

OBCE BOARD MEETING PUBLIC SESSION	May 12-13, 2021	8:30 AM
	Zoom Conference: Meeting ID: 951 0045 8409 Password: 908724	
Board President: Franchesca Vermillion, DC	Phone 503-378-5816	Fax 503-362-1260

Amended 5/11/2021

8:30 AM Convene Public Session

1. PUBLIC COMMENTS

(Comments must be limited to 3-5 minutes. Notify the Board office in advance, if you wish to address the Board.)

2. CONSENT AGENDA

Action

- a. Today's agenda
- b. March 18, 2021 Public Board Minutes

3. EXECUTIVE DIRECTOR REPORT

Inform/Action

4. OCA Update

Inform

5. UWS Update

Inform

6. NBCE Specialty Exam Presentation - Jason Young, DC – 10:00 AM

Inform

7. ADMINISTRATIVE RULES

- a. OAR 811-010-0110 Chiropractic Assistants – Section 19(y) issue Inform/Action
- b. OAR 811-035-0015 Unprofessional Conduct/Cooling Off Period Inform/Action
- c. HB2011 Cultural Competency Requirement Inform/Action
- d. OAR 811-010-0085 Applicant's Guide – Rule title change Inform/Action

8. 9:00 AM RULE HEARINGS

Action

- a. **OAR 811-010-0025 Display of License** – Updating license and certificate posting requirements.
- b. **OAR 811-010-0086 Annual Registration** – Updating license and certificate posting requirements.
- c. **OAR 811-010-0110 Chiropractic Assistants** – Updating certificate posting requirements.

9. DISCUSSION AND ACTION ITEMS

- a. Needle EMG Power Poll Inform/Action
- b. College Course CE (Hall) Inform/Action
- c. Board Member File Review Template Inform/Action
- d. **Administrative Policies** Action
 - i. Peptides – Sedei
 - ii. Muscle Testing therapy – Corah
 - iii. Suicide Prevention and Pain Management Requirements

e. **Practice Policies**

Action

- i. Chiropractic Assistant Telemedicine - Nelson
- ii. EEG Topic – MacDonald
- iii. Animal Chiropractic Policy - Olshove

10. CORRESPONDENCE

- a. Fuchs Correspondence

Inform/Action

11. WORK SESSION

- a. Continuing Education P&P Review

Inform/Action

12. EXECUTIVE SESSION

The Board of Chiropractic Examiners will now go into Executive Session pursuant to ORS 192.660(2)(f), ORS 192.660(2)(l), ORS 192.660(2)(h), ORS 684.185, 676.175(1) and 684.100(10) concerning discipline, litigation, and exempt public records.

Representatives of the news media and designated staff will be allowed to attend the Executive Session. All other members of the audience are asked to leave the room. Representatives of the news media are specifically directed not to report on any of the deliberations during the Executive Session except to state the general subject of the session as previously announced.

No decision will be made in Executive Session. At the end of the Executive Session, we will return to open session and welcome the audience back in to the room.

13. IN THE MATTERS OF (following Executive Session)

OBCE BOARD MEETING PUBLIC SESSION	March 18, 2021	8:30 AM
	Zoom Conference: Meeting ID: 996 8661 4078 Password: 525829	
Board President: Franchesca Vermillion, DC Phone 503-378-5816 Fax 503-362-1260		

Board member Attendees:	Staff Attendees:
Franchesca Vermillion DC, President	Cass McLeod-Skinner JD, Executive Director
Michelle Waggoner DC, Vice President	Mackenzie Purnell, Administrative Specialist II
Seth Alley DC, Secretary	Donna Dougan, Administrative Specialist II
Karen Baranick DC	Frank Prideaux, Healthcare Investigator
Lori Schmidt JD, Public Member	Miriam Lara, Office Specialist
Glenn Taylor, Public Member	Lori Lindley, Assistant Attorney General
Allen Knecht DC	
Public Attendees: Sharron Fuchs, DC; Minga Guerrero, DC; Daniel Cote, DC; Joan O’Conner, DC; Rebecca Tobias, DC; Lester Partna, DC; Samantha McCormick; Chloe Johnson; Brenda Reitz; Cressie Kearns, DC; Chelsea Morris; Jason Young, DC; B Moreau, DC.	

8:30 AM Convene Public Session

1. PUBLIC COMMENTS

2. CONSENT AGENDA

1. Today’s agenda
 - a. Added Agenda Item: Continuation of file reviews/Contingent Case Closed - Vermillion

Discussion was had regarding whether the Board wanted to continue issuing Contingent Case Closed determinations that required follow up file reviews.

Outcome: A file review template/scoring guide will be drafted and brought back to a future meeting for review.

- b. Added Agenda Item: FCLB Update – Taylor

Mr. Taylor updated the Board regarding the FCLB annual meeting being held in April/May and possible resolutions that will be discussed/reviewed.

- c. Added Agenda Item: Dr. Frank Prideaux Retirement

Comments were made to Dr. Prideaux on his retirement from OBCE.

2. January 13 & 14, 2021 Public Board Minutes
 - “Admin specialist” needs to be corrected; adopted as amended.
3. February 5, 2021 Special Public Board Minutes
 - “Admin specialist” needs to be corrected; adopted as amended.

3. OCA Update – Dr. Daniel Côté

Reported a fairly successful first virtual conference, over 150 attended which is about a half of the normal attendance. Have expungement bill in with the legislature and following its progress.

4. UWS Update

Request time on the agenda to discuss UWS' position re: vaccinations. Discussion about UWS' DEI Committee and the school's commitment and support to cultural competency.

5. 10:00 AM PRC Membership Interview – Raleigh Warren, DC

Interview commenced with membership deliberation occurring in Executive Session.

6. DISCUSSION AND ACTION ITEMS

a. Executive Director Report Inform

Outcome: Report provided.

b. House Bill 3122 – Expungement Inform/Action

Outcome: Information provided to the Board.

c. 2021-2023 Affirmative Action Statement Ratification Inform/Action

Outcome: Include cities other than Portland, such as, Happy Valley, Gresham. Ratified as amended.

d. DC Application and Testing Cycle Completion/Expiration Issue Inform/Action

Issue: Should the board shorten the 13 month timeframe for required application completion?

Discussion: An applicant has 13 months to complete application and testing until they need to reapply and take tests anew. Sometimes applications linger as incomplete for a very long time. Applicants need to resubmit new background history and fingerprints after one year.

Outcome: Await online application process to address.

e. Cooling off period/Unprofessional Conduct Inform/Action

Issue: Should the Board amend the Unprofessional Conduct rule to include a cooling off period once the doctor/patient relationship has terminated and prior to a doctor having personal, romantic, relationships with former patients.

Discussion: Board is supportive but would like a continued discussion regarding the length of time and possibly a unique sexual misconduct rule separate from the unprofessional conduct rule.

Outcome: Staff will draft a redline version of a separate sexual misconduct rule for review at May's meeting.

f. Renewal Certificates Inform/Action

Issue: Whether the Board wants to make displaying registration certificates/licenses/wall hangings discretionary rather than mandatory under rule.

Discussion: OSHA looks to regulatory boards regarding what is required to be posted. Both renewal certificates and license/wall hangings were discussed. Will bring back license/wall hangings at later meeting.

Outcome: Motion to enter rulemaking in May for rules OAR 811-010-0025, 811-010-0186, and 811-010-0110 to address paper certificates.
Vermillion, moved; Taylor, second. Baranick, aye; Alley, aye; Waggoner, aye; Schmidt, aye; Knecht, aye; Taylor, aye; Vermillion, aye. Passes unanimously.

g. **CA Initial Training Review**
a. WeekendCE.com

Inform/Action

Issue: Review submitted initial and continuing education training to be an approved resource.

Discussion:

Outcome:

WeekendCE will need to resubmit once state standards are met.

b. DConline

Issue: Review submitted initial and continuing education training to be an approved resource.

Discussion: UWS and DConline are partners; owned by Dr. Moreau

Outcome: Rules state that CA will complete Board approved training course. Dr. Vermillion will take CA trainer review, Dr. Waggoner will take CE list.

h. **Administrative Policies**

Action

a. Continuing Education for Non-English Courses Policy

Issue:

Discussion: Ratified as amended.

Outcome:

b. Continuing Education for Attending Remote/Online Board Meetings Policy

Issue:

Discussion: Ratified as amended.

Outcome:

c. Cultural Competency Continuing Education

i. New England Journal of Medicine, Misrepresenting Race - Vermillion

Issue:

Discussion: CE is not provided for reading articles or books.

Outcome: No action taken.

ii. Membership on DEI Committee - Irving

Issue: Email received for discussion.

Discussion: Other CE rules do apply.

Outcome: Approve if agenda, sign in, sign out, minutes/notes are provided.

iii. Published Scientific Articles - Freeman

Issue: Email received for discussion.

Discussion:

Outcome: No approval for CE until article is published.

iv. Quality Interactions courses - Echeverri

Issue:
Discussion:
Outcome: Topic more appropriate for OCA's consideration.

i. **Practice Policies**

Action

a. Lidocaine Policy Review

Issue:
Discussion: Ratified as amended.
Outcome:

b. Salicylates Policy Review

Issue:
Discussion: Ratified as amended.
Outcome:

j. ETSDP Update – EST for Erectile Dysfunction

Inform/Action

Issue:
Discussion:
Outcome: No action taken. Not moving forward with ETSDP application or review.

7. **CORRESPONDENCE -**

a. Chiropractic Assistant Telemedicine – Nelson

Inform/Action

Outcome: Request power poll re: CA telemedicine ability from FCLB members. Request information from PT board. Move to May board meeting.

b. Allowing Vaccination Within Scope – Guerrero

Inform

Issue: Can Chiropractors include vaccinations, both for COVID and in general, as a part of their scope of practice?
Discussion: <ul style="list-style-type: none"> - Therapeutic vs. preventative discussion, ORS 684.k010(2)(a-b) - Dr. Moreau discussed the possibility of extra training required to assimilate the information as the skill is certainly in the knowledge base. UWS would like to encourage and support whatever is necessary for chiropractors to participate. - Vaccinations are not within the current scope of practice for chiropractic physicians. - If OHA, under its authority found in the PREP Act, amends the list of healthcare providers to include DCs, then DCs would be allowed to administer COVID vaccinations only, not vaccinations generally. - DCs can volunteer to be vaccinators with SERV-OR - In order for DCs to be able to administer vaccines, generally, statutory change would be necessary.
Outcome: OBCE board will not be pursuing statutory change to allow DCs to generally vaccinate within their scope of practice. . For COVID vaccinations, OBCE will adhere to OHA authorization and guidance.

8. **WORK SESSION**

IN THE MATTERS OF (following Executive Session)

PRC

Dr. Michelle Chard: Voting member. Vermillion, moved to approve Dr. Chard as a voting member of PRC; Taylor, second. Baranick, aye; Taylor, aye; Alley, aye; Schmidt, aye; Waggoner, aye; Vermillion aye; Waggoner abstains. Passes.

Case # 2020-5011

Proposal: Stipulated Agreement

Motion: Knecht moved to accept the proposal; Taylor, second.

Vote: Baranick, aye; Waggoner, aye; Schmidt, aye; Taylor, aye; Waggoner, aye; Vermillion, aye; Knecht, abstaining. Motion passed.

Case # 2020-1034

Proposal: Issue Notice of Proposed Discipline – Revocation, with \$8,000 fine plus costs to be paid within 6 months.

Motion: Schmidt moved to accept the proposal; Vermillion second.

Vote: Baranick, aye; Taylor, aye; Knecht, aye; Schmidt, aye; Waggoner, aye; Alley, aye; Vermillion, aye. Motion passed unanimously.

Case # 2020-3005

Proposal: Issue Notice of Proposed Discipline with \$3,000 fine to be paid within 60 days

Motion: Baranick moved to accept the proposal; Schmidt seconded.

Vote: Baranick, aye; Alley, aye; Schmidt, aye; Taylor, nay; Knecht, aye; Waggoner, aye; Vermillion, aye. Motion passed.

Case # 2020-3022

Proposal: Issue Notice of Proposed Discipline - 6 months suspension with board interview before going back to practicing; \$2500 fine; take and pass all portions of SPEC, unconditionally pass PROBE; 2 hours of continuing education in clinical justification; 2 hours of continuing education in recordkeeping; CE hours are in addition to 20 required for renewal.

Motion: Vermillion moved to accept the proposal; Taylor seconded.

Vote: Baranick, aye; Alley, aye; Schmidt, aye; Waggoner, aye; Knecht, aye; Taylor, aye; Vermillion, aye. Motion passed unanimously.

Case # 2020-1025

Proposal: Issue Letter of Concern.

Motion: Waggoner moved to accept the proposal; Schmidt seconded.

Vote: Baranick, aye; Alley, aye; Taylor, aye; Schmidt, aye; Waggoner, aye; Knecht, aye; Vermillion, aye. Motion passed unanimously.

Case # 2020-3014

Proposal: Insufficient Evidence.

Motion: Alley moved to accept the proposal; Vermillion seconded.

Vote: Baranick, aye; Alley, aye; Schmidt, aye; Taylor, aye; Knecht, aye; Waggoner, aye; Vermillion, aye. Motion passed unanimously.

Case # 2020-3025

Proposal: Issue Notice of Proposed Discipline with \$1,500 fine (\$500 for each violation) to be paid within 90 days.

Motion: Baranick moved to accept the proposal; Taylor seconded.

Vote: Knecht, aye; Waggoner, aye; Taylor, aye; Schmidt, aye; Alley, aye; Baranick, aye; Vermillion, aye. Motion passed unanimously.

Case # 2020-1026

Proposal: No Statutory Violation.

Motion: Taylor moved to accept the proposal; Schmidt seconded.

Vote: Baranick, aye; Alley, aye; Taylor, aye; Schmidt, aye; Waggoner, aye; Knecht, aye; Vermillion, aye. Motion passed unanimously.

Case # 2020-3002

Proposal: No Statutory Violation.

Motion: Vermillion moved to accept the proposal; Baranick seconded.

Vote: Baranick, aye; Alley, aye; Taylor, aye; Schmidt, aye; Waggoner, aye; Knecht, aye; Vermillion, aye. Motion passed unanimously.

Case # 2020-3006

Proposal: Issue Notice of Proposed Discipline - revocation of CA certificate based on surrender of license to OBMT and failure to respond to inquiries from OBCE.

Motion: Vermillion moved to accept the proposal; Schmidt seconded.

Vote: Baranick, aye; Alley, aye; Taylor, aye; Schmidt, aye; Waggoner, aye; Knecht, aye; Vermillion, aye. Motion passed unanimously.

6:00 PM Adjourn for the Day

Prepared by Mackenzie Purnell, Administrative Specialist 2; 3/24/2021

Board and Commission Meeting Minutes Series documents the official proceedings of the board or commission meetings. Records may include agendas; minutes; meeting notices; items for board action; contested case hearings schedules; committee reports; exhibits; and related correspondence and documentation. Records may also include audio recordings of meetings used to prepare summaries. Retention: (a) Minutes: Permanent, transfer to State Archives after 10 years; (b) Audio recordings: 1 year after transcribed, destroy; (c) Other records: 5 years, destroy.

**Executive Director Report
May 2021 Board meeting**

To: Board of Chiropractic Examiners
Fr: Cass McLeod-Skinner, Executive Director

Board Meeting details: **May 12-23, 2021**
Virtual Meeting

2019-2021 Budget

As of the close of February, 2021, we have an estimated ending cash balance of \$527,223.28 which translates into 7.20 months of expenditure reserve.

2021-2023 Budget

The legislature is moving slowly on all budget bills, ours included. No Other Funded agency (those financed by license fees) have gotten work sessions or finalized as of April 28, 2021, which is quite unusual. I anticipate a final work session and approval by end of May.

Investigator 2 Position

A warm welcome to Jessica Martinez who joins the OBCE as our Investigator. Jessica has extensive investigatory and administrative law/process experience through her work with the State of New Mexico. Welcome!

Healthcare Investigator Recruitment

Recruitment for our Healthcare Investigator is underway with first round video interviews of 12 candidates occurring this week. I hope to have second round interviews completed by end of May with the position filled by beginning of June.

Current Licensee Statistics

Licensee Types	07/20	08/20	9/20	10/20	11/20	12/20	01/21	02/21	03/21	04/21
DC - Active	1219	1224	1210	1213	1224	1228	1232	1228	1223	1224
DC - Inactive	221	221	221	250	200	197	192	190	195	200
DC - Senior	420	380	421	395	424	424	423	422	421	417
DC - Initial	84	78	79	62	64	66	70	76	78	72
DC Total	1944	1903	1931	1920	1912	1915	1917	1916	1917	1913
CA - Initial	375	405	405	360	390	375	382	347	354	357
CA - Renewing	997	997	954	970	985	988	990	957	966	968
CA Total	1372	1402	1359	1330	1375	1363	1372	1304	1320	1325
TOTAL	3316	3305	3333	3250	3287	3278	3289	3220	3237	3238

* Includes Senior and Initial DCs.

Executive Director Report May 2021 Board meeting

Future Meeting Dates and Locations

July 22, 2020	Remote
September 16-17, 2020	Remote
November 17, 2020	Remote

811-010-0110**Chiropractic Assistants**

(1) The certification period for chiropractic assistants in Oregon is a period equal to 12 months, expiring on the last day of the chiropractic assistant's birth month/renewal date.

(2) Chiropractic assistants may be certified upon compliance with the following:

(a) The chiropractic assistant applicant shall successfully complete a Board approved training course. The initial training course shall be at least twelve hours in length, of which eight hours shall be didactic training and four hours shall be practical training.

