and hospitals. They are trained to refer patients to other healthcare providers when necessary. In a healthcare system being stretched to its limit, DCs can be a valuable resource to tap for additional patient support.

Doctors of chiropractic (DCs) are primary-contact healthcare providers who provide *essential care*, including (but not limited to) managing acute and urgent musculoskeletal conditions. These services are critical for managing cases that otherwise could end up in emergency rooms, worsening an already difficult situation. It is important to note that chiropractic services also keep in place healthcare providers, first responders and others who have physically strenuous jobs that support critical infrastructure, such as truck drivers who continue to ensure that America's healthcare and food supplies get to where they are needed during the COVID-19 pandemic.

As they provide this essential support, doctors of chiropractic share the public health responsibility of slowing the transmission of COVID-19. Chiropractic practices that attend to urgent cases must employ strict hygienic practices at every point of patient contact and keep up to date with prevention recommendations from the Centers for Disease Control and Prevention (CDC). In addition, ACA has urged all chiropractors to closely monitor state and local health authorities and to comply with any relevant guidance or mandates.

ACA is working to coordinate information and guidance from CDC and other credible sources for use by chiropractors around the country. Please consider us a resource and point of contact for the chiropractic profession for your offices. We are prepared to speak in more detail about how members of the chiropractic profession can be of greater service to your efforts and the communities in which they work and live.

Sincerely,



Robert C. Jones, DC
ACA President



Governor Mike Dunleavy
STATE OF ALASKA

**** COVID-19 HEALTH MANDATE ****

Issued: March 19, 2020

By: Governor Mike Dunleavy
Commissioner Adam Crum, Alaska Department of Health and Social Services
Dr. Anne Zink, Chief Medical Officer, State of Alaska

To prevent the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing its fifth health mandate. *This mandate supersedes guidance provided in COVID-19 Health Alert 006.*

The Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020 provides for health mandates to be issued when deemed necessary by the Alaska Department of Health and Social Services, the Alaska Chief Medical Officer, the Alaska Division of Public Health and the Office of the Governor.

Mandate 5.1 – Elective Procedures

All patients, providers, hospitals and surgical centers are **required to postpone or cancel all non-urgent or elective procedures for three months** to decrease the overall impact on the Alaska health care structure and preserve personal protective equipment. This would include pre-scheduled surgeries deemed non-essential. This mandate does not apply to surgical cases coming through the emergency room or for an existing hospitalized patient.

Because the terms “non-urgent or elective” are not fully defined, the state recommends each hospital creates a physician task force that would be available to evaluate on a case-by-case basis and make a determination on borderline surgeries. This action is taken with the guidance from U.S. Surgeon General Jerome Adams and the American College of Surgeons:

www.facs.org/about-ac/s/covid-19/information-for-surgeons and www.facs.org/about-ac/s/covid-19/information-for-surgeons/triage.

Given Alaska’s distances and limited health care capacity, it is especially important to open acute health care beds for anticipated COVID-19 care and preserve personal protective equipment. The State of Alaska believes that delaying non emergent procedures is a protective measure both for patients and the health care workforce and will better prepare us for the anticipated impact COVID-19 will have on our health care system.

We appreciate the public’s understanding of this mandate in an effort to mitigate the impacts of this virus.



Governor Michael J. Dunleavy
STATE OF ALASKA

**** COVID-19 HEALTH MANDATE ****

Issued: March 23, 2020

By: Governor Mike Dunleavy
Commissioner Adam Crum, Alaska Department of Health and Social Services
Dr. Anne Zink, Chief Medical Officer, State of Alaska

To prevent the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing its ninth health mandate based on the authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

Given the increasing concern for new cases of COVID-19 around Alaska, Governor Mike Dunleavy and the State of Alaska are issuing the following mandate to go into effect March 24, 2020 at 5:00 p.m.

The purpose of this mandate is to limit all close contacts (people outside of a family unit) to be farther than six feet from each other to prevent the spread of the virus that causes COVID-19.

Mandate 9.1 – State of Alaska - Personal Care Services and Gatherings

1. All businesses, congregations, or gatherings in the State of Alaska, where individuals are within six feet of each other must stop all operations. This includes:
 - a. Hair salons
 - b. Day spas and esthetics locations
 - c. Nail salons
 - d. Barber shops
 - e. Tattoo shops
 - f. Body piercing locations
 - g. Massage therapy locations
 - h. Tanning facilities
2. Additionally, no gatherings of more than 10 people may take place, and if a gathering does take place people must be six feet apart from each other.
3. This Mandate prohibits the delivery of services in any of the above business locations by individuals holding licenses issued by the Board of Barbers and Hairdressers and Board of Massage Therapists.
4. This Mandate prohibits operations for rolfing, reiki, acupuncture, acupressure, and similar services.
5. This Mandate prohibits licensed massage therapist services spas.
6. This Mandate prohibits business operations to continue at tanning facilities.
7. The prohibitions in this Mandate apply to services that may be delivered in the customer's home or in the home of the licensee.
8. This order shall take effect March 24, 2020 at 5:00 p.m. and remain in full force and effect until the Governor rescinds or modifies the order.

This mandate does not include urgent, and emergent health care needs, nor health care facilities; however, health care facilities must do risk assessment screening prior to entering the facility.

COVID-19
Telemedicine in Chiropractic Practice
In Alaska;
Advertising Reference COVID-19 in Alaska
A Position Statement
By the Current Alaska Board of Chiropractic
Examiners.

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

Current Board Members:

Brian E. Larson, D.C., DACBSP®, Chair

Jonathan Vito, D.C.

James Morris, D.C.

John Lloyd, D.C.

Thomas Bay, Licensing Examiner

Reviewed, Revised and Approved March 26, 2020

Defining Telemedicine

From March 17, 2020 Medicare Telemedicine Health Care Provider Fact Sheet
Mar 17, 2020

“Medicare coverage and payment of virtual services

“INTRODUCTION:

“Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient’s health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19,

there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.”

“Under President Trump’s leadership, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President’s emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.”

Medicare and private insurance companies are making similar allowances such as waiving deductibles and copays for telemedicine interactions. Each practitioner is responsible to learn and understand the policies and procedures of the insurance companies they work with.

CHIROPRACTIC SCOPE OF PRACTICE IN ALASKA

AS 08.20.230 **Practice of Chiropractic.** The practice of chiropractic (1) addresses ramifications of health and disease *with a special emphasis* (not exclusive) on biomechanical analysis, interpretation and treatment of the structural and functional integrity of skeletal joint structure and physiological efficiency of the nervous system as these matters relate to subluxation complex....”

AS 08.20.100 **Practice of Chiropractic.** (b) A person licensed under this chapter may (1) analyse, diagnose, or treat the chiropractic condition of a patient by chiropractic core methodology **or** by ancillary methodology;

(2) accept referrals for treatment by chiropractic core methodology or by ancillary methodology;

(3) consult on chiropractic matters;

(4) Refer patients to other health care professionals;

(5) perform within the scope of chiropractic practice, physical examination of children for school physical examination and preparticipation for physical examinations for sports and school activities;

(6-11);

AS 08.230.900 (6) chiropractic core methodology means the treatment and prevention of subluxation complex by chiropractic adjustment as indicated by a chiropractic diagnosis and includes the determination of contra-indications to chiropractic adjustment, the normal greimen and rehabilitation of the patient, and patient education procedures; chiropractic core methodology does not incorporate the use of prescription drugs, surgery, needle acupuncture, obstetrics, or x-ray for therapeutic purposes;

(7) “chiropractic diagnosis” means an examination of a patient conducted by a chiropractor...;

(8) “chiropractic examination” means an examination of a patient conducted by a person licensed under this chapter...;

AS 08.20.900. Definitions. (1) “ancillary methodology” means employing within the scope of chiropractic practice, *with appropriate training and education*(italics added), those methods, procedures, modalities, devices, and measures commonly used by trained and licensed health care providers...;

TELEMEDICINE WITHIN SCOPE OF ALASKA CHIROPRACTIC PRACTICE

All chiropractic physicians in Alaska have the priviledge and obligation to diagnose all conditions of the human body through the process of examination. Chiropractic physicians may order all diagnostic tests, including taking and interpreting Xrays, interpreting advanced imaging, ordering, taking and interpreting clinical labs, and so forth.