(A) The practical training must be in physiotherapy, electrotherapy and hydrotherapy administered by a health care provider licensed to independently provide those therapies.

(B) A chiropractic physician may perform the initial practical training provided this is direct contact time.

(C) The initial training must have been completed within 60 days preceding the application submission date.

(b) The applicant shall complete an application packet, and an open book examination administered by a national testing agency.

(c) If an applicant has a certificate or license from another state and adequate documentation of training, the Board may waive the requirement for the initial training course.

(3) Prior to initial certification, the training course verification form, completed application packet, passing examination results, and fees shall be submitted to the Board:

(a) A non-refundable application fee;

(b) A non-refundable examination fee; and

(c) An initial certification fee. A refund of the certification fee will only be allowed when requested within 60 days of the initial application.

(d) In circumstances beyond the applicant's control the Board may determine to refund the fees or portion thereof.

(e) In the event the Board requires the NBCE chiropractic assistant examination in lieu of the Board's examination, the fee in subsection (b) will be waived.

(4) The Board shall maintain an incomplete application file for six months from the date the application was received; afterward, applicants will need to re-apply.

(5) The applicant shall be at least 18 years of age.

(6) The chiropractic assistant shall not perform electrotherapy, hydrotherapy, or physiotherapy until they receive a certificate from the Board.

(7) A chiropractic assistant shall be directly supervised by the licensed chiropractic physician at all times. The supervising licensed chiropractic physician must be on the premises.

(8) Only under the direct supervision of the licensed chiropractic physician the chiropractic assistant

(a) may perform or provide physiotherapy, electrotherapy and hydrotherapy, the taking of vitals such as height, weight, blood pressure, temperature, pulse, respiration and/or body fat percentages, and other duties as described by the Board; and

(b) may not perform or provide physical examinations, taking initial histories, taking X-rays (unless properly licensed), interpretation of postural screening, performing manual muscle testing, or osseous adjustments or manipulations, or other tasks as prohibited by the Board.

(9) Chiropractic assistants shall report to the Board, in writing, their mailing address and place of employment. Notification of a change of mailing address or place of employment must be made within 10 days of the change.

(10) At least 30 days prior to the renewal date, the Board shall send the renewal notice to the chiropractic assistant at the last known mailing address, and/or email address.

(11) On or before the last day of the birth month, the chiropractic assistant shall submit to the Board the following:

(a) A completed renewal application and renewal fee;

(A) The renewal application may include a request for fingerprinting and a criminal background check with fees to be paid by the chiropractic assistant.

(B) Frequency of fingerprinting and criminal background checks will be determined by the Board.

(b) An attestation that the six hours of continuing education has been completed within the immediate 12 months prior to renewal date; and

(c) A completed OHA Healthcare Workforce Questionnaire; and

(d) As part of the annual registration, all licensees must complete the required health care workforce data survey and pay the fee established by the Oregon Health Authority pursuant to ORS 676.410.

(12) During the 30 day grace period immediately following the renewal date, the chiropractic assistant may continue to perform assigned duties, but must submit a completed renewal application, proof of continuing education, and payment of the renewal fee plus a delinquent fee.

(13) After the 30 day grace period, the chiropractic assistant shall not perform assigned duties until the renewal application, proof of continuing education, payment to the Board of the renewal fee and a delinquent fee are all submitted to the Board and approved.

(14) A chiropractic assistant has up to one year following their renewal date to renew and reinstate their certificate upon meeting the provisions of (12) and (13) above. After 12 months, a person must restart the application process.

(15) Continuing education programs may be comprised of subjects that are pertinent to clinical practices of chiropractic. Continuing education must meet the criteria outlined in OAR 811-015-0025 sections (8), (9) and (10). No continuing education hours may be carried over into the next renewal year. Evidence of

successful completion of six hours of continuing education during the 12 months preceding the renewal must be submitted upon request by the Board.

(16) The chiropractic assistant's certificate ~~may~~shall be displayed ~~at all times~~ in the chiropractic physician's office during the chiropractic assistant's employment, but is not required so long as the certificate is on file with the chiropractic physician's office.

(17) The Board may refuse to grant a certificate to any applicant, may suspend or revoke a certificate, or may impose upon an applicant for certification or chiropractic assistant a civil penalty not to exceed \$1,000 upon finding of any of the following:

(a) Cause, which is defined as, but not limited to, failure to follow directions, unprofessional or dishonorable conduct, injuring a patient, or unlawful disclosure of patient information. The supervising chiropractic physician is required to notify the Board, in writing, of any dismissal of a chiropractic assistant for cause within ten days. The Board shall determine if there is cause for action and shall be governed by the rules of the Board adopted pursuant to ORS Chapter 183;

(b) Conviction of a misdemeanor involving moral turpitude or a felony;

(c) Non-disclosure of misdemeanor or felony convictions; or

(d) Failure to notify the Board of a change of location of employment as required by these rules.

(18) Unprofessional or dishonorable conduct is defined as: any unethical, deceptive, or deleterious conduct or practice harmful to the public; any departure from, or failure to conform to, the minimal standards of acceptable chiropractic assistant performance; or a willful or careless disregard for the health, welfare or safety of patients, in any of which cases proof of actual injury need not be established. Unprofessional conduct shall include, but not be limited to, the following acts of a chiropractic assistant:

(a) Engaging in any conduct or verbal behavior with or towards a current patient that may reasonably be interpreted as sexual, seductive, sexually demeaning or romantic (also see ORS 684.100).

(b) A certificate holder shall not engage in sexual relations or have a romantic relationship with a current patient unless a consensual sexual relationship or a romantic relationship existed between them before the commencement of the chiropractic assistant-patient relationship.

(A) "Sexual relations" means:

(i) Sexual intercourse; or

(ii) Any touching of sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the chiropractic assistant for the purpose of arousing or gratifying the sexual desire of either chiropractic assistant or patient.

(B) A patient's initiation of, or participation in, sexual behavior or involvement with a chiropractic assistant does not change the nature of the conduct nor lift the prohibition.

(C) In determining whether a patient is a current patient, the Board may consider the length of time of the chiropractic assistant-patient contact, evidence of termination of the chiropractic assistant-patient

relationship, the nature of the chiropractic assistant-patient relationship, and any other relevant information.

(c) Use of protected or privileged information obtained from the patient to the detriment of the patient.

(d) Violating section (8) of this rule;

(e) Charging a patient for services not rendered;

(f) Intentionally causing physical or emotional injury to a patient;

(g) Directly or indirectly engaging in threatening, dishonest, or misleading fee collection techniques;

(h) Soliciting or borrowing money from patients;

(i) Receiving a conviction of a crime for possessing, obtaining, attempting to obtain, furnishing, or prescribing controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs; illegally using or dispensing controlled drugs;

(j) Aiding, abetting, or assisting an individual to violate any law, rule or regulation intended to guide the conduct of chiropractic assistants or other health care providers;

(k) Violating the rights of privacy or confidentiality of the patient unless required by law to disclose such information;

(l) Perpetrating fraud upon patients or third party payors, relating to the practice of chiropractic;

(m) Using any controlled or illegal substance or intoxicating liquor to the extent that such use impacts the ability to safely conduct the assigned duties of a chiropractic assistant;

(n) Acting as a chiropractic assistant without a current Oregon certificate;

(o) Allowing another person to use one's chiropractic assistant certification for any purpose;

(p) Resorting to fraud, misrepresentation, or deceit in applying for or taking the certificate examination or obtaining a certificate or renewal thereof;

(q) Impersonating any applicant or acting as a proxy for the applicant in any chiropractic assistant certificate examination;

(r) Disclosing the contents of the certificate examination or soliciting, accepting, or compiling information regarding the contents of the examination before, during, or after its administration;

(s) Failing to provide the Board with any documents requested by the Board;

(t) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except attorney-client privilege;

(u) Failing to answer truthfully and completely any question asked by the Board on an application for licensure or certification, or during the course of an investigation, or any other questions asked by the Board;

(v) Claiming any academic degree, or certification, not actually conferred or awarded;

(w) Disobeying a final order of the Board;

(x) Splitting fees or giving or receiving a commission in the referral of patients for services;

(y) Receiving a suspension or revocation of a certificate for a chiropractic assistant, or other license or certificate by another state based upon acts by the chiropractic assistant or applicant that describes acts similar to this section. A certified copy of the record of suspension or revocation of the state making that is conclusive evidence thereof.

(z) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any provision of this rule.

(A) Failing to comply as described in subsection (z) includes, but is not limited to:

(i) Operating a chiropractic entity required to be closed by a current Executive Order;

(ii) Providing chiropractic services at a business required to be closed by a current Executive Order;

(iii) Failing to comply with applicable Oregon Health Authority (OHA) guidance implementing a current Executive Order; and

(iv) Failing to comply with any OBCE guidance or rule implementing an Executive Order.

(B) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.

(19) Violations may be grounds for disciplinary action against the supervising chiropractic physician under ORS 684.100(9)

Statutory/Other Authority: ORS 684.155

Statutes/Other Implemented: ORS 684.054 & 684.155(c)(A)

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Friday, April 23, 2021 7:25 AM
To: PURNELL Mackenzie G * BCE
Subject: OAR 811-010-0110

From: Lindley Lori <lori.lindley@doj.state.or.us>
Sent: Monday, March 22, 2021 12:52 PM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>; DOUGAN Donna * BCE <Donna.DOUGAN@oregon.gov>
Subject: OAR 811-010-0110

Under Chiropractic Assistant rule cited above; section (19)(y) it only allows the board to discipline if someone is suspended or revoked for a CA certificate by another state.

As you are often aware, CA's also have LMT license.

We should amend that rule to include other license certificates or licenses held in other states and this state in health related fields so if they are revoked by OBMT we can take action.

I would ask this be brought up for potential rule update with the Board in due course.

Let me know if you have any questions.

Lori Lindley
Senior Assistant Attorney General
Business Activities Section
1162 Court St NE Salem OR 97301
(503) 947-4561 (Mon- Fri 7:00 a.m. – 4:00 p.m.)

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811-035-0015**Unprofessional Conduct in the Chiropractic Profession**

Unprofessional conduct means any unethical, deceptive, or deleterious conduct or practice harmful to the public; any departure from, or failure to conform to, the minimal standards of acceptable chiropractic practice; or a willful or careless disregard for the health, welfare, or safety of patients, in any of which cases proof of actual injury need not be established. Unprofessional conduct shall include, but not be limited to, the following acts of a chiropractic physician:

(1)(a) Engaging in any conduct or verbal behavior with or towards a patient that may reasonably be interpreted as sexual, seductive, sexually demeaning or romantic (also see ORS 684.100).

(b) A licensee shall not engage in sexual relations or have a romantic relationship with a current patient unless a consensual sexual relationship or a romantic relationship existed between them before the commencement of the doctor-patient relationship.

(c) "Sexual relations" means:

(A) Sexual intercourse; or

(B) Any touching of sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the licensee for the purpose of arousing or gratifying the sexual desire of either licensee or patient.

(d) In determining whether a patient is a current patient, the Board may consider the length of time of the doctor-patient contact, evidence of termination of the doctor-patient relationship, the nature of the doctor-patient relationship, and any other relevant information.

(e) A patient's initiation of, or participation in, sexual behavior or involvement with a licensee does not change the nature of the conduct nor lift the prohibition.

(2) Charging fees for unnecessary services;

(3) Failing to teach and/or directly supervise persons to whom chiropractic services have been delegated;

(4) Practicing outside the scope of the practice of chiropractic in Oregon;

(5) Charging a patient for services not rendered;

(6) Intentionally causing physical or emotional injury to a patient;

(7) Directly or indirectly engaging in threatening, dishonest, or misleading fee collection techniques;

(8) Soliciting or borrowing money from patients;

(9) Receiving a conviction of a crime for possessing, obtaining, attempting to obtain, furnishing, or prescribing controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs; illegally using or dispensing controlled drugs;

(10) Aiding, abetting, or assisting an individual to violate any law, rule, or regulation intended to guide the conduct of chiropractic physicians or other health care providers;

- (11) Violating the rights of privacy or confidentiality of the patient unless required by law to disclose such information;
- (12) Perpetrating fraud upon patients or third party payors, relating to the practice of chiropractic;
- (13) Using any controlled or illegal substance or intoxicating liquor to the extent that such use impacts the ability to safely conduct the practice of chiropractic;
- (14) Practicing chiropractic without a current Oregon license;
- (15) Allowing another person to use one's chiropractic license for any purpose;
- (16) Resorting to fraud, misrepresentation, or deceit in applying for or taking the licensure exam or obtaining a license or renewal thereof;
- (17) Impersonating any applicant or acting as a proxy for the applicant in any chiropractic licensure examination;
- (18) Disclosing the contents of the licensure examination or soliciting, accepting, distributing, or compiling information regarding the contents of the examination before, during, or after its administration; Notwithstanding this section, the Ethics and Jurisprudence Examination is open book and there is no restriction on applicants discussing answers to individual questions between themselves or with others;
- (19) Failing to keep complete, accurate, and minimally competent records on all patients;
- (20) Failing to provide the Board with any documents requested by the Board;
- (21) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except attorney-client privilege;
- (22) Failing to answer truthfully and completely any question asked by the Board on an application for licensure or certification, or during the course of an investigation, or any other question asked by the Board;
- (23) Failing to comply with state and federal laws regarding child and elderly abuse, and communicable diseases;
- (24) Failing to provide and maintain a safe and sanitary treatment environment;
- (25) Claiming any academic degree or certification, not actually conferred or awarded;
- (26) Disobeying a final order of the Board;
- (27) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any provision of this rule.
 - (a) Failing to comply as described in subsection (27) includes, but is not limited to:
 - (A) Operating a chiropractic entity required to be closed by a current Executive Order;
 - (B) Providing chiropractic services at a business required to be closed by a current Executive Order;

(C) Failing to comply with applicable Oregon Health Authority (OHA) guidance implementing a current Executive Order; and

(D) Failing to comply with any OBCE guidance or rule implementing an Executive Order.

(b) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.

28) Fee splitting means compensation by or to a chiropractic physician or chiropractic clinic solely for referral of a patient.

(a) Chiropractic physicians may not refer patients based on whether the referring chiropractic physician has negotiated a discount for specialty services. Chiropractic physicians may not accept:

(A) Any compensation of any kind, from any source for referring a patient other than distributions of a health care organization's revenues as permitted by law.

(B) Compensation for services relating to the care of a patient from any health care facility/organization to which the physician has referred the patient.

(C) Compensation for referring a patient to a research study with the exception of remuneration for administrative costs.

(b) Compensation is defined as something given or received as payment including but not limited to: bartering, tips, money, donations, goods, or services.

(29) Making an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Board, to truthfully and fully answer any questions posed by an agent or representative of the Board regarding a board proceeding, or to participate as a witness in a Board proceeding;

(30) It shall be considered unprofessional conduct for a licensee to own or operate a clinic or practice as a surrogate for, or be employed by, an individual or entity who could otherwise not own and/or operate a chiropractic clinic under OAR 811-010-0120; and

(31) Chiropractic physicians holding an ownership interest as described in OAR 811-010-0120 may be held responsible, entirely or in part, for staff who provide patient services. This includes a responsibility to render adequate supervision, management, and training of staff or other persons including, but not limited to, chiropractic physicians, student interns, chiropractic assistants and/or others practicing under the licensee's supervision. Chiropractic physicians with staff may be held responsible, entirely or in part, for undue influence on staff or a restriction of an associated chiropractic physician from using their own clinical judgment.

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.155

Ohio Sexual Misconduct Rule

4734-9-06 Sexual Misconduct.

(A) A patient is any person who is the recipient of a professional service rendered by a chiropractic physician. A doctor-patient relationship is any relationship between a chiropractic physician and a patient wherein the chiropractic physician provides professional services to the patient. An individual is considered a patient until thirty days have elapsed from the date the doctor-patient relationship was formally terminated in accordance with rule 4734-8-07 of the Administrative Code. An individual remains a patient until the doctor-patient relationship is terminated regardless if the individual is not actively receiving professional services from a chiropractic physician. Sexual contact between a chiropractic physician and a former patient after termination of the doctor-patient relationship may still constitute sexual misconduct if the contact is the result of the exploitation of trust, knowledge, or influence of emotions derived from the doctor-patient relationship.

(B) The doctor-patient relationship requires the chiropractic physician to exercise the utmost care that he or she will do nothing to exploit the trust and dependency of the patient. A chiropractic physician shall make every effort to avoid other types of relationships that impair his or her professional judgment or risk the possibility of exploiting the confidence placed in them by a patient.

(C) Sexual misconduct is any verbal or physical action or behavior, or expression of thoughts or feelings, or gestures that are sexual or that reasonably may be construed by a patient as sexual or conduct that exploits the doctor-patient relationship in a sexual manner, regardless of consent of the patient.