Telemedicine has been adopted by the Federal Government and other major health insurance providers as an acceptable alternative to patients being physically present in the doctors work place for (1) examination and reevaluation for ongoing care, (2) dispensing home care/exercise instruction, and (3)consulting and prescribing

medications and durable medical goods (braces and splints). These services are well within normal functions and practice of chiropractors;

Telemedicine can be restricted by health insurance providers to established doctor-patient relationships that began by direct examination in clinical offices. Medicare and Medicaid and other major health care providers have extended that privilege to conducting the initial contact--history, examination and treatment to be conducted via telemedicine, thereby allowing the doctor-patient relationship to begin over extended physical distance. Allowing health care professionals to initiate the doctor-patient relationship for COVID-19 from a distance and continue treatment through telemedicine is appropriate given the nature of the virus and attempts to limit its spread. All other conditions should have the relationship established by personal examination.

Reviewing the extensive training in all aspects of diagnosis--imaging and laboratory sciences--Chiropractic Physicians are significantly better qualified than nurse-practitioners or physician's assistants and at least equally trained as medical doctors to render accurate diagnosis in a telephonic healthcare relationship, and well-qualified to either treat or refer patients for appropriate care.

Telemedicine is well within the scope of practice for chiropractic physicians. The board reminds those who engage in this service to remember appropriate documentation is required from a legal and compensation standpoint. Proper E&M,

Additionally, regular review of state medical and CDC procedures for healthcare provider and patient safety and properly examining, testing, treating and referring patients with conditions related to COVID-19 is the responsibility of the treating chiropractic physician.

Advertising Related to COVID-19

Currently, no research-supported cures or preventions exist for the novel COVID-19 virus. Neither the FDA nor the CDC have authored any support or approval for any nutritional, homeopathic, pharmaceutical or procedural treatment that prevents, mitigates or cures COVID-19.

Advertising that any medical or ancillary treatment, procedure or regimen can or will boost an individual's immune system to prevent contraction, imply that a certain

concoction will mitigate, or a procedure will cure COVID-19 is considered by this Board and the State of Alaska to be false advertising, and subject to prosecution.

As the chiropractic profession, we may not advertise or inform patients on our web sites, through social media or in person that immediate chiropractic treatment or ongoing care imbues the immune system with any extraordinary strength or endurance, that chiropractic adjusting “releases white blood cells” or “impowers the immune system”. No significant scientific research can be found supporting such positions. Please represent the best of ethics and science of our profession and not make inappropriate or false claims to our patients or to the public.

From: [REDACTED]
To: [Bay, Thomas L \(CED\)](#)
Cc: [REDACTED]
Subject: BOCE Emergency Meeting
Date: Sunday, March 22, 2020 9:10:29 AM

Good Morning Tom,

Dr. Larson said that the Board of Chiropractic Examiners was having an emergency meeting this week. There are a couple of issues that I need direction on/assistance with for the chiropractors in the state during this COVID-19 emergency situation.

- Telemedicine parameters - LOTS of questions coming in regarding this topic. Can chiropractors see new patients or only established? Does the BOCE have recommendations on the services they can/should or should not perform through telemedicine? I've posted information about how to get your office set up for telemedicine and we worked with the Governor's office to get the application processing waived prior to providing services if you were a licensed eligible provider but any direction you could give would be helpful. We've also posted billing/coding information.
- Advertising. We are already starting to receive complaints from chiropractors about advertising from their colleagues. [REDACTED] Other state Boards and/or Associations have come out with warnings to DCs about making false claims. While this ad is not making a false claim, we do not want any perception that our profession is trying to "capitalize" on this emergency situation. I know that at this time, there is nothing in our chiropractic regulations regarding advertising but if the State Attorney General has given any direction, it would be helpful to convey that to our members. Here are several states advertising warnings:
 - Pennsylvania - <https://pennchiro.org/2020/03/19/pennsylvania-chiropractic-association-all-pa-chiropractors-covid-19-related-notice-alert/>
 - Texas - <https://www.tbce.state.tx.us/> 03/18/2020 TXBOCE statement
 - Illinois - <https://ilchiro.org/coronavirus-covid-19-in-the-chiropractic-physician-office/#Advertising>
- Certified Chiropractic Clinical Assistant deadline 08/23/2020 - in light of the COVID-19 emergency - would the Board consider extending the first round deadline? ACS was planning rolling out in-person training in May and testing in April, May, June and July to meet the deadline but that may not be a possibility. We were just getting to rollout the program when all of this hit. Offices are going to be under extreme financial hardship if they have to close. Can the deadline be extended? I would recommend we extend the date through 02/23/2020 to match the <2000 hours deadline to give everyone adequate time for offices to recover financially once the emergency situation is lifted and the bulk of the pandemic has passed.