(D) Sexual misconduct includes, but is not limited to:

- (1) Failure to provide privacy for disrobing and/or failure to provide proper gowns;
- (2) Failure to explain the necessity of performing any procedure that involves exposure or contact with the pelvic area, genitals, rectum, male prostate, or female breast. In the event the patient is a minor, the explanation shall be given to the parent or legal guardian. The chiropractic physician must ensure that the patient comprehends the necessity for such examination;
- (3) Failure to have a third party present while performing any examination that involves exposure or contact with the pelvic area, genitals, rectum, male prostate or female breast without the patient's signed consent;
- (4) Subjecting a patient to exposure or contact with the pelvic area, genitals, rectum, male prostate or female breast in the presence of a third party without the patient's consent;
- (5) Examining or touching a patient's genitals without the use of gloves;
- (6) Conduct that may reasonably be interpreted as intended for the sexual arousal or gratification of the chiropractic physician, patient, or both;
- (7) Inappropriate sexual comments about or to a patient about the patient's body, underclothing, or sexual orientation;
- (8) Requesting a date or romantic relationship with a patient;
- (9) Initiating or participating in a conversation with a patient regarding the chiropractic physician's own sexuality, including sexual problems, preferences, or fantasies;
- (10) Initiating conversation with, or requesting details of, a patient's sexuality, including history, sexual problems, sexual fantasies or sexual preferences that are unnecessary and/or not related to the patient's legitimate needs;
- (11) Making sexual comments about a patient's body or underclothing, making sexualized or sexually demeaning comments to a patient, criticizing the patient's sexual orientation, or making comments about potential sexual performance;
- (12) Participation in acts of sexual nature that is recorded on film, in print, or in an electronic medium;

- (13) Kissing or fondling of a sexual nature;
- (14) Touching any body part that has sexual connotation for the licensee or the patient for any purpose other than for the patient's legitimate health care need;
- (15) Encouraging a patient to masturbate in the presence of the chiropractic physician or masturbation by the chiropractic physician in the presence of a patient; 62
- (16) Sexual acts involving vaginal or anal intercourse, oral to genital, oral to anal, and/or oral to breast contact;
- (17) Sexually demeaning conduct or conduct which demonstrates a lack of respect for the patient's privacy;
- (18) Offering to provide or providing chiropractic or acupuncture services in exchange for any prohibited conduct outlined in this rule. (E) The initiation of, consent to, or participation in sexual misconduct with a chiropractic physician by a patient does not change the nature of the conduct or negate the prohibitions contained in this rule. (F) Sexually intimate acts and relationships that exist between life partners or in a marriage do not preclude the chiropractic physician from providing the partner or spouse with professional services.

Effective: 11-15-2007 Review Date: 9-24-2023 4734-9-07 Billing practices.

Sexual Relationship / Cooling off Period

Last Updated 4-2-2021

Q1. Does your board have rules/policies around sexual relationships between licensees and former patients re: cooling off periods or timeframe for allowable engagement?

Jurisdiction	Q1.
Alabama	Nothing in the regulations – would be reviewed to be sure no unprofessional conduct occurred
Arizona	A.C.C. R4-7-902. Unprofessional or Dishonorable Conduct 11. Suggesting or having sexual contact, as defined in A.R.S. § 13-1401, in the course of patient treatment or within three months of the last chiropractic examination, treatment, or consultation with an individual with whom a consensual sexual relationship did not exist prior to a chiropractic/patient relationship being established. A.R.S. §13-1401. Definitions A.3. "Sexual contact" means any direct or indirect touching, fondling or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such contact. A.4. "Sexual intercourse" means penetration into the penis, vulva or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.
Arkansas	No
Maine	No
Minnesota	Yes, these two rules are to be used together: 2500.6000 ENGAGEMENT IN THE PRACTICE OF CHIROPRACTIC A chiropractor is engaged in the practice of chiropractic when: A. the chiropractor provides examination or treatment services; and B. the patient, or a person authorized to act for the patient, accepts the services provided. The chiropractor is subject to items A and B regardless of whether the patient or the patient's agent was billed or was paying for chiropractic services. 2500.6050 SEXUAL MISCONDUCT. For the purposes of determining the presence of sexual misconduct: A. a person is considered to remain an active patient until no less than two years have elapsed since the last date on which the chiropractor examined or treated the patient; and B. the conduct must occur at the time of or subsequent to the provision of an initial examination or treatment. Consent or mutual consent may not be used by the chiropractor in the defense of an allegation of sexual misconduct by the chiropractor.
Montana	Yes. See: http://www.mtrules.org/gateway/RuleNo.asp?RN=24%2E126%2E2304
Nebraska	This behavior would be outlined in Unprofessional Conduct in both statutes and regulations. For reference 172 NAC 29 lists the following as unprofessional conduct which would be grounds for disciplinary action: 007.02 PROFESSIONAL RELATIONSHIPS. Failure to safeguard the welfare of patients and maintain appropriate professional relationships with patients and other health care practitioners. This includes, but is not limited to:(A) Improper use of another person for one's own advantage;(B) Failure to decline to carry out chiropractic services that have been requested when the services are known to be contraindicated or unjustified;(C) Failure to decline to carry out procedures that have been requested when the services are known to be outside of the chiropractor's or chiropractic physician's scope of practice;(D) Verbally or physically abusing patients(E) Falsification or unauthorized destruction of patient records;(F) Delegating to other personnel those patient related services when the clinical skills and expertise of a chiropractor or chiropractic physician is required;(G) Over-utilization of laboratory and x-ray procedures, and the devices or nutritional products that are in the best interest of the patient;(H) Failure to assure that the patient possesses enough information to enable intelligent choices in regard to proposed chiropractic treatment;(I) Failure to terminate a professional relationship when it becomes clear that the patient is not benefiting from further care or treatment; and(J) Failure to consult and seek the talents of other health care professionals when the consultation would benefit the patient or when the patient expressed a desire for the consultation.007.03 SEXUAL HARASSMENT. Engaging in sexual misconduct which is defined as sexual harassment of patients or employees. Sexual harassment includes, but is not limited to, making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature which results in:(A) Providing or denying service to a client;(B) Creating an intimidating, hostile, or offensive environment for the patient or employee; or(C) Providing favorable reports for sexual favors.007.04 SEXUAL RELATIONSHIP. Engaging in a sexual relationship during the provision of professional services, or for 3 months following the termination of professional services
Nevada	The Board has not set a specific timeframe, but Nevada Administrative Code (NAC) 634.430 states that, "the chiropractor-patient relationship has been terminated for a reasonable time. Nevada Administrative Code (NAC) 634.3475 states the same for chiropractor's assistants, "the chiropractor's assistant-patient relationship has been terminated for a reasonable time

New York	To avoid any exploitation or coercion of a patient and to minimize the likelihood of a complaint alleging a boundary violation, you should avoid engaging any patient in a romantic relationship. If you do seek such a relationship with a particular patient, you should refer that patient to another licensee and document the reason for the referral.
North Dakota	1. No, we do not have “specifications” regarding the timing between the doctor/patient relationship and a romantic relationship.
Ohio	yes A patient is any person who is the recipient of a professional service rendered by a chiropractic physician. A doctor-patient relationship is any relationship between a chiropractic physician and a patient wherein the chiropractic physician provides professional services to the patient. An individual is considered a patient until thirty days have elapsed from the date the doctor-patient relationship was formally terminated in accordance with rule 4734-8-07 of the Administrative Code. An individual remains a patient until the doctor-patient relationship is terminated regardless if the individual is not actively receiving professional services from a chiropractic physician. Sexual contact between a chiropractic physician and a former patient after termination of the doctor-patient relationship may still constitute sexual misconduct if the contact is the result of the exploitation of trust, knowledge, or influence of emotions derived from the doctor-patient relationship.
Oklahoma	140:15-7-5. Code of Ethics (13) Chiropractic physicians shall not abuse the physician’s position of trust by coercion, manipulation or fraudulent representation in the doctor-patient relationship which includes, but is not limited to: (A) Engaging in sexual misconduct which consists of sexual behavior that occurs during the doctor-patient relationship. Chiropractic physicians shall terminate the doctor-patient relationship before dating or having a sexual relationship with a patient. Such termination shall be done in writing and signed by both the patient and the chiropractic physician and placed in the patient's record. This paragraph shall not apply to chiropractic physicians treating their spouses. (B) Engaging in sexual impropriety which consists of behavior, verbal or physical, that is suggestive, seductive, harassing, intimidating or demeaning to a patient. (C) Engaging in sexual violation which consists of physical contact, whether or not initiated by the patient, that is sexual or may be reasonably interpreted as such.
South Dakota	No policy on cooling off period just if a chiropractor is dating patient, he/she should terminate doctor relationship and refer to another practitioner.
Texas	The Texas Board of Chiropractic Examiners (TBCE) has a rule regarding inappropriate sexual conduct, 22 Texas Administrative Code Section 79.1. The rule prohibits licensees from engaging in a sexual relationship with a patient or even requesting to initiate an intimate relationship with a patient (even if the relationship is consensual). However, it is a defense to disciplinary action under this rule if the consensual sexual relationship began more than three months after the doctor-patient relationship ended, or existed before the doctor-patient-relationship began.
Utah	Yes - 12 months after the last patient treatment
West Virginia	Title 4, Series 1, Regulation of Chiropractic Practice - - §4-1-5.2; Sexual misconduct may include doctor/patient relations, whether or not initiated by, or consented to, by the patient, and engaging in any conduct with a patient that is sexual or may be reasonably interpreted as sexual. A licensee shall not use fraud, deception, misrepresentation or force for the purpose of engaging in sexual contact with a patient in the clinical setting. Patient consent is not a legal defense. A licensee may not have consensual sexual relations with a former patient until six months after the termination of doctor/patient relationship.
Wyoming	Wyoming doesn't have rules about a "cooling off" period.

Enrolled House Bill 2011

Sponsored by Representatives KENY-GUYER, KOTEK, Senator FREDERICK, Representative ALONSO LEÓN, Senator MONNES ANDERSON; Representatives BYNUM, GREENLICK, HAYDEN, MCLAIN, POWER, PRUSAK, SANCHEZ, SCHOUTEN, WILLIAMSON, Senators DEMBROW, FAGAN

CHAPTER

AN ACT

Relating to cultural competency continuing education; creating new provisions; amending ORS 676.850 and 676.855; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 676.850, as amended by section 24, chapter 61, Oregon Laws 2018, is amended to read:

676.850. (1) As used in this section, “board” means the:

(a) State Board of Examiners for Speech-Language Pathology and Audiology;

(b) State Board of Chiropractic Examiners;

(c) State Board of Licensed Social Workers;

(d) Oregon Board of Licensed Professional Counselors and Therapists;

(e) Oregon Board of Dentistry;

(f) Board of Licensed Dietitians;

(g) State Board of Massage Therapists;

(h) Oregon Board of Naturopathic Medicine;

(i) Oregon State Board of Nursing;

(j) Long Term Care Administrators Board;

(k) Oregon Board of Optometry;

(L) State Board of Pharmacy;

(m) Oregon Medical Board;

(n) Occupational Therapy Licensing Board;

(o) Physical Therapist Licensing Board;

(p) Oregon Board of Psychology;

(q) Board of Medical Imaging;

(r) State Board of Direct Entry Midwifery;

(s) State Board of Denture Technology;

(t) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

(u) Home Care Commission;

(v) Oregon Health Authority, to the extent that the authority licenses emergency medical service providers; and

(w) Health Licensing Office, to the extent that the office licenses lactation consultants.

[(2)(a) In collaboration with the Oregon Health Authority, a board may adopt rules under which the board may require a person authorized to practice the profession regulated by the board to receive cultural competency continuing education approved by the authority under ORS 413.450.]

(2)(a) A board shall adopt rules to require a person authorized to practice the profession regulated by the board to complete cultural competency continuing education. Completion of the continuing education described in this subsection shall be a condition of renewal of an authorization to practice the profession regulated by the board every other time that the person's authorization is subject to renewal.

(b) Cultural competency continuing education courses may be taken in addition to or, if a board determines that the cultural competency continuing education fulfills existing continuing education requirements, instead of any other continuing education requirement imposed by the board.

(c) A board shall consider the availability of the continuing education described in this subsection when adopting rules regarding the required number of credits of continuing education.

(d) A board shall encourage, but may not require, the completion of continuing education approved by the Oregon Health Authority under ORS 413.450. A board shall accept as meeting the requirements of this subsection continuing education that meets the skills requirements established by the authority by rule.

(3) The requirements of subsection (2) of this section do not apply to a person authorized to practice a profession regulated by a board if the person is:

(a) Retired and not practicing the profession in any state;

(b) Not practicing the profession in this state; or

(c) Residing in this state but not practicing the profession in any state.

[(3)(a) A board, or the Health Licensing Office for those boards for which the office issues and renews authorizations to practice the profession regulated by the board, shall document participation in cultural competency continuing education by persons authorized to practice a profession regulated by the board.]

[(b) For purposes of documenting participation under this subsection, a board may adopt rules requiring persons authorized to practice the profession regulated by the board to submit documentation to the board, or to the office for those boards for which the office issues and renews authorizations to practice the profession regulated by the board, of participation in cultural competency continuing education.]

[(4) A board shall report biennially to the authority on the participation documented under subsection (3) of this section.]

[(5) The authority, on or before August 1 of each even-numbered year, shall report to the interim committees of the Legislative Assembly related to health care on the information submitted to the authority under subsection (4) of this section.]

SECTION 2. ORS 676.855 is amended to read:

676.855. Each public university listed in ORS 352.002 and each community college, as defined in ORS 341.005, may require persons authorized to practice a profession regulated by a board, as defined in ORS 676.850, who provide services to students at health care facilities located on a campus of the public university or community college to provide proof of *[participating at least once every two years in a]* **completing cultural competency** continuing education *[opportunity relating to cultural competency]* approved by the Oregon Health Authority under ORS 413.450.

SECTION 3. The amendments to ORS 676.850 and 676.855 by sections 1 and 2 of this 2019 Act apply to applicants for initial authorization and to persons applying for renewal of authorization on or after the operative date of this 2019 Act.

SECTION 4. (1) The amendments to ORS 676.850 and 676.855 by sections 1 and 2 of this 2019 Act become operative on July 1, 2021.

(2) The Oregon Health Authority, the Health Licensing Office and a board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority, the office and the board to exercise, on and after the operative date

specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority, the office or the board by the amendments to ORS 676.850 and 676.855 by sections 1 and 2 of this 2019 Act.

SECTION 5. This 2019 Act takes effect on the 91st day after the date on which the 2019 regular session of the Eightieth Legislative Assembly adjourns sine die.

Passed by House April 18, 2019

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Tina Kotek, Speaker of House

Passed by Senate May 22, 2019

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2019

Approved:

.....M.,....., 2019

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2019

.....
Bev Clarno, Secretary of State

811-010-0086**Annual Registration**

The license period for chiropractic physicians in Oregon is a period equal to 12 months, expiring on the last day of the licensee's birth date month. Licensees must comply with ORS 684.090, 684.092, and 684.094 as it applies to their license status.

(1) At least 30 days prior to the renewal due date, the Board shall provide, by mail or electronic mail to the address on record, a notice of the requirements of ORS 684.090 and ORS 684.092.

(2) As part of the annual registration, all licensees must complete the required health care workforce data survey and pay the fee established by the Oregon Health Authority pursuant to ORS 676.410.

(3) Active licensees must pay to the Board the annual registration fee and meet the requirements of ORS 684.092 during the 12 months prior to the expiration of the Certificate of Registration.

(4) Licensees may apply for a senior active license, if the licensee meets and provides proof of the following requirements:

(a) Is 60 years of age or older; and

(b) Has held an active chiropractic license for at least 25 years.

(5) Senior active licensees shall fulfill the requirements of ORS 684.092 except that continuing chiropractic education shall not be less than 6 hours per year.

(6) Active licensees may apply for an inactive license, if the licensee is not engaged in the practice of chiropractic in Oregon.

(7) Inactive licensees do not have to fulfill the requirements of ORS 684.092.

(8) Inactive licensees who want to reinstate their active license during the same license year shall pay the full active annual registration fee and provide proof of compliance with ORS 684.092.

(9) Inactive licensees who apply for reinstatement after five or more years after the date of transfer to inactive license, or who cannot demonstrate to the satisfaction of the Board they have been in active practice during the preceding five years, may be required to establish their competency in the practice of chiropractic by:

(a) Receiving a passing grade on all or part of an examination required by the Board; or

(b) Submitting a license verification showing proof of active chiropractic practice and any disciplinary actions from all state boards where licensure is maintained; or

(c) Petition the Board to show proof licensee has been actively involved in a health profession in another capacity for a minimum of at least one year of the last five.

(10) A license that is not renewed on time may not be renewed except:

(a) Upon written application and payment to the Board of the fee for the license category plus a delinquent fee for each week or portion thereof, not to exceed \$500.

(b) Upon compliance with or exemption from the requirements of ORS 684.092.

(11) All licensees shall submit to a criminal background check during renewal at an interval to be determined by the Board.

(a) Licensees will not be required to submit to a new criminal background check, if one has been submitted to the Board in the last six years, unless under Board investigation, or for some other Board-determined purpose. Licensee shall provide a complete set of fingerprints or LiveScan Transmittal Verification form, and the criminal background check results obtained from any state or local law enforcement agency, or from any other agency approved by the Board. Licensees shall use forms or methods prescribed by the Board.

(b) Licensees must pay to the Board the current actual cost of conducting the state and federal background check.

(c) The criminal background check fee will be in addition to the renewal fee and payable by the licensee.

(12) Licensees are not required to display a current annual Certificate of Registration.

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.090 & 684.092

811-010-0110**Chiropractic Assistants**

- (1) The certification period for chiropractic assistants in Oregon is a period equal to 12 months, expiring on the last day of the chiropractic assistant's birth month/renewal date.
- (2) Chiropractic assistants may be certified upon compliance with the following:
 - (a) The chiropractic assistant applicant shall successfully complete a Board approved training course. The initial training course shall be at least twelve hours in length, of which eight hours shall be didactic training and four hours shall be practical training.
 - (A) The practical training must be in physiotherapy, electrotherapy and hydrotherapy administered by a health care provider licensed to independently provide those therapies.
 - (B) A chiropractic physician may perform the initial practical training provided this is direct contact time.
 - (C) The initial training must have been completed within 60 days preceding the application submission date.
 - (b) The applicant shall complete an application packet, and an open book examination administered by a national testing agency.
 - (c) If an applicant has a certificate or license from another state and adequate documentation of training, the Board may waive the requirement for the initial training course.
- (3) Prior to initial certification, the training course verification form, completed application packet, passing examination results, and fees shall be submitted to the Board:
 - (a) A non-refundable application fee;
 - (b) A non-refundable examination fee; and
 - (c) An initial certification fee. A refund of the certification fee will only be allowed when requested within 60 days of the initial application.
 - (d) In circumstances beyond the applicant's control the Board may determine to refund the fees or portion thereof.
 - (e) In the event the Board requires the NBCE chiropractic assistant examination in lieu of the Board's examination, the fee in subsection (b) will be waived.
- (4) The Board shall maintain an incomplete application file for six months from the date the application was received; afterward, applicants will need to re-apply.
- (5) The applicant shall be at least 18 years of age.
- (6) The chiropractic assistant shall not perform electrotherapy, hydrotherapy, or physiotherapy until they receive a certificate from the Board.
- (7) A chiropractic assistant shall be directly supervised by the licensed chiropractic physician at all times. The supervising licensed chiropractic physician must be on the premises.

(8) Only under the direct supervision of the licensed chiropractic physician the chiropractic assistant

(a) may perform or provide physiotherapy, electrotherapy and hydrotherapy, the taking of vitals such as height, weight, blood pressure, temperature, pulse, respiration and/or body fat percentages, and other duties as described by the Board; and

(b) may not perform or provide physical examinations, taking initial histories, taking X-rays (unless properly licensed), interpretation of postural screening, performing manual muscle testing, or osseous adjustments or manipulations, or other tasks as prohibited by the Board.

(9) Chiropractic assistants shall report to the Board, in writing, their mailing address and place of employment. Notification of a change of mailing address or place of employment must be made within 10 days of the change.

(10) At least 30 days prior to the renewal date, the Board shall send the renewal notice to the chiropractic assistant at the last known mailing address, and/or email address.

(11) On or before the last day of the birth month, the chiropractic assistant shall submit to the Board the following:

(a) A completed renewal application and renewal fee;

(A) The renewal application may include a request for fingerprinting and a criminal background check with fees to be paid by the chiropractic assistant.

(B) Frequency of fingerprinting and criminal background checks will be determined by the Board.

(b) An attestation that the six hours of continuing education has been completed within the immediate 12 months prior to renewal date; and

(c) A completed OHA Healthcare Workforce Questionnaire; and

(d) As part of the annual registration, all licensees must complete the required health care workforce data survey and pay the fee established by the Oregon Health Authority pursuant to ORS 676.410.

(12) During the 30 day grace period immediately following the renewal date, the chiropractic assistant may continue to perform assigned duties, but must submit a completed renewal application, proof of continuing education, and payment of the renewal fee plus a delinquent fee.

(13) After the 30 day grace period, the chiropractic assistant shall not perform assigned duties until the renewal application, proof of continuing education, payment to the Board of the renewal fee and a delinquent fee are all submitted to the Board and approved.

(14) A chiropractic assistant has up to one year following their renewal date to renew and reinstate their certificate upon meeting the provisions of (12) and (13) above. After 12 months, a person must restart the application process.

(15) Continuing education programs may be comprised of subjects that are pertinent to clinical practices of chiropractic. Continuing education must meet the criteria outlined in OAR 811-015-0025 sections (8), (9) and (10). No continuing education hours may be carried over into the next renewal year. Evidence of

successful completion of six hours of continuing education during the 12 months preceding the renewal must be submitted upon request by the Board.

(16) The chiropractic assistant's certificate ~~may~~shall be displayed ~~at all times~~ in the chiropractic physician's office during the chiropractic assistant's employment, but is not required so long as the certificate is on file with the chiropractic physician's office.

(17) The Board may refuse to grant a certificate to any applicant, may suspend or revoke a certificate, or may impose upon an applicant for certification or chiropractic assistant a civil penalty not to exceed \$1,000 upon finding of any of the following:

(a) Cause, which is defined as, but not limited to, failure to follow directions, unprofessional or dishonorable conduct, injuring a patient, or unlawful disclosure of patient information. The supervising chiropractic physician is required to notify the Board, in writing, of any dismissal of a chiropractic assistant for cause within ten days. The Board shall determine if there is cause for action and shall be governed by the rules of the Board adopted pursuant to ORS Chapter 183;

(b) Conviction of a misdemeanor involving moral turpitude or a felony;

(c) Non-disclosure of misdemeanor or felony convictions; or

(d) Failure to notify the Board of a change of location of employment as required by these rules.

(18) Unprofessional or dishonorable conduct is defined as: any unethical, deceptive, or deleterious conduct or practice harmful to the public; any departure from, or failure to conform to, the minimal standards of acceptable chiropractic assistant performance; or a willful or careless disregard for the health, welfare or safety of patients, in any of which cases proof of actual injury need not be established. Unprofessional conduct shall include, but not be limited to, the following acts of a chiropractic assistant:

(a) Engaging in any conduct or verbal behavior with or towards a current patient that may reasonably be interpreted as sexual, seductive, sexually demeaning or romantic (also see ORS 684.100).

(b) A certificate holder shall not engage in sexual relations or have a romantic relationship with a current patient unless a consensual sexual relationship or a romantic relationship existed between them before the commencement of the chiropractic assistant-patient relationship.

(A) "Sexual relations" means:

(i) Sexual intercourse; or

(ii) Any touching of sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the chiropractic assistant for the purpose of arousing or gratifying the sexual desire of either chiropractic assistant or patient.

(B) A patient's initiation of, or participation in, sexual behavior or involvement with a chiropractic assistant does not change the nature of the conduct nor lift the prohibition.

(C) In determining whether a patient is a current patient, the Board may consider the length of time of the chiropractic assistant-patient contact, evidence of termination of the chiropractic assistant-patient

relationship, the nature of the chiropractic assistant-patient relationship, and any other relevant information.

- (c) Use of protected or privileged information obtained from the patient to the detriment of the patient.
- (d) Violating section (8) of this rule;
- (e) Charging a patient for services not rendered;
- (f) Intentionally causing physical or emotional injury to a patient;
- (g) Directly or indirectly engaging in threatening, dishonest, or misleading fee collection techniques;
- (h) Soliciting or borrowing money from patients;
- (i) Receiving a conviction of a crime for possessing, obtaining, attempting to obtain, furnishing, or prescribing controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs; illegally using or dispensing controlled drugs;
- (j) Aiding, abetting, or assisting an individual to violate any law, rule or regulation intended to guide the conduct of chiropractic assistants or other health care providers;
- (k) Violating the rights of privacy or confidentiality of the patient unless required by law to disclose such information;
- (l) Perpetrating fraud upon patients or third party payors, relating to the practice of chiropractic;
- (m) Using any controlled or illegal substance or intoxicating liquor to the extent that such use impacts the ability to safely conduct the assigned duties of a chiropractic assistant;
- (n) Acting as a chiropractic assistant without a current Oregon certificate;
- (o) Allowing another person to use one's chiropractic assistant certification for any purpose;
- (p) Resorting to fraud, misrepresentation, or deceit in applying for or taking the certificate examination or obtaining a certificate or renewal thereof;
- (q) Impersonating any applicant or acting as a proxy for the applicant in any chiropractic assistant certificate examination;
- (r) Disclosing the contents of the certificate examination or soliciting, accepting, or compiling information regarding the contents of the examination before, during, or after its administration;
- (s) Failing to provide the Board with any documents requested by the Board;
- (t) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except attorney-client privilege;
- (u) Failing to answer truthfully and completely any question asked by the Board on an application for licensure or certification, or during the course of an investigation, or any other questions asked by the Board;
- (v) Claiming any academic degree, or certification, not actually conferred or awarded;

(w) Disobeying a final order of the Board;

(x) Splitting fees or giving or receiving a commission in the referral of patients for services;

(y) Receiving a suspension or revocation of a certificate for a chiropractic assistant, or other license or certificate by another state based upon acts by the chiropractic assistant or applicant that describes acts similar to this section. A certified copy of the record of suspension or revocation of the state making that is conclusive evidence thereof.

(z) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any provision of this rule.

(A) Failing to comply as described in subsection (z) includes, but is not limited to:

(i) Operating a chiropractic entity required to be closed by a current Executive Order;

(ii) Providing chiropractic services at a business required to be closed by a current Executive Order;

(iii) Failing to comply with applicable Oregon Health Authority (OHA) guidance implementing a current Executive Order; and

(iv) Failing to comply with any OBCE guidance or rule implementing an Executive Order.

(B) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.

(19) Violations may be grounds for disciplinary action against the supervising chiropractic physician under ORS 684.100(9)

Statutory/Other Authority: ORS 684.155

Statutes/Other Implemented: ORS 684.054 & 684.155(c)(A)

811-015-0025**Continuing Chiropractic Education**

- (1) Continuing chiropractic education (CE) is to improve the competence and skills of Oregon chiropractic licensees, and to help assure the Oregon public of the continued competence of these licensees within the statutory scope of practice.
- (2) In order to renew a license or certificate, each licensee shall complete an affidavit attesting to successful completion of education per their license or certificate status:
 - (a) Chiropractic physician active status - 20 hours;
 - (b) Chiropractic physician senior active status - 6 hours; or
 - (c) Chiropractic assistant - 6 hours.
- (3) Continuing education course or activity hours must be completed during the preceding license or certification period. A licensee may not claim more than 20 hours of continuing education completed in one 24-hour period. Courses shall not be taken simultaneously. Each licensee shall maintain records as required in section (11) to support the attestation of completed hours.
- (4) Courses or activities determined by licensees to meet the criteria of sections (9) and (10) are presumed to be approved until or unless specifically disapproved by the Board. Licensees will be informed of any disapproved courses in a timely manner. The Board will maintain a list of disapproved courses available for review by licensees.
- (5) The Board may require specific courses as part of a licensee's annual relicensure hours for an upcoming license or certificate period.
- (6) Any chiropractic physician who is also actively licensed in a healthcare profession with prescriptive rights is exempt from the over-the-counter, non-prescriptive substances requirements of sections (6) and (7).
- (7) Any chiropractic physician holding an initial license is exempt from continuing education for the first year of licensure, except for four (4) hours relating to over-the-counter, non-prescriptive substances and any specific courses required by the Board.
- (8) Any chiropractic physician changing license status from inactive to active or senior active shall take four (4) hours of the required hours relating to over-the-counter, non-prescriptive substances prior to changing license status and any specific courses required by the Board.
- (9) Approved continuing chiropractic education shall be obtained from courses or activities which meet the following criteria:
 - (a) They do not misrepresent or mislead;
 - (b) They are presented by a chiropractic physician, licensed here or in another state, other appropriate health care provider, or other qualified person;

(c) They exclude practice-building subjects and the principle purpose of the program may not be to sell or promote a commercial product. However, the mere mention of practice-building concepts shall not disqualify a program's eligibility for CE credit.

(d) The material covered shall pertain to the practice of chiropractic in Oregon or be related to the licensee's specific practice;

(e) Continuing education hours for Board activities must assist in assuring the competence and skills of the licensee; and

(f) Shall be quality courses or activities adequately supported by evidence or rationale as determined by the Board.

(10) The Board may accept credit hours from courses, seminars or other activities. Completion of other activities as chiropractic continuing education is defined as follows:

(a) Continuing medical education (CME);

(b) Video or audio-taped continuing education courses or seminars, unless specifically required by the Board to be taken in person;

(c) Online courses;

(d) Being an original author of an article, published in a peer reviewed journal, given in the year of publication;

(e) Participation in a formal protocol writing process associated with an accredited health care institution or state or government health care agency;

(f) Participation on a Board committee, or assisting with a National Board of Chiropractic Examiners' (NBCE) examination or test writing committee;

(g) Participation in a research project, approved by the Board, related to chiropractic health care directed by an educational institution or other qualified chiropractic organization;

(h) Teaching courses at an accredited health care institution;

(i) Teaching chiropractic continuing education courses;

(j) CPR courses; and

(k) Instruction related to OAR 811-015-0030, minor surgery/proctology rotation; and

(l) Any other course or activity specifically authorized by the Board.

(11) All licensees are required to keep full, accurate, and complete records:

(a) A verification of attendance for all CE courses or activities showing hours claimed for relicensure credit, and or proof of completion signed by the sponsor and licensee.

(b) Video or audio-taped courses shall be supported through record-keeping with a letter, memo, or on a form provided by the Board, that includes the dates and times, vendor's or presenter's name/s, total hours claimed for each course, location, and includes the following statement: "I swear or affirm that I

viewed or listened to these continuing education courses in their entirety on the dates and times specified in this report.”

(c) A copy of a published article including the date of publication;

(d) A written record of hours in clinical protocol development and research projects. The record shall include the names and addresses of the institutions involved, name of supervisors, and their signatures verifying hours.

(e) For licensees claiming CE hours under the provisions of (10)(f), for participation on a Board committee, or assisting with a National Board of Chiropractic Examiners' (NBCE) examination or NBCE test writing committee, certification from the Board or NBCE.

(f) For licensees claiming CE hours under the provisions of (10)(h), a record of employment by health care institutions, signed by their supervisor, a copy of the course syllabus if applicable, and verification of hours.

(g) For licensees claiming CE hours under the provisions of (10)(i), licensee shall obtain and keep verification of the course taught including, the dates of the course, a syllabus and the sponsoring organization.

(h) For licensees claiming CE hours under the provisions of (10)(k), a record of the dates, topics/procedures, and hours.

(12) The Board will generate a random computer list of a minimum of 10% or up to 100% of renewing licensees, who will have their CE records audited and reviewed to ensure compliance with this rule. Licensees shall respond to this request within 30 days by supplying the Board with verification of their CE courses or activities as provided in section (11).

(13) Any licensee who has submitted inadequate, insufficient, or deficient CE records or who otherwise appears to be in noncompliance with the requirements of this rule will be given written notice by the Board and will have 30 days from the date of notice to submit additional documentation, information or written explanation to the Board establishing the licensee's compliance with this rule. The Board may issue civil citations for noncompliance of this rule.

(14) At its discretion, the Board may audit, by attendance, the content of any program in order to verify the content thereof. Denial of an audit is grounds for disapproval.

(15) Any licensee seeking a hardship waiver from their continuing education requirements shall apply to the Board, in writing, as soon as possible after the hardship is identified and prior to the close of licensure for that year. Specific details of the hardship must be included. In order to approve an application for a hardship waiver, the Board, within its discretion, must find that such hardship exists.

(16) The Board shall maintain and make available, through its web page and electronic communications to licensees, a list of disapproved courses, if any. The Board may disapprove a course or CE activity after giving the sponsor and/or licensees the opportunity to provide additional information of compliance with the criteria contained in this rule, and opportunity for contested case hearing under the provisions of ORS 183.341, if requested. Any CE sponsor or licensee may request the Board to review any previously disapproved course at any time.

Statutory/Other Authority: ORS 684.155

Statutes/Other Implemented: ORS 684.092

811-010-0085

Applicant's Guide

- (1) Applicants shall be examined according to ORS 684.050 or 684.052.
- (2) The Board shall provide a Applicant's Guide, which contains all necessary examination information.
- (3) Fee and application requirements include the following:
 - (a) The application fee must be received by the Board prior to applicant receiving approval to sit for the examinations.
 - (b) Request for re-examination of the Ethics/Jurisprudence, Minor Surgery/Proctology and/or the Obstetrics/Gynecology examinations must be submitted directly to the national testing agency.
 - (c) A complete set of fingerprints or LiveScan Transmittal Verification form and the criminal background check results obtained from any state or local law enforcement agency, or from any other agency approved by the Board. Applicants shall use forms or methods prescribed by the Board.
 - (d) Applicant must pay to the Board the current actual cost of conducting the state and federal background check.
- (4) Documents to be submitted prior to approval to take the Oregon Specifics Examinations:
 - (a) A completed official application including a recent photograph and fingerprints or LiveScan Transmittal Verification form;
 - (b) Social Security Number Authorization form;
 - (c) Evidence of the applicant's good moral character on the letterhead stationary of, and signed by, a chiropractic physician;
 - (d) A signed affidavit attesting to successful completion of at least two years of liberal arts and sciences study in an accredited college or university. Original transcripts must be provided if requested by the Board;
 - (e) A transcript certified by the registrar, from an approved chiropractic college or university, including transcripts of coursework as required by OAR 811-020-0006. A transcript of grades is necessary from each chiropractic college or university attended; and
 - (f) An official transcript of passing grades from the National Board of Chiropractic Examiners on Part I, II, and III, and physiotherapy.
- (5) Documents and fee to be submitted prior to licensure include:
 - (a) The initial license fee;
 - (b) A diploma or other evidence of graduation certified by the registrar from an approved chiropractic college or university; and
 - (c) An official transcript of passing grades from the National Board of Chiropractic Examiners Part IV.

(6) All applicants must take and pass the Oregon Specifics Examination consisting of written examination in ethics and jurisprudence, obstetrics and gynecology, minor surgery and proctology. Applicants who have previously taken and passed obstetrics and gynecology, and/or minor surgery and proctology within the last five years from the date of application as received by the Board are not required to retake these tests. However, all applicants must take and pass the Ethics/Jurisprudence examination.

(7) Oregon Specifics Examination Grades: The Board shall determine the passing scores. All examinations are designed to test minimal competency to protect the public.

(8) An applicant failing to achieve a passing grade as determined by the Board for the Ethics/Jurisprudence, Minor Surgery/Proctology, and/or the Obstetrics/Gynecology examination(s), must contact the national testing agency for re-examination of the failed section(s).

(9) If the applicant fails to re-test on at least one failed section within 13 months of the last examination, the file shall become inactive and the applicant must re-apply and take the entire examination.