Thank you very much for your time and consideration on these matters. Please let me know if you have any questions.

Sheri Ryan | Chief Operating Officer

Alaska Chiropractic Society |

Ensuring Chiropractic is the first Healthcare Choice in Alaska!

The Texas Board of Chiropractic Examiners agrees with and endorses the statements made by the World Federation of Chiropractic relating to chiropractic treatment and COVID-19.

March 19, 2020

[https://www.wfc.org/website/images/wfc/Latest News and Features/Coronavirus statement](https://www.wfc.org/website/images/wfc/Latest%20News%20and%20Features/Coronavirus%20statement)

[https://www.wfc.org/website/images/wfc/Latest News and Features/Spinal Manipulation Immunity Review](https://www.wfc.org/website/images/wfc/Latest%20News%20and%20Features/Spinal%20Manipulation%20Immunity%20Review)

The Board will investigate claims made that chiropractic spinal adjustment/manipulation confers or boosts immunity as a violation of the law. We encourage concerned Texans to file complaints with the Board. The Board's complaint process, as well as a link to our complaint form, can be found here: <http://www.tbce.texas.gov/complaint-information.html>.

Pennsylvania Chiropractic Association ALL PA Chiropractors- COVID-19 Related NOTICE & ALERT:

It has come to the PCA's attention that some PA Chiropractors are making statements through social media or otherwise, regarding COVID-19.

All PA-licensed DCs are reminded that the Pennsylvania Chiropractic Practice Act (Act 188 of 1986) makes it UNLAWFUL for a PA Doctor of Chiropractic to make a representation that chiropractic treatment will cure an infectious or communicable disease.

Moreover, Act 188 prohibits a licensed PA Chiropractor from making misleading, deceptive, untrue or fraudulent representations in the practice of chiropractic. Violations of these provisions are taken seriously and can lead to criminal prosecution, fines, imprisonment and licensure suspension/revocation.

The PCA hopes and expects all Chiropractors to conduct themselves in a manner that respects the profession and complies with Act 188 and other laws and regulations.

The PCA does not render opinions regarding statements and marketing practices, so be mindful of and RESPECT our laws.

If you have any questions or concerns, you should promptly contact your attorney for a legal opinion.

ADVERTISING AND MARKETING CAVEAT [UPDATED 3/24/2020 4:00 PM]

Illinois Chiropractic Society

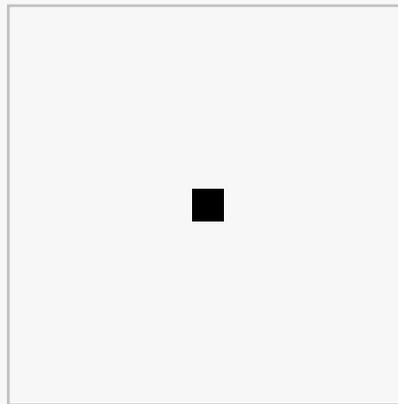
The ICS strongly recommends that our members exercise extreme care in advertising at this time and refrain from making claims that are not substantiated by peer-reviewed, empirical evidence about COVID-19. Regulators are on high alert for the exploitation of the pandemic and may view as grounds for license suspension any claim that certain treatments can prevent or cure COVID-19 until more is known about the virus. Due to a lack of research at this time, it is almost impossible to make any claims for treatment or cure. For example, it would be misleading and prohibited to advertise that adjustments or homeopathic remedies can cure or lessen the illness. The same would apply to the sharing or promotion of some of the home remedies currently circulating, such as gargling with bleach or saltwater.

On 3/17/2020, Illinois Attorney General Kwame Raoul announced that his office will strictly enforce the Illinois Consumer Fraud Act against any individual who claims to have any method for immunizing, protecting from, or treating Coronavirus because the CDC has not approved any such method. Attorney General Raoul has encouraged the public to report such instances to his office for investigation and prosecution. Penalties for violations of the Act can include criminal conviction, injunction order, financial damages, punitive damages, and attorneys' fees. Additionally, Governor Pritzker issued an executive order that prohibits price gouging and gives the Attorney General's office enforcement authority. The Attorney General's office is prioritizing enforcement action. Physicians have an additional risk for license discipline (up to revocation) by the Illinois Department of Financial and Professional Regulation for any such conduct.