(10) An applicant attempting to give aid or accepting aid from another while examinations are in progress shall fail the examination and will not be allowed to take the examination for a period of five (5) years.

(11) Refunds:

(a) The application fee is non-refundable; and

(b) The criminal background check fee is non-refundable.

(12) The Board may reject applications for good cause, including evidence of unprofessional conduct.

(13) Applicants who have completed all requirements for licensure, including passage of all required examinations, must submit the initial license fee to obtain license within one year from the date they completed all the requirements. An applicant's initial license will be valid for a minimum of 180 days. However, if the applicant's next birth date is within the 180 days, the initial license will be valid for an additional 12 months beyond the applicant's birth date.

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.050 & 684.052

811-010-0025

Display of ~~Renewal Certificate~~**License**

~~Each licensee shall be required to~~ display a current annual ~~e~~Certificate of ~~r~~Registration ~~in a conspicuous place in all practice locations.~~

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.155

811-010-0086**Annual Registration**

The license period for chiropractic physicians in Oregon is a period equal to 12 months, expiring on the last day of the licensee's birth date month. Licensees must comply with ORS 684.090, 684.092, and 684.094 as it applies to their license status.

(1) At least 30 days prior to the renewal due date, the Board shall provide, by mail or electronic mail to the address on record, a notice of the requirements of ORS 684.090 and ORS 684.092.

(2) As part of the annual registration, all licensees must complete the required health care workforce data survey and pay the fee established by the Oregon Health Authority pursuant to ORS 676.410.

(3) Active licensees must pay to the Board the annual registration fee and meet the requirements of ORS 684.092 during the 12 months prior to the expiration of the Certificate of Registration.

(4) Licensees may apply for a senior active license, if the licensee meets and provides proof of the following requirements:

(a) Is 60 years of age or older; and

(b) Has held an active chiropractic license for at least 25 years.

(5) Senior active licensees shall fulfill the requirements of ORS 684.092 except that continuing chiropractic education shall not be less than 6 hours per year.

(6) Active licensees may apply for an inactive license, if the licensee is not engaged in the practice of chiropractic in Oregon.

(7) Inactive licensees do not have to fulfill the requirements of ORS 684.092.

(8) Inactive licensees who want to reinstate their active license during the same license year shall pay the full active annual registration fee and provide proof of compliance with ORS 684.092.

(9) Inactive licensees who apply for reinstatement after five or more years after the date of transfer to inactive license, or who cannot demonstrate to the satisfaction of the Board they have been in active practice during the preceding five years, may be required to establish their competency in the practice of chiropractic by:

(a) Receiving a passing grade on all or part of an examination required by the Board; or

(b) Submitting a license verification showing proof of active chiropractic practice and any disciplinary actions from all state boards where licensure is maintained; or

(c) Petition the Board to show proof licensee has been actively involved in a health profession in another capacity for a minimum of at least one year of the last five.

(10) A license that is not renewed on time may not be renewed except:

(a) Upon written application and payment to the Board of the fee for the license category plus a delinquent fee for each week or portion thereof, not to exceed \$500.

(b) Upon compliance with or exemption from the requirements of ORS 684.092.

(11) All licensees shall submit to a criminal background check during renewal at an interval to be determined by the Board.

(a) Licensees will not be required to submit to a new criminal background check, if one has been submitted to the Board in the last six years, unless under Board investigation, or for some other Board-determined purpose. Licensee shall provide a complete set of fingerprints or LiveScan Transmittal Verification form, and the criminal background check results obtained from any state or local law enforcement agency, or from any other agency approved by the Board. Licensees shall use forms or methods prescribed by the Board.

(b) Licensees must pay to the Board the current actual cost of conducting the state and federal background check.

(c) The criminal background check fee will be in addition to the renewal fee and payable by the licensee.

(12) Licensees are not required to display a current annual Certificate of Registration.

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.090 & 684.092

811-010-0110**Chiropractic Assistants**

- (1) The certification period for chiropractic assistants in Oregon is a period equal to 12 months, expiring on the last day of the chiropractic assistant's birth month/renewal date.
- (2) Chiropractic assistants may be certified upon compliance with the following:
 - (a) The chiropractic assistant applicant shall successfully complete a Board approved training course. The initial training course shall be at least twelve hours in length, of which eight hours shall be didactic training and four hours shall be practical training.
 - (A) The practical training must be in physiotherapy, electrotherapy and hydrotherapy administered by a health care provider licensed to independently provide those therapies.
 - (B) A chiropractic physician may perform the initial practical training provided this is direct contact time.
 - (C) The initial training must have been completed within 60 days preceding the application submission date.
 - (b) The applicant shall complete an application packet, and an open book examination administered by a national testing agency.
 - (c) If an applicant has a certificate or license from another state and adequate documentation of training, the Board may waive the requirement for the initial training course.
- (3) Prior to initial certification, the training course verification form, completed application packet, passing examination results, and fees shall be submitted to the Board:
 - (a) A non-refundable application fee;
 - (b) A non-refundable examination fee; and
 - (c) An initial certification fee. A refund of the certification fee will only be allowed when requested within 60 days of the initial application.
 - (d) In circumstances beyond the applicant's control the Board may determine to refund the fees or portion thereof.
 - (e) In the event the Board requires the NBCE chiropractic assistant examination in lieu of the Board's examination, the fee in subsection (b) will be waived.
- (4) The Board shall maintain an incomplete application file for six months from the date the application was received; afterward, applicants will need to re-apply.
- (5) The applicant shall be at least 18 years of age.
- (6) The chiropractic assistant shall not perform electrotherapy, hydrotherapy, or physiotherapy until they receive a certificate from the Board.
- (7) A chiropractic assistant shall be directly supervised by the licensed chiropractic physician at all times. The supervising licensed chiropractic physician must be on the premises.

(8) Only under the direct supervision of the licensed chiropractic physician the chiropractic assistant

(a) may perform or provide physiotherapy, electrotherapy and hydrotherapy, the taking of vitals such as height, weight, blood pressure, temperature, pulse, respiration and/or body fat percentages, and other duties as described by the Board; and

(b) may not perform or provide physical examinations, taking initial histories, taking X-rays (unless properly licensed), interpretation of postural screening, performing manual muscle testing, or osseous adjustments or manipulations, or other tasks as prohibited by the Board.

(9) Chiropractic assistants shall report to the Board, in writing, their mailing address and place of employment. Notification of a change of mailing address or place of employment must be made within 10 days of the change.

(10) At least 30 days prior to the renewal date, the Board shall send the renewal notice to the chiropractic assistant at the last known mailing address, and/or email address.

(11) On or before the last day of the birth month, the chiropractic assistant shall submit to the Board the following:

(a) A completed renewal application and renewal fee;

(A) The renewal application may include a request for fingerprinting and a criminal background check with fees to be paid by the chiropractic assistant.

(B) Frequency of fingerprinting and criminal background checks will be determined by the Board.

(b) An attestation that the six hours of continuing education has been completed within the immediate 12 months prior to renewal date; and

(c) A completed OHA Healthcare Workforce Questionnaire; and

(d) As part of the annual registration, all licensees must complete the required health care workforce data survey and pay the fee established by the Oregon Health Authority pursuant to ORS 676.410.

(12) During the 30 day grace period immediately following the renewal date, the chiropractic assistant may continue to perform assigned duties, but must submit a completed renewal application, proof of continuing education, and payment of the renewal fee plus a delinquent fee.

(13) After the 30 day grace period, the chiropractic assistant shall not perform assigned duties until the renewal application, proof of continuing education, payment to the Board of the renewal fee and a delinquent fee are all submitted to the Board and approved.

(14) A chiropractic assistant has up to one year following their renewal date to renew and reinstate their certificate upon meeting the provisions of (12) and (13) above. After 12 months, a person must restart the application process.

(15) Continuing education programs may be comprised of subjects that are pertinent to clinical practices of chiropractic. Continuing education must meet the criteria outlined in OAR 811-015-0025 sections (8), (9) and (10). No continuing education hours may be carried over into the next renewal year. Evidence of

successful completion of six hours of continuing education during the 12 months preceding the renewal must be submitted upon request by the Board.

(16) The chiropractic assistant's certificate ~~may~~shall be displayed ~~at all times~~in the chiropractic physician's office during the chiropractic assistant's employment, but is not required so long as the certificate is on file with the chiropractic physician's office.

(17) The Board may refuse to grant a certificate to any applicant, may suspend or revoke a certificate, or may impose upon an applicant for certification or chiropractic assistant a civil penalty not to exceed \$1,000 upon finding of any of the following:

(a) Cause, which is defined as, but not limited to, failure to follow directions, unprofessional or dishonorable conduct, injuring a patient, or unlawful disclosure of patient information. The supervising chiropractic physician is required to notify the Board, in writing, of any dismissal of a chiropractic assistant for cause within ten days. The Board shall determine if there is cause for action and shall be governed by the rules of the Board adopted pursuant to ORS Chapter 183;

(b) Conviction of a misdemeanor involving moral turpitude or a felony;

(c) Non-disclosure of misdemeanor or felony convictions; or

(d) Failure to notify the Board of a change of location of employment as required by these rules.

(18) Unprofessional or dishonorable conduct is defined as: any unethical, deceptive, or deleterious conduct or practice harmful to the public; any departure from, or failure to conform to, the minimal standards of acceptable chiropractic assistant performance; or a willful or careless disregard for the health, welfare or safety of patients, in any of which cases proof of actual injury need not be established. Unprofessional conduct shall include, but not be limited to, the following acts of a chiropractic assistant:

(a) Engaging in any conduct or verbal behavior with or towards a current patient that may reasonably be interpreted as sexual, seductive, sexually demeaning or romantic (also see ORS 684.100).

(b) A certificate holder shall not engage in sexual relations or have a romantic relationship with a current patient unless a consensual sexual relationship or a romantic relationship existed between them before the commencement of the chiropractic assistant-patient relationship.

(A) "Sexual relations" means:

(i) Sexual intercourse; or

(ii) Any touching of sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the chiropractic assistant for the purpose of arousing or gratifying the sexual desire of either chiropractic assistant or patient.

(B) A patient's initiation of, or participation in, sexual behavior or involvement with a chiropractic assistant does not change the nature of the conduct nor lift the prohibition.

(C) In determining whether a patient is a current patient, the Board may consider the length of time of the chiropractic assistant-patient contact, evidence of termination of the chiropractic assistant-patient

relationship, the nature of the chiropractic assistant-patient relationship, and any other relevant information.

- (c) Use of protected or privileged information obtained from the patient to the detriment of the patient.
- (d) Violating section (8) of this rule;
- (e) Charging a patient for services not rendered;
- (f) Intentionally causing physical or emotional injury to a patient;
- (g) Directly or indirectly engaging in threatening, dishonest, or misleading fee collection techniques;
- (h) Soliciting or borrowing money from patients;
- (i) Receiving a conviction of a crime for possessing, obtaining, attempting to obtain, furnishing, or prescribing controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs; illegally using or dispensing controlled drugs;
- (j) Aiding, abetting, or assisting an individual to violate any law, rule or regulation intended to guide the conduct of chiropractic assistants or other health care providers;
- (k) Violating the rights of privacy or confidentiality of the patient unless required by law to disclose such information;
- (l) Perpetrating fraud upon patients or third party payors, relating to the practice of chiropractic;
- (m) Using any controlled or illegal substance or intoxicating liquor to the extent that such use impacts the ability to safely conduct the assigned duties of a chiropractic assistant;
- (n) Acting as a chiropractic assistant without a current Oregon certificate;
- (o) Allowing another person to use one's chiropractic assistant certification for any purpose;
- (p) Resorting to fraud, misrepresentation, or deceit in applying for or taking the certificate examination or obtaining a certificate or renewal thereof;
- (q) Impersonating any applicant or acting as a proxy for the applicant in any chiropractic assistant certificate examination;
- (r) Disclosing the contents of the certificate examination or soliciting, accepting, or compiling information regarding the contents of the examination before, during, or after its administration;
- (s) Failing to provide the Board with any documents requested by the Board;
- (t) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except attorney-client privilege;
- (u) Failing to answer truthfully and completely any question asked by the Board on an application for licensure or certification, or during the course of an investigation, or any other questions asked by the Board;
- (v) Claiming any academic degree, or certification, not actually conferred or awarded;

(w) Disobeying a final order of the Board;

(x) Splitting fees or giving or receiving a commission in the referral of patients for services;

(y) Receiving a suspension or revocation of a certificate for a chiropractic assistant, or other license or certificate by another state based upon acts by the chiropractic assistant or applicant that describes acts similar to this section. A certified copy of the record of suspension or revocation of the state making that is conclusive evidence thereof.

(z) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any provision of this rule.

(A) Failing to comply as described in subsection (z) includes, but is not limited to:

(i) Operating a chiropractic entity required to be closed by a current Executive Order;

(ii) Providing chiropractic services at a business required to be closed by a current Executive Order;

(iii) Failing to comply with applicable Oregon Health Authority (OHA) guidance implementing a current Executive Order; and

(iv) Failing to comply with any OBCE guidance or rule implementing an Executive Order.

(B) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.

(19) Violations may be grounds for disciplinary action against the supervising chiropractic physician under ORS 684.100(9)

Statutory/Other Authority: ORS 684.155

Statutes/Other Implemented: ORS 684.054 & 684.155(c)(A)

PURNELL Mackenzie G * BCE

From: Ted Forcum <tf@nomadicdr.com>
Sent: Friday, March 26, 2021 9:10 PM
To: PURNELL Mackenzie G * BCE
Subject: RE: [OBCE_Publication] May Board Meeting | Rulemaking Filing Notification

Mackenzie,

I want to voice my support to *OAR 811-010-0025 Display of License*, *OAR 811-010-0086 Annual Registration*, and *OAR 811-010-0110 Chiropractic Assistants* edits. Healthcare providers do not display or carry their license certificate in hospital or other settings. Especially in the digital age where licensure can quickly be verified this makes good sense. Good job board.

Ted Forcum, DC, DACBSP, DACRB, FICC(hon),CES, PES, CSCS

Joint Commission on Sports Medicine and Science, Board Member
Portland Winterhawks, Team Chiropractor
2015 USA Track & Field World Championships Medical Team
'07-08 US Olympic Sports Medicine Team Member
ACA Sports Council, Past President 2008-2010

Dr Forcum LLC

Mail: 3621 SW Humphrey Blvd Portland, Oregon 97221
3990 Abbey Lane B-102b Astoria, Oregon 97103
503-816-6581

From: OBCE_Publication <obce_publication-bounces@omls.oregon.gov> **On Behalf Of** OBCE Oregon * BCE via OBCE_Publication
Sent: Friday, March 26, 2021 11:54 AM
Subject: [OBCE_Publication] May Board Meeting | Rulemaking Filing Notification

This message is being sent to all licensees and interested parties.

Rulemaking Filing Notification

The Oregon Board of Chiropractic Examiners (OBCE) invites public comment on proposed amendments to its rules. This is a notification to licensees and interested parties that the following rules have been filed for rulemaking revisions during the May public board meeting:

- *OAR 811-010-0025 Display of License – updating to reflect changes in posting requirement of license and certificate renewal*
- *OAR 811-010-0086 Annual Registration – updating to reflect changes in posting requirement of license and certificate renewal*
- *OAR 811-010-0110 Chiropractic Assistants – updating to reflect changes in posting requirement of renewal certificate*

How to Comment:

1. Attend the rule hearing on May 12th, 2021

- a. Virtually via Zoom,
<https://zoom.us/j/95100458409?pwd=d2RBdHh0Q1hmQ0RtZTNkdzErb1FqZz09> **or**
2. Provide written comments to the OBCE. Comments may be sent to the OBCE office by mail or email, but must be received by OBCE **no later than 5:00pm May 11th, 2021**. The mailing address is OBCE, 530 Center St NE, Suite 620, Salem, OR 97301. The email address is Mackenzie.g.purnell@oregon.gov.

For more information, please visit the OBCE [website](#) or contact our office.

Thank you,

Mackenzie G. Purnell
Administrative Specialist 2
Oregon Board of Chiropractic Examiners
530 Center St NE, Suite 620
Salem, OR 97301
O: 503-373-1573
C: 971-304-4925
E: mackenzie.g.purnell@oregon.gov
www.oregon.gov/obce



The Code of Alabama, section 34-24-120, reads as follows: “(a) The term “chiropractic” when used in this article, is hereby defined as the science and art of locating and removing without the use of drugs or surgery any interference with the transmission and expression of nerve energy in the human body by any means or methods taught in schools or colleges of chiropractic which are recognized by the state board of chiropractic examiners.

(b) Any chiropractor who has been certified and licensed by the state board of chiropractic examiners may examine, analyze and diagnose the human body and its diseases by the use of any physical, clinical, thermal or radonic method, the use of X-ray diagnosing, and may use any other general method of examination of diagnosis and analysis taught in any school of chiropractic recognized by the state board of chiropractic.

(c) Chiropractors certified and licensed by the state board of chiropractic examiners may practice chiropractic as set forth in subsections (a) and (b) of this section and may also recommend the use of foods and concentrates, food extracts, and may apply first aid and hygiene, but chiropractors are expressly prohibited from prescribing or administering to any person any drugs included in materia medica, except as herein provided, from performing any surgery, from practicing obstetrics or from giving X-ray treatments or treatments involving the use of radioactive materials of any description.”

Below is a general list that includes but is not limited to procedures / treatments that may be performed or ordered by a doctor of chiropractic as provided for by the Code of Alabama, 1975, as amended, section 34-24-120.

X-RAY PROCEDURES

Barium Studies
Cholecystography
Extremities
Full Spine
Ribs
Skull
Soft Tissue
Tomography
All other Skeletal Structures

COUNSELING**CT SCAN**

EMG & / NERVE CONDUCTION
(including Needle EMG)

EXERCISE

EXTREMITY SUPPORTS / WRIST
WRAPS / SPLINTING, ETC.

MRI**ORTHOTIC SUPPORTS****RIB SUPPORTS****REHAB PROGRAMMING****SPINAL SUPPORTS****THERMOGRAPHY****VASCULIZER (DOPPLER)****NUTRITION THERAPY**

Botanical Therapy
Diet Formulation
Glandular Supplement
Homeopathic Preparations
Vitamin Supplements
Purchase and Administer Nutritional Supplements

CLINICAL LAB ANALYSIS

Blood Chemistry
Fecal Analysis
Hair Analysis
Semen Analysis
Skin Scrape
Sputum Analysis
Throat Swab
Urinalysis
Venipuncture (blood)

PHYSICAL DIAGNOSIS PROCEDURES

ATHLETIC and SCHOOL PHYSICALS
DOT PHYSICALS
INDUSTRIAL PHYSICALS
INSURANCE PHYSICALS

PRE-EMPLOYMENT PHYSICALS**PREMARITAL PHYSICALS****INVASIVE TREATMENT PROCEDURES****ACUPUNCTURE****CHELATION THERAPY- Oral****COLONIC IRRIGATION****EAR IRRIGATION****ENDONASAL TECHNIQUE****INTRA RECTAL MANIPULATION OF****COCCYX****INTRA VAGINAL UTERINE****MANIPULATION****NASAL SPECULUS****NON-ADJUSTIVE TREATMENT OF****FEMALE PELVIC CONDITIONS****RECOMMENDATIONS OF****NON-PRESCRIPTION ITEMS****T.M.J. TREATMENT****NEEDLE EMG****SPECIALTIES:****ACUPUNCTURE****Needle puncture****Electrode Placement****PHYSIOTHERAPY****OTHER:****ABDOMINAL EXAMS****APPLIED KINESIOLOGY****KINESIO TAPING****EENT EXAMS****ELECTROCARDIOGRAPHY****EXTREMITY EXAMS****FIRST AID****SIGN BIRTH CERTIFICATES****SIGN DEATH CERTIFICATES****SPHYGMOMONOMETRY****STETHOSCOPIC EXAMS****NON-INVASIVE TREATMENT PROCEDURES****CRANIOPATHY****EXTREMITY ADJUSTING****MANIPULATION UNDER LOCAL AND****GENERAL ANESTHESIA**

(Anesthesia by a certified
anesthetist)

NON ABLATIVE LASERS

(FDA approved only for
treatment within the
allowable scope)

PHYSIOTHERAPY**Diathermy****Electrotherapy****Ice Therapy****Heat Therapy****Hydroculation****Light****Manual / Mechanical Traction****Massage****Ultrasound****Spray and Stretch Techniques****TENS Therapy****SOFT TISSUE MANIPULATION****INCLUDING ABDOMINAL VISCERA****SPINAL MANIPULATION****DIAGNOSTIC PROCEDURES****Female Breast Exams****Female Pelvic Exams****Pap Smears****Male Genital Exams****Prostate Exam (digital)****Rectal Exams****Recto-vaginal Exams****Speculum Exams**

If you have any question regarding the above or any procedure/ treatment that is not included
in the above, contact the:

Alabama State Board of Chiropractic Examiners

126 Chilton Place, Clanton, AL 35045

Phone: 205-755-8000 or 800-949-5838 fax: 205-755-0081



Janelle Grier <jgrier@fclb.org>

RE: PowerPoll : Needle EMG

1 message

Debbie Toncray <Debbie.Toncray@ibol.idaho.gov>
To: Janelle Grier <jgrier@fclb.org>

Wed, Jul 31, 2019 at 10:44 AM

Hi Janelle ~

The following is from Idaho Code § 54-704, Chiropractic Practice. It does not specifically list the needle EMG. I'm glad to send the specific question to our Board Chair, since he is a practicing Chiropractic Physician.

54-704. CHIROPRACTIC PRACTICE. (1) Chiropractic practice and procedures that may be employed by physicians are as follows: the system of specific adjustment or manipulation of the articulations and tissues of the body; the investigation, examination and clinical diagnosis of conditions of the human body and the treatment of the human body by the application of manipulative, manual, mechanical, physiotherapeutic or clinical nutritional methods and may include the use of diagnostic X-rays.

(2) As used in this section:

(a) "Adjustment" means the application of a precisely controlled force applied by hand or by mechanical device to a specific focal point on the anatomy for the express purpose of creating a desired angular movement in skeletal joint structures in order to eliminate or decrease interference with neural transmission and correct or attempt to correct subluxation complex; "chiropractic adjustment" utilizes, as appropriate, short lever force, high velocity force, short amplitude force, or specific line-of-correction force to achieve the desired angular movement, as well as low force neuromuscular, neurovascular, neuro-cranial, or neuro-lymphatic reflex technique procedures.

(b) "Manipulation" means an application of a resistive movement by applying a nonspecific force without the use of a thrust that is directed into a region and not into a focal point of the anatomy for the general purpose of restoring movement and reducing fixation.

(c) "Massage therapy," also called massology, means the systematic manual or mechanical mobilization of the soft tissue of the body by such movements as rubbing, kneading, pressing, rolling, slapping and tapping for the purpose of promoting circulation of the blood and lymph, relaxation of muscles, release from pain, restoration of metabolic balance, and the other benefits both physical and mental.

(3) Nothing herein contained shall allow a physician to:

(a) Perform surgical operations or practice obstetrics; or

(b) Prescribe, dispense, independently administer, distribute, or direct to a patient a drug, substance or product that:

(i) Under federal law is required, prior to being dispensed or delivered, to be labeled with any of the following statements:

1. "Caution: Federal law prohibits dispensing without prescription";
2. "Rx only"; or
3. "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian"; or

(ii) Is required by any applicable federal or state law, rule or regulation to be dispensed on prescription only or prescription drug order only, or is restricted to use by practitioners only.

(4) Notwithstanding the provisions of subsection (3) of this section, a chiropractic physician certified in clinical nutrition may independently administer prescription drug products as provided in section 54-716, Idaho Code.

(5) Chiropractic practice, as herein defined, is hereby declared not to be the practice of medicine within the meaning of the laws of the state of Idaho defining the same, and physicians licensed pursuant to this chapter shall not be subject to the provisions of chapter 18, title 54, Idaho Code, nor liable to any prosecution thereunder, when acting within the scope of practice as defined in this chapter.

Thank you.

Debbie Toncray

Idaho Board of Acupuncture

Idaho Board of Chiropractic Physicians

Idaho Board of Occupational Therapists

Idaho Board of Physical Therapists

Idaho Board of Podiatry

Bureau of Occupational Licenses

700 W. State Street

Boise, ID 83720

(208) 334-3233

Direct (208) 577-2583

E-mail: debbie.toncray@ibol.idaho.gov

www.ibol.idaho.gov

NOTICE: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this notice is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication or any attachment is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (208) 334-3233 or by e-mail reply and then immediately delete this message. Thank you.

From: Janelle Grier <jgrier@fclb.org>
Sent: Wednesday, July 31, 2019 10:34 AM
To: Janelle Grier <jgrier@fclb.org>
Subject: PowerPoll : Needle EMG

PowerPoll - Needle EMG

The Oklahoma Board wants to know!

1. Does your jurisdiction allow for chiropractic physicians to perform needle EMG?
2. If so, does the interpretation of that test need to be performed right there after it is completed or can it be sent out for interpretation?

If you could please have your responses to me by August 14, 2019 that would be greatly appreciated! Thank you!

FCLB PowerPolls are informal surveys of board policies and practice. PowerPoll responses do not constitute formal or legal statements.

PowerPolls are only for use by administrators of member boards, and not for public reference.



Have a great rest of your week!

Janelle Grier

Federation of Chiropractic Licensing Boards

Program / CIN-BAD Administrator

5401 W. 10th Street, Suite #101

Greeley, CO 80634

970-356-3500 (voice)

970-356-3599 (fax)

jgrier@fclb.org



Janelle Grier <jgrier@fclb.org>

RE: PowerPoll : Needle EMG

1 message

Becker, Michelle T (HLB) <micki.becker@state.mn.us>
To: Janelle Grier <jgrier@fclb.org>

Wed, Jul 31, 2019 at 11:33 AM

Micki Becker

Executive Director

From: Janelle Grier <jgrier@fclb.org>
Sent: Wednesday, July 31, 2019 11:34 AM
To: Janelle Grier <jgrier@fclb.org>
Subject: PowerPoll : Needle EMG

PowerPoll - Needle EMG

The Oklahoma Board wants to know!

1. Does your jurisdiction allow for chiropractic physicians to perform needle EMG? *yes*
2. If so, does the interpretation of that test need to be performed right there after it is completed or can it be sent out for interpretation? *There is no stipulation either way.*

Minnesota Statute 148.01, subd 1(a).

(4) "diagnosis" means the physical, clinical, and laboratory examination of the patient, and the use of diagnostic services for diagnostic purposes within the scope of the practice of chiropractic described in sections 148.01 to 148.10;

(5) "diagnostic services" means clinical, physical, laboratory, and other diagnostic measures, including diagnostic imaging that may be necessary to determine the presence or absence of a condition, deficiency, deformity, abnormality, or disease as a basis for evaluation of a health concern, diagnosis, differential diagnosis, treatment, further examination, or referral;

However, Minnesota's issues with EMGs have revolved around the following:

1. Fee splitting with the EMG agency for the patient referrals (referral fees/kickbacks)
2. Charging "unconscionable fees", for the technical and/or professional component
3. DC's billing for services they did not perform, i.e. the technical component, when they only rented out the space.
4. Ordering unnecessary services, when the EMG is not justified but rather motivated by the kickback.

If you could please have your responses to me by August 14,2019 that would be greatly appreciated! Thank you!

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Have a great rest of your week!

Janelle Grier

Federation of Chiropractic Licensing Boards

Program / CIN-BAD Administrator

5401 W. 10th Street, Suite #101

Greeley, CO 80634

970-356-3500 (voice)

970-356-3599 (fax)

jgrier@fclb.org

FCLB PowerPoll
Needle EMG - NV - 2/11/2013

Q1: Does your board allow doctors of chiropractic to perform needle EMG?

Q2: If so, what does your board consider adequate educational courses for this?

Board	Q1	Q2
Alabama	No, only surface EMGS	
Alaska	No the State of Alaska does not allow Chiropractors to perform EMG needling, or any other type of needling for that matter.	
Arizona	It has not issued any statement on needle EMG, but has a general substantive policy statement requiring a chiropractor who allows a technician to perform any diagnostic test to verify the technicians training and certification.	
Arkansas	3. Needle EMG and Surface EMG are within the AR scope of practice.	
California	No	
Delaware	This issue is under further discussion by the board. It is recommended that chiropractors do not engage in this practice, as no definitive answer has been reached.	
Florida	A declaratory statement was issued in 2001 regarding needle electromyography (not sure if this is the same thing), the board indicated that it was within the scope of practice in Florida, if the doctor has had the the appropriate training and education	This is taught in many chiropractic colleges in the regular curriculum of chiropractic neurology diplomat programs and through continuing education programs.
Maryland	Yes	No specific certification or education; licensees must self-certify that they can completely, safely and prudently perform such modality.
Missouri	Yes	The board refers to section 331.010 RSMo regarding the scope of practice and has not established a specific curriculum for this area.
Montana	No	
Nevada	No	

Q1: Does your board allow doctors of chiropractic to perform needle EMG?

Q2: If so, what does your board consider adequate educational courses for this?

New Mexico	Yes, with proof of training	Have to show proof of Electrodiagnostic medicine, 200+ hours of training
North Dakota	No	
Ohio	Yes	The Board does not define the number of hours.
South Dakota	Needle EMG - would need to discuss at next board meeting - to my knowledge no one uses it.	
Texas	No	We recently had litigation settle this issue for us. The 3rd Court of Appeals definitively stated that the procedure is incisive, which is not allowed in scope for Texas DCs.
Vermont	The statutes and rules of the board do not address this issue. The Board is not permitted to give advisory opinions or legal advise.	
Washington	needle EMG is not within the Washington State scope of practice as per RCW 18.25.005. However, surface EMG is	
West Virginia	The WV Board of Chiropractic will allow utilization of Needle EMG's as long as the physician has received the proper training and certification in Neurodiagnostic Testing Procedures.	
Alberta	No, not within scope of practice	

NEEDLE EMG

1. Does your jurisdiction allow for chiropractic physicians to perform needle EMG?

2. If so, does the interpretation of that test need to be performed right there after it is completed or can it be sent out for interpretation?

Alabama	Yes		Either
ARKANSAS	No. Unless it falls within the Arkansas acupuncture scope of practice, then those chiropractic physicians who have a certificate or license in acupuncture may be able to perform		
IDAHO	Idaho Code § 54-704, Chiropractic Practice. It does not specifically list the needle EMG. (See attached)		
ILLINOIS	we do allow this		do not specify when or by whom the interpretation has to be performed.
MAINE	no		
MINNESOTA	YES		There is no stipulation either way. (Please see attached)
MISSOURI	Licensee is authorized to provide various treatment and testing as long as the chiropractic physician has been educated and trained. Section 331.010 RSMo.		Neither the law nor rules address this area. Such decision would be at the discretion of the chiropractic physician.
MONTANA	Not specifically addressed in the Montana scope of practice		
NEVADA	no. NRS 634.225 Chiropractor prohibited from piercing or severing body tissue; exception. A chiropractor shall not pierce or sever any body tissue, except to draw blood for diagnostic purposes.		
NEW MEXICO	Please follow the link below to see our rule pertaining to needle EMG. http://164.64.110.134/parts/title16/16.004.0018.html		
OHIO	Yes		Either
OREGON	Chiropractic physicians are allowed to perform diagnostic Needle EMG on an individual basis, to be reviewed by the Board, depending on undergraduate, graduate, and post-graduate studies, training, and work.		
Texas	No		
UTAH	Utah law does not have specific language for needle EMG.		
WASHINGTON	Washington doesn't allow Chiropractors to use needles. RCW 18.25.005 http://app.leg.wa.gov/rcw/default.aspx?cite=18.25.005 Subsection (4) indicates venipuncture is not within the scope of practice. In addition, the Chiropractic Quality Assurance Commission (Commission) adopted a rule under WAC 246-808-580 http://app.leg.wa.gov/WAC/default.aspx?cite=246-808-580 that also prohibits chiropractors from using needles to treat patients.		
WEST VIRGINIA	chiropractic licensees in the State of West Virginia are permitted to perform Needle EMG's as long as the physician has received the proper training and certification in neurodiagnostic testing procedures. Post-graduate certification requires a minimum of 120 hours of classroom lecture and passage of the certification examination through a CCE accredited chiropractic college.		If the licensee has the certification, the interpretation of the test may be performed after it is completed and/or may be sent out for interpretation.
New Brunswick	The New Brunswick Chiropractors' Association, Canada does not allow for needle EMG.		

Needle EMG

Last updated 3-17-2021


Q1. Is Needle EMG within your state's scope of practice for chiropractic physicians? Yes If so, please provide your rules/statutes/policies

Jurisdiction	Q1.
Alabama	Not in scope of practice for South Dakota
Arizona	Needle EMG is NOT in Arizona's scope pursuant to: ARS §32-925. Practice of chiropractic; limitations: (A) A doctor of chiropractic is a portal of entry health care provider who engages in the practice of health care that includes: (2) Physical and clinical examinations, diagnostic x-rays and clinical laboratory procedures that are limited to urine collection, finger pricks or venipuncture in order to determine the propriety of a regimen of chiropractic care or to form a basis for referral of patients to other licensed health care professionals, or both.
Kansas	1. The Kansas Healing Arts act (K.S.A. 65-2801 <i>et seq.</i>) does not contain a reference to Needle Electromyography ("EMG"). 2. K.S.A. 65-2871. Persons deemed engaged in practice of chiropractic. For the purpose of this act the following persons shall be deemed to be engaged in the practice of chiropractic: (a) Persons who examine, analyze and diagnose the human living body, and its diseases by the use of any physical, thermal or manual method and use the X-ray diagnosis and analysis taught in any accredited chiropractic school or college and (b) persons who adjust any misplaced tissue of any kind or nature, manipulate or treat the human body by manual, mechanical, electrical or natural methods or by the use of physical means, physiotherapy (including light, heat, water or exercise), or by the use of foods, food concentrates, or food extract, or who apply first aid and hygiene, but chiropractors are expressly prohibited from prescribing or administering to any person medicine or drugs in materia medica, or from performing any surgery, as hereinabove stated, or from practicing obstetrics. 3. Additional statutes and regulations are located in the Kansas Healing Arts Practice Handbooks below: http://www.ksbha.org/documents/publications/PracticeHandbook_MD_DO_DC.pdf
Maine	It is unclear!
Minnesota	Not specifically, but our statute could be interpreted to allow needle EMGs. (2) "chiropractic services" means the evaluation and facilitation of structural, biomechanical, and neurological function and integrity through the use of adjustment, manipulation, mobilization, or other procedures accomplished by manual or mechanical forces applied to bones or joints and their related soft tissues for correction of vertebral subluxation, other abnormal articulations, neurological disturbances, structural alterations, or biomechanical alterations, and includes, but is not limited to, manual therapy and mechanical therapy as defined in section 146.23; (5) "diagnostic services" means clinical, physical, laboratory, and other diagnostic measures, including diagnostic imaging that may be necessary to determine the presence or absence of a condition, deficiency, deformity, abnormality, or disease as a basis for evaluation of a health concern, diagnosis, differential diagnosis, treatment, further examination, or referral; (6) "therapeutic services" means rehabilitative therapy as defined in Minnesota Rules, part 2500.0100, subpart 11, and all of the therapeutic, rehabilitative, and preventive sciences and procedures for which the licensee was subject to examination under section 148.06. When provided, therapeutic services must be performed within a practice where the primary focus is the provision of chiropractic services, to prepare the patient for chiropractic services, or to complement the provision of chiropractic services. The administration of therapeutic services is the responsibility of the treating chiropractor and must be rendered under the direct supervision of qualified staff;
Nevada	Needle EMG is not in the scope of practice for Nevada DC's.