On 3/23/2020, a chiropractor in Bend, Oregon settled with the Department of Justice for her advertising claims around COVID-19. Please do NOT use social media, video, websites, print or on-air advertising to make claims that cannot be directly supported with evidence. This clearly shows that advertising and marketing whether implied or directly related to COVID-19 is being scrutinized by the public, by Illinois regulators, and by federal regulators.

From: 
To: [Bay, Thomas L \(CED\)](#)
Subject: Questions from CE Providers
Date: Monday, March 16, 2020 11:22:01 AM

Getting a lot of CE Questions?



Chiropractic Colleges are asking whether CE requirements have been temporarily modified in response to the coronavirus outbreak.

In an attempt to disseminate this information quickly (and reduce the number of calls everyone is receiving) we thought we'd find out:

What steps is your board taking to modify your CE requirements to accommodate licensees during the coronavirus outbreak?

For example -

- Extending deadlines
- Suspending CE audits
- Expanding allowable online credits
- Allowing livestream in lieu of in-person courses

Please send a quick reply noting any modifications your board is making and/or whether this issue is on the schedule for an upcoming meeting.

Thank you for your assistance in answering these questions.

Thanks,
Kelly



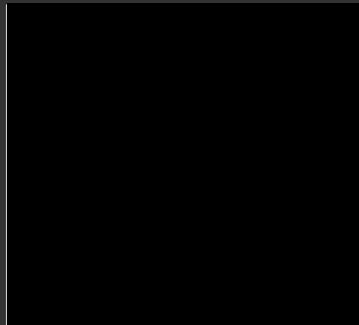
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(b) The following postgraduate specialty certification programs are approved by the board, if the board determines that the program meets the requirements of 12 AAC 16.047:

(1) Certified Chiropractic Sports Physician (CCSP) program administered by the American Chiropractic Association Sports Council;

(2) Certificate in Chiropractic Thermography (CACBT) program administered by the American Chiropractic Association Council on Thermography;

(3) Certificate in Chiropractic Pediatrics program administered by the International Chiropractors Association (ICA) Council on Chiropractic Pediatrics.

(c) The board may approve other postgraduate diplomate specialty programs or specialty certification programs upon written request by the program sponsor. In order to be approved by the board, the program sponsor must include in the written request documentation showing that the program meets the requirements in 12 AAC 16.047.

Authority: AS 08.20.055 AS 08.20.155

12 AAC 16.050. NOTIFICATION. Repealed 6/3/89.

12 AAC 16.052. CHIROPRACTIC CLINICAL ASSISTANT SCOPE OF PRACTICE. (a) A chiropractic clinical assistant may, under the general supervision of a licensed chiropractic physician, perform the following procedures:

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

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

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

(d) In order to meet the initial certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a currently employed chiropractic clinical assistant with 2,000 hours or more of experience must complete the requirements as set out by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), the Chiropractic Therapy Assistant (CTA) Program administered by the Tennessee Chiropractic Association, or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4), not later than 8/23/2020.

(e) In order to meet the initial certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a currently employed chiropractic clinical assistant with less than 2,000 hours of experience must complete the requirements as set out by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), the Chiropractic Therapy Assistant (CTA) Program administered by the Tennessee Chiropractic Association, or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4), not later than 2/23/2021.

(f) In order to meet the certification requirements of AS 08.20.168 and practice as a chiropractic clinical assistant in this state, a newly hired chiropractic clinical assistant must complete the requirements as set out by the Certified Chiropractic Clinical Assistant Program (CCCA) administered by the Federation of Chiropractic Licensing Boards (FCLB), the Chiropractic Therapy Assistant (CTA) Program administered by the Tennessee Chiropractic Association, or an equivalent nationally recognized program as determined by the board in accordance with AS 08.20.055(4), not later than 12 months after hire date.

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

(h) A person may not use the title "Certified Chiropractic Clinical Assistant" or another designation indicating status, including abbreviations, or hold oneself out directly or indirectly as a certified chiropractic clinical assistant, unless that person has met the requirements under (d), (e), or (f) of this section.

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

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

12 AAC 16.060. SCHEDULE. Repealed 9/30/81.

12 AAC 16.070. BASIS OF QUESTIONS. Repealed 8/21/91.

12 AAC 16.080. IDENTIFICATION OF EXAMINATION APPLICANTS. Repealed 1/6/2002.