New Mexico	<p>Needle EMG is allowed in NM 16.4.18.8 NMAC DIAGNOSTIC PROCEDURES: A. Chiropractic physicians being primary care providers are authorized to perform diagnostic procedures specified in this regulation, on the general population ranging from pediatrics through geriatrics, which shall include the authority to perform and take. (1) Medical case history. (2) Physical examination of all body systems including, but not limited to: (a) skin, hair, nails, head, eyes, ears, nose, throat and teeth; (b) cardio-vascular and respiratory system, including auscultation; (c) thorax and abdomen, including breast and rectal examination, when clinically appropriate; (d) genito-urinary and reproductive system, to include vaginal and prostate examination, when clinically appropriate; (e) musculo-skeletal system; (f) neurological system. B. Authority to order diagnostic procedures. Chiropractic physicians are authorized to order any diagnostic procedure reasonably necessary to clinically correlate a physical examination to a diagnostic impression, which shall include, but not be limited to: (1) laboratory procedures involving the collection of human fluids such as saliva, blood, urine, vaginal and seminal fluids, hair, feces; (2) EEG,EKG,ECG and surface or needle EMG; (3) imaging procedures such as x-ray, CT scan, MRI, nuclear scans, PET scans, SPECT, ultrasonography, thermography or other pertinent diagnostic studies. C. Authority to perform diagnostic procedures. (1) Chiropractic physicians are required to perform appropriate diagnostic procedures reasonably necessary to clinically correlate a physical examination to a diagnostic impression, (excluding surgical procedures and invasive procedures not herein specified), including but not limited to the collection and testing of human fluids, such as saliva, blood, urine, vaginal and seminal fluids, hair, feces, and conventional radiography. (2) Chiropractic physicians who are trained in a course of doctoral or post-doctoral studies certified with an accredited institution recognized by the board are authorized to perform diagnostic procedures, including but not limited to MRI, CT, nuclear scans, ultrasonography; thermography, B.E.A.M., EEG, EKG, ECG and surface or needle EMG.</p>
New York	<p>Yes, Needle EMG is within the New York State chiropractic scope of practice. Chiropractic use of EMG for the purpose of diagnosing a physical condition or disease is certainly restricted by the practice act in medicine and by several other provisions of the Education Law to appropriate licensed health practitioners practicing within the scope of their particular professions. Education Law section 6551 defines the practice of chiropractic as "detecting and correcting by manual or mechanical means structural imbalance, distortion, or subluxations in the human body for the purpose of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column," and "related" conditions. EMG is a diagnostic tool which is useful for the purpose of detecting structural imbalance, etc., and related conditions. The use of EMG is currently deemed essential to the practice by the State Board for Chiropractic pursuant to section 73.3 of the Regulations of the Commissioner. Also, EMG devices have not been disapproved by the Federal Food and Drug Administration. Consequently, EMG may be used in the practice of chiropractic in this state, for the purpose of the diagnosis of "nerve interference and the effects thereof" resulting from "distortion, misalignment or subluxation of or in the vertebral column." The same general principle of law may be applied to either needle insertion (invasive) EMG or surface EMG, which does not involve the use of needle electrodes, but uses surface sensors to monitor innervation with less accuracy. Any diagnostic testing utilizing electrical devices must conform to the same parameters as stated above.</p>
North Carolina	Needle EMG is presumed to be within our scope but it is not specifically authorized.
Ohio	http://codes.ohio.gov/orc/4734.01.v1 http://codes.ohio.gov/orc/4734.15.v1
Oklahoma	Oklahoma will be addressing this at our meeting March 25 th
South Dakota	Not in scope of practice for South Dakota
Texas	No. Texas statute does not allow 'incisive' procedures in Chiropractic.
Utah	There is no specific language regarding this procedure or test.
Washington	<u>A chiropractor's use of needles is prohibited in the State of Washington. WAC 246-808-580</u>

West Virginia

yes, Needle EMG is within the chiropractic scope of practice in WV. §30-16-20. Use of physiotherapeutic devices; electrodiagnostic devices; specialty practice. (a) No chiropractor may use any physiotherapeutic devices or electrodiagnostic devices in practice until he or she has certified to the board that he or she has completed at least the minimum classroom hours required for certification in the use of these procedures in classes sponsored by or conducted by a chiropractic college approved by the council of chiropractic education or its successor. (b) Electrodiagnostic devices include, but are not limited to, the following: Videofluoroscopy and diagnostic ultrasound, including needle and surface electromyography, nerve conduction velocity studies, somatosensory testing and neuromuscular junction testing. The board may designate other devices as electrodiagnostic devices covered by this section by rule. (c) As contained in this section, the term "specialty" includes, but is not limited to, orthopedics, neurology, chiropractic sports physician, radiology, pediatrics, nutrition, rehabilitation, acupuncture, chiropractic internist, behavioral health, diagnostic imaging and physiotherapeutics. No chiropractor is permitted to practice in a specialty in the chiropractic field or hold himself or herself out as being a specialist in the chiropractic field until the licensee has successfully completed a certified program in that specialty at a chiropractic college approved by the council on chiropractic education or its successor and approved by the board. The program shall consist of a minimum number of hours to be determined by the board. Successful completion of the final certification exam is required. In order for a licensee to perform Needle EMG, he/she must complete post-graduate certification consisting of a minimum of 120 hours of classroom lecture and passage of the certification examination through a CCE accredited chiropractic college.

 <p>Oregon Board of Chiropractic Examiners</p>	<p>Effective Date: October 4, 2018</p> <p>Date approved/ratified: October 4, 2018</p>
<p>Needle Electromyography (EMG)</p>	

ISSUE

Whether performing Needle EMG is within the scope of practice for chiropractic physicians.

POLICY

Chiropractic physicians are allowed to perform diagnostic Needle EMG on an individual basis, to be reviewed by the Board, depending on undergraduate, graduate, and post-graduate studies, training, and work.

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Tuesday, March 09, 2021 10:59 AM
To: PURNELL Mackenzie G * BCE
Subject: TIME TO RENEW Chiro Asst cert - Expires February 28, 2021

From: Kelli Hall [<mailto:office@mcfarlandchiro.us>]
Sent: Wednesday, February 24, 2021 10:26 AM
To: PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@oregon.gov>
Subject: RE: TIME TO RENEW Chiro Asst cert - Expires February 28, 2021

Hi Mackenzie,

I have been attending Rogue Community College taking Anatomy and Physiology 1, 2 and 3 since spring term of 2020. I was wanting to see if that would be adequate for my continuing education hours. I can definitely supply the syllabus and grades for completion of the courses.

Thank you,
Kelli Hall

From: PURNELL Mackenzie G * BCE <Mackenzie.G.PURNELL@oregon.gov>
Sent: Wednesday, February 24, 2021 7:24 AM
Subject: TIME TO RENEW Chiro Asst cert - Expires February 28, 2021

Hello,

This is your *final* annual Renewal Notice. During the next 4 days, you must complete this process (including your CE, and your renewal payment). Please read the following requirements and instructions for your renewal.

Requirements

1. **Complete Six (6) Hours Continuing Education (CE)** – Hours must have been completed within the immediate past 12 months. Submission of hours is not required (except if vitals are due).
Vitals CE - If this is your first renewal, you are required to have completed two (2) hours training in taking vitals. Find the vitals training requirements on the Board's [CE web page](#) under the section titled "CA First Time Renewing." You need to submit your proof of completion to the OBCE. These two hours may be counted as part of your required six hours.
2. **Renew** – After you have completed your CE, log in to the [OBCE's Online Renewal](#) site. Read and follow the instructions carefully, you will need to know your CA Certificate # to log in.

Lastly, if you have left the CA profession, please reply to this message to let the OBCE know.

Thank you.

Mackenzie G. Purnell
Administrative Specialist 2
Oregon Board of Chiropractic Examiners

530 Center St NE, Suite 620

Salem, OR 97301

O: 503-373-1573

C: 971-304-4925

E: mackenzie.g.purnell@oregon.gov

www.oregon.gov/obce



File Audit Grade	Yes	No
General Rules		
All pages have clinic name?		
All pages have clinic address?		
All pages have patient name, DOB or unique identifier?		
New Patient		
Is there a chief complaint?		
Date of onset?		
Etiology or chronology of the problem?		
Aggravating or relieving factors?		
Prior treatment for this problem?		
Review of patient health history? Via forms or SOAP		
Medications reviewed?		
Illnesses reviewed?		
Socioeconomic history reviewed?		
PARQ documented or informed consent signed?		
Height?		
Weight?		
Bloodpressure?		
Pulse		
Examination/Ortho/PARTs findings?		
Treatment plan?		
Treatment for the day?		
Response to treatment recorded?		
Follow Up Visits		
Subjective recorded?		
Objective has 2 of 4 of the PARTS acronym?		

Treatment provided?		
Response to treatment recorded?		
For therapies are times and specifics listed?		
Does billing match the SOAP notes?		
Is there a legible signature?		
Does it state who did the treatment if there was someone else?		
Is there a date of service?		

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Friday, April 30, 2021 9:02 AM
To: PURNELL Mackenzie G * BCE
Subject: FW: Peptides

From: Franchesca Vermillion <fvermillion19@gmail.com>
Sent: Wednesday, April 28, 2021 2:55 PM
To: Rich Sedei <drsedeidc@gmail.com>
Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Subject: Re: Peptides

Hello Dr. Sedei,

I apologize for the delay. I started this response and then went out of town. I am not sure if you are aware but the board only meets 6 times a year. We have a lot of questions forwarded to us to review and work to give answers on, with limited time frames on the meetings.

We do not have the time to do this research on your behalf. Pubmed has plenty of free articles you can download to forward to us. I often used the "Free Full Text" filter for my master's work and this would pull up the relevant articles for you to send to us.

The more you are able to give to us on the front side of the request, the easier it is for us to look through the information and come to a determination. I cannot promise what it is the group will decide but if you are able to find some of the free article PRFs to include, this will be helpful. Otherwise, expect a more official, "Send us research" response after the meeting. Our next meeting is May 12th and 13th so the sooner we have the information, the better.

Respectfully,

Franchesca Vermillion, DC

On Tue, Apr 20, 2021 at 9:07 AM Rich Sedei <drsedeidc@gmail.com> wrote:

Hey Dr. Vermillion,

Thanks for the follow up.

To be honest, I'm still in the infancy of researching peptides, but the one I have been researching a lot is BPC 157. There seems to be a lot of promise with its use, primarily for GI, bone, ligament, and other soft tissue healing - although human studies are relatively few at this point. There is an orally available source from a compounding pharmacy I have found, which is registered in the US. Several of my MD, NP, and ND counterparts have used the product and the pharmacy with success. There is no RX needed. The intention of the product is for human consumption.

Clinical rationale would be to aid in recovery of soft tissue injuries, which we all, as chiro's, see in our clinics often.

I don't currently own any of the research articles, so cannot forward them, but a quick pubmed search of "bpc 157" would give you access to about 150 results.

Don't think of this as a push for its use, just yet, but more of a probing question. If it comes to nuts and bolts, and I have to make a full on argument for its use, I would consider doing so.

Sorry for the delayed response. Appreciate your feedback.

Rich

On Mon, Apr 12, 2021 at 1:05 PM Franchesca Vermillion <fvermillion19@gmail.com> wrote:

Hi Dr. Sedei,

I am familiar with peptides, they are very popular in the weightlifting and bodybuilding world. Peptides do not quite fall under supplements and some of the companies, even though they sell them as oral tablets still state it is not for human consumption.

We will have a discussion at our board meeting about this in May to discuss if peptides would fall under an over-the-counter or supplement umbrella. Do you have a good rationale for clinical justification for recommending the peptides over other standard supplements?

Also, would you please list the peptides you are interested in? Some peptides have good research for weight loss and others act more as precursors to growth hormone, so listing the peptides you are interested in with the research articles would be most appreciated.

Respectfully,
Franchesca Vermillion, DC

--

Rich Sedei DC, MS
Medical Director
Accident Care Chiropractic

Home Clinic:
Accident Care Chiropractic and Massage of Clackamas
10201 SE Sunnyside Rd.
Clackamas, OR 97015
P: 503-850-4762
F: 503-850-6182



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PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Tuesday, April 13, 2021 6:51 AM
To: PURNELL Mackenzie G * BCE
Subject: RE: Peptides

From: Franchesca Vermillion <fvermillion19@gmail.com>
Sent: Monday, April 12, 2021 1:06 PM
To: drsedeidc@gmail.com; MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Subject: Peptides

Hi Dr. Sedei,

I am familiar with peptides, they are very popular in the weightlifting and bodybuilding world. Peptides do not quite fall under supplements and some of the companies, even though they sell them as oral tablets still state it is not for human consumption.

We will have a discussion at our board meeting about this in May to discuss if peptides would fall under an over-the-counter or supplement umbrella. Do you have a good rationale for clinical justification for recommending the peptides over other standard supplements?
Also, would you please list the peptides you are interested in? Some peptides have good research for weight loss and others act more as precursors to growth hormone, so listing the peptides you are interested in with the research articles would be most appreciated.

Respectfully,
Franchesca Vermillion, DC

DOUGAN Donna * BCE

From: Raina Corah <dr.raina.corah@gmail.com>
Sent: Tuesday, April 13, 2021 1:13 PM
To: DOUGAN Donna * BCE
Subject: _\|/_ Potentially Risky URL in Email - Click Carefully _\|/_ Re: _\|/_ Potentially Risky URL in Email - Click Carefully _\|/_ QNRT for CEs
Attachments: IMG_20210406_155959407.jpg; IMG_20210406_160008051.jpg; IMG_20210406_160027275.jpg; IMG_20210406_160016799.jpg; IMG_20210406_160022986.jpg

Hi Donna,

This is the flyer. The therapy uses muscle testing to discover which brain lobes and cranial nerves are involved in emotional trauma that may be the cause of pain and other ailments. Reflex points are stimulated by a low level laser, and there's a reset of the hypothalamus that creates immediate effects. My first treatment cured a 35-year neck problem that no chiro, acupuncture or PT could fix ... So I'm getting the training!

I hope the flyer helps. If talking on the phone would be helpful, let me know.

Dr. Raina

On Monday, April 12, 2021, DOUGAN Donna * BCE <Donna.DOUGAN@oregon.gov> wrote:

I would have to ask the Board on this one. Any information you can send me will be helpful.

From: Raina Corah [mailto:dr.raina.corah@gmail.com]
Sent: Thursday, April 08, 2021 3:23 PM
To: DOUGAN Donna * BCE <Donna.DOUGAN@oregon.gov>
Subject: _\|/_ Potentially Risky URL in Email - Click Carefully _\|/_ QNRT for CEs

Hi Donna,

Just wanted to check that a seminar I took in March is eligible for CEs.

The website is qnrt.com

Thanks!

Raina

Dr. Raina Corah

Chiropractic Physician

[3109 NE Broadway St.](#)

[Portland OR 97232](#)

P 503-583-4588

F 503-972-1850

Online Scheduling IS CURRENTLY DISABLED during COVID: [drshannonlivingston.com](#) (soon to be [drrainacorah.com](#))

Office Hours: T 2-730, Th/F 10-730, Sa 10-5

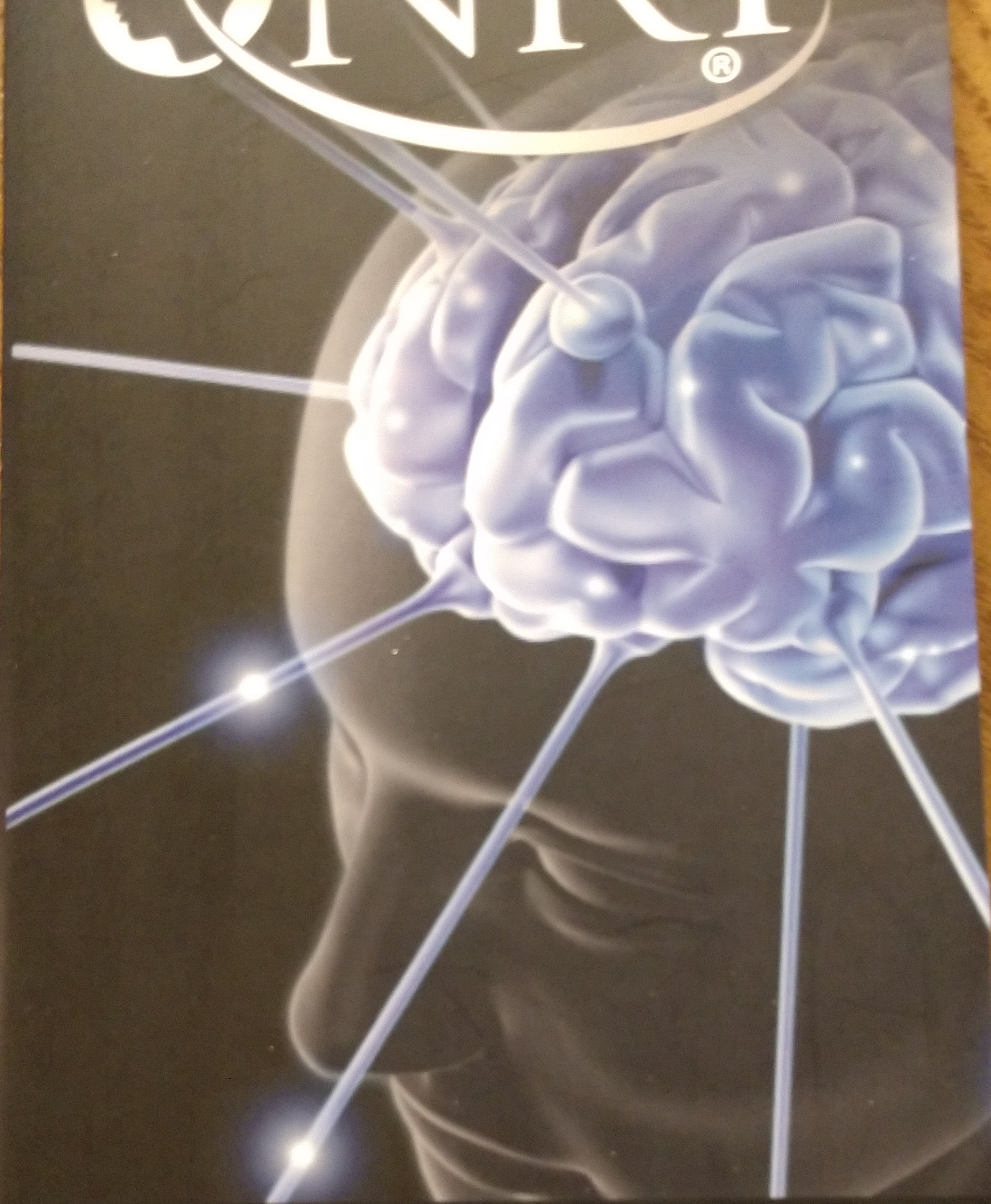
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--

Dr. Raina Corah

QUANTUM NEURO RESET THERAPY

QNRT®



Discover the Power of QNRT®

Quantum Neuro Reset Therapy is a proprietary protocol designed to initiate a quantum shift by resetting the brain from emotional shocks and trauma lodged in the nervous system.



How Does QNRT® Work?

QNRT is based on the foundational principle that the Brain and the Nervous System control and coordinate all functions of the body. Any unresolved emotional stress, past or present, is understood to affect the nervous system in an adverse way that may lead to physical, mental, and emotional breakdown. This fact is critically important in understanding QNRT.

Most of us have experienced an "Adverse Emotional Stress", either directly or indirectly, during our life time. QNRT associates common experiences such as sleeplessness, anxiety, nervousness, fatigue, soreness, and gastrointestinal complications with past adverse emotional stress events. This is a prime example of the Mind / Body connection.

The principals of QNRT are supported by the findings of the ACE (Adverse Childhood Experiences) Study* as it relates to future symptoms, behaviors, and illnesses. According to the ACE Study, children who have experienced specific adverse emotional experiences were prone to a multitude of health and social problems continuing into adulthood. Health issues include heart, liver and respiratory concerns. Mental issues may include sadness; anxiety, anger, as well as high risk social behaviors, such as drug abuse, alcoholism, and early initiation of sexual behavior. Many additional health and social issues have been identified by the ACE study to be related to adverse emotional experiences.

The Ace Study concludes that related issues can occur much later in life, long after the Adverse Emotional Experience occurred. This Study, and many studies like it demonstrate the Brain / Body connection to our overall health.

QNRT explores the Brain / Body connection as it relates to emotional stress. Our bodies were not designed to sustain a high level of stress continuously over an extended period of time. Simple biological functions may begin to deteriorate and experience reduced performance based on the emotional overload. The balance between Brain and Nervous System, according to QNRT, is a major factor in obtaining and maintaining good health.

*ACE Study, for further information go to www.cdc.gov/ace/

QNRT® Therapy

QNRT therapy is designed to balance the Brain and Nervous System by resetting the neurological pathways of the body (Brain / Body connection). The QNRT program will teach you how to do this.

Remove destructive behavior patterns
Repair marriages and other relationships
Reduce stress, tension and related pains
Overcome some debilitating illnesses
Reclaim energy and vitality
Finally, live a happy, fulfilling life

QNRT makes the pursuit of wellness an easier than expected journey based on many factors.

The benefits of pursuing wellness through QNRT include the following:

- Non-Invasive nature of QNRT
 - Involves no Prescriptions;
 - Easy to understand and follow
 - No Talk Therapy is required
- QNRT compliments all other healthcare approaches.

The QNRT® Experience

The best way to learn about QNRT is to experience it yourself and feel what it can do for you!

QNRT focuses on three main areas during therapy.

- (1) It works to Release those individual Adverse Emotional Experiences that have been identified through evaluating the stress factors of the Brain/Body connection.
- (2) It works to Reprogram the coping mechanisms that have been built from the Adverse Emotional Experiences. These ancillary patterns are ways of surviving emotional traumas by using false beliefs, negative life patterns, and/or unwanted core drivers.
- (3) It works to Reset the Brain and Neurological Pathways to all areas of the body so that the individual can heal unencumbered from the tangle that has been created in the Nervous System. This is one of the most important discoveries in helping clients overcome their individual hurdles and make long lasting positive healthy changes.

The Benefits of QNRT®

QNRT has been in clinical practice internationally and in the USA for more than 8 years. During this time, thousands of individuals just like you have experienced the multiple life changing benefits of ongoing QNRT therapy.

Our anecdotal evidence strongly suggests that for 95% of clients, unburdening the nervous system using QNRT may:

- Reduce the total body and emotional stress load;
- Regulate stress hormones;
- Relieve joint and muscle discomfort;
- Restore vitality and positive outlooks;
- Support resiliency of the Brain;
- Empower the individual to make positive changes;
- Support energy and overall well being;
- Support memory, focus, and acuity;
- Support the quality of sleep;
- Support the immune system; and
- Resolve background fears, anxieties, worries, and anger.

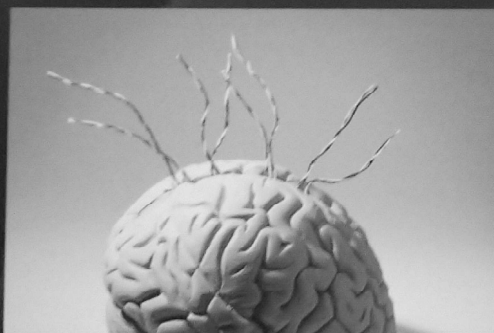
What is QNRT®?



Quantum Neuro Reset Therapy (QNRT) is a proprietary protocol designed to create a neuro-adaptive shift in the body

by helping the brain recover from the stress caused by Adverse Emotional Experiences.

QNRT focuses on those Adverse Emotional Experiences that have a direct link to physical concerns and unwanted behaviors. QNRT helps the brain become more balanced, less stressed, and unburdened by



negative life patterns that lead to physical concerns and high risk behaviors.

A trained and Certified QNRT therapist can quickly determine which parts of the brain are out of balance and then work with the client to reset those nervous system pathways to experience and achieve optimum health.

John M Turner, DC originally developed QNRT based on his practice experience and his research to resolve pain. Currently QNRT has shown other benefits based on his clients responses. QNRT can be a valuable complementary program to other treatments for pain, illness, addictions, learning disabilities, high risk social behaviors, and relationship challenges.

Testimonials

I sleep like a baby after years of sleeplessness. Here's the truth: I haven't slept in years; never was a good sleeper. I've always known this, but it was blatantly obvious after two sessions of Q.N.R.T. After the 1st visit, I slept like a baby and even better after the second. And, to those of you who are experiencing sleep deprivation, you know how valuable a good night's sleep really is. - J.J.

I am no longer suffering from chronic pain, muscle aches, tiredness, and brain fog. I have consulted with over thirty healthcare practitioners to get well. My marriage and other relationships suffered as a result of always being sick. During the first two QNRT sessions, I learned that an Adverse Childhood experience at 8 years old was responsible for my brain imbalance. After QNRT therapy I am now feeling free of all those past issues for over a year. I enjoy my family, friends, and being active again. I can't thank QNRT enough to have my life back. -T. D.

I'm happier and freer than I've ever been. I am a 14 year old teenage girl and I can't tell you how many days I have wasted sitting in my room extremely sad and unhappy. My parents and specialists tried to help but nothing made the irritation that I felt go away. In my first Q.N.R.T. session Dr. Turner found the Adverse Childhood Experience in my first month of life. After 5 visits with Dr. Turner, my sadness is gone and I feel more stable and I have no desire to hurt myself. I now know there is a way out. -K. L.

* For more testimonials, visit our website, www.QNRT.com

www.QNRT.com

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PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Tuesday, April 27, 2021 9:54 AM
To: PURNELL Mackenzie G * BCE
Subject: Suicide prevention

From: Franchesca Vermillion <fvermillion19@gmail.com>
Sent: Monday, November 2, 2020 11:54 AM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Subject: Suicide prevention

Hi Cass,

I think it might be worth addressing if we have time on including the link to the training for suicide prevention for the classes since this is an ORS issue.

<https://www.oregon.gov/oha/HSD/AMH/Documents/SB%2048%20Continuing%20Education%20Courses.pdf>

I think we have somewhere, I can't think of it off the top of my head, where we list the pain management, we can add it there to create a shortcut to the rules and info I sent Jan.

Thanks,
Franchesca

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Thursday, January 07, 2021 11:03 AM
To: PURNELL Mackenzie G * BCE
Subject: telemedicine for chiropractic physicians and chiropractic assistants
Attachments: OBCE Chiropractic Assistant Telemedicine-12-28-2020 (1).docx

From: Lawrence Nelson <drnelson@concussionpdx.com>
Sent: Tuesday, January 5, 2021 3:24 PM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Cc: PRIDEAUX Frank * BCE <Frank.PRIDEAUX@oregon.gov>
Subject: telemedicine for chiropractic physicians and chiropractic assistants

Good Morning,

It has come to my attention that there is no current policy to utilized chiropractic assistants to deliver telemedicine services including:

- 97110 - therapeutic exercises,
- 09112 - neuromuscular reeducation,
- 97116 - gait training,
- 97530 - activities of daily living and
- 97535 - self-care/home management

Please see the attached letter.

Thank you for your consideration of this matter.

Be Well,

Lawrence Nelson, DC DACNB
Board Certified Chiropractic Neurologist

Concussion & Whiplash Clinic
7100 W Hampton St. Suite 121
Tigard, OR 97223

503-512-5359
www.concussionpdx.com

Your Expressway to Recovery

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Friday, April 23, 2021 7:41 AM
To: PURNELL Mackenzie G * BCE
Subject: PT telemedicine

From: SIGMUND-GAINES Michelle <Michelle.SIGMUND-GAINES@oregon.gov>
Sent: Friday, March 26, 2021 8:27 AM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Subject: RE: PT telemedicine

Yes.

Our telehealth rules apply to our entire chapter, so as long as the licensee can comply with scope of practice—which would include supervision requirements of PTA by a PT.

Here are our rules:

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=215432>

We may be considering updates to the rule in light of the last year, but no discussion has yet occurred.

-m

From: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Sent: Thursday, March 25, 2021 6:11 PM
To: SIGMUND-GAINES Michelle <Michelle.SIGMUND-GAINES@oregon.gov>
Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Subject: PT telemedicine

Hi Michelle,

Does your board allow PT assistants (sorry if the name is not quite right) to do telemedicine within their scope of practice?

We've gotten a question about us allowing certified chiropractic assistants to do telemedicine and we wanted to see what other boards were doing.

Thanks,
Cass

Cassandra C. McLeod-Skinner, J.D.
Executive Director
Oregon Board of Chiropractic Examiners

Interim Executive Director
Oregon Veterinary Medical Examining Board

O: 503-373-1620

C: 503-779-9038

E: cass.mcleod-skinner@oregon.gov



CA Telemedicine Capabilities

Last Updated 4-2-2021

Q1. Does your board allow/have in its scope of practice to allow certified chiropractic assistants to provide telemedicine? If so, under the direct supervision of their DC or under their own licensure

Jurisdiction	Q1.
Alabama	1. We do not register certified chiropractic assistants.
Arizona	Arizona regulations do not specifically address telehealth, so there is no prohibition. Arizona does not certify CAs, we do register them and track which licensee(s) they work under the supervision of; because, pursuant to ACC R4-7-1103 (H) the supervising DC is responsible for all acts or omissions of the CA. All CA's (unless they are strictly clerical) must complete 24 hours of training; those who assist with physical medicine, modalities and therapeutic procedures must complete 12 additional hours
Arkansas	No
Maine	No, but we do license our CA's so it is a question our Board will take a look at in the near future!
Minnesota	Minnesota does not have a CA position. Therefore, only the licensed DC may provide telemedicine.
Montana	Not Addressed, MT does not license assistants
Nevada	No
New York	In New York State Chiropractic Assistants are not a licensed profession, so therefore they could not provide Telemedicine services.
North Carolina	No
North Dakota	Currently No. Our law/statute is in the legislative process, with an addition of telehealth to the scope and a definition. CCCA's in ND are required to be under the direct supervision of their D.C., so if the bill passes, that would not change.
Ohio	No
Oklahoma	no
South Dakota	CA's are not permitted to provide telemedicine.
Texas	The TBCE does not provide for certification of chiropractic assistants. However, the Board does have a rule allowing for general delegations of responsibility to unlicensed individuals with adequate education, training, and skill (qualified individuals). These "qualified individuals" effectively function as chiropractic assistants. Licensees must document how an individual is qualified to perform an act or provide the service, and must be on-call when services are provided via delegation. "On-call" means a licensee must be available for voice consultation within 15 minutes. The TBCE does not have a rule regarding telehealth. However, telehealth visits are generally permissible under Texas law (Texas Occupations Code Chapter 111). There is nothing under Texas law prohibiting a licensed chiropractor from delegating services to be performed virtually by a qualified individual, assuming there is otherwise strict compliance with the Board's delegation rule, 22 Texas Administrative Code Section 78.3.
Utah	No language regarding telemedicine for chiropractic assistants. Our agency does not license or certify chiropractic assistants.
West Virginia	We do not certify chiropractic assistants.
Wyoming	Wyoming doesn't regulate CAs.

Live Well Health, PC

12-28-2020

Dear Ms. Cass McLeod-Skinner,

After reviewing the Oregon Board of Chiropractic Examiners policy on telemedicine for chiropractic physicians it became apparent that there is no policy regarding the use of the chiropractic assistant providing telemedicine services for our patients. The chiropractic assistant at our office plays a crucial role in the delivery of chiropractic services. They could also play a very important role in the delivery of chiropractic services via telemedicine, allowing for more effective patient flow in the office, maintaining continuity of care and reducing the socially distancing challenges in the clinic to a minimum.

My request is that the chiropractic assistant be allowed to provide telemedicine services for our patients so long as the chiropractic physician is in the office during the time services are being provided.

Thank you for your consideration of my request.
Be Well,

Lawrence Nelson DC, DACNB
Board Certified Chiropractic Neurologist

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Tuesday, April 13, 2021 6:43 AM
To: PURNELL Mackenzie G * BCE
Subject: RE: CPT codes for EEG

From: Franchesca Vermillion <fvermillion19@gmail.com>
Sent: Monday, April 12, 2021 12:29 PM
To: docmacdonald@hotmail.com
Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@oregon.gov>
Subject: Re: CPT codes for EEG

Hello Dr. MacDonald,

The question for the EEG will need to be put before the full board for a discussion in May.

Respectfully,

Franchesca Vermillion, DC

Sent from my iPhone

On Apr 12, 2021, at 7:44 AM, OBCE Oregon * BCE <Oregon.OBCE@oregon.gov> wrote:

Hello,

Please respond to the email below.

Thank you,

Miriam

Office Specialist

530 Center St. NE, Ste. 620

Salem, OR 97301

Ph: 503-373-1614 **Fax:** 503-362-1260

Work hours: Mon.-Thurs. 7:30am – 3:30pm

<image001.png>

From: garreth macdonald <docmacdonald@hotmail.com>

Sent: Friday, April 09, 2021 8:58 AM

To: OBCE Oregon * BCE <Oregon.OBCE@oregon.gov>

Subject: CPT codes for EEG

Hello,

I didn't get an answer from the board regarding the ability to do EEG. This would include the following CPT codes:

96116

96138

96132

95816

95957

Thank you.....

Dr. Garreth MacDonald
Chiropractic Physician
Cascade Health Center
www.cascadehealthcenter.com

541-343-4343

<image002.png>

PLEASE TAKE FURTHER NOTICE: CONFIDENTIALITY AND PROPRIETARY INFORMATION NOTICE: This email including attachments is covered by the Electronic Communications Privacy Act (18 U.S.C. 2510-2521) and contains confidential information belonging to the sender. Nothing contained in this message or in any attachment shall constitute an Electronic Signature or be given legal effect under 44 U.S.C. 3504 Sec. 1707. The information is intended only for the use of the individual or entity to which it is addressed. If the recipient of this message is not the intended recipient, you are hereby notified that any unauthorized disclosure, dissemination, distribution or reproduction of this message or any attachments of this communications is strictly prohibited and may be unlawful. If this communication has been received in error, please notify the sender immediately by return email, and delete or destroy this and all copies of this message and all attachments.

5/3/21

To the Board,

Dr. Olshove contacted me with concerns regarding our policy for animal chiropractic. The OBCE policy language is:

ANIMALS, TREATMENT OF Chiropractic physicians are permitted to treat animals provided they have a written referral from a licensed veterinarian. The care rendered as a result of the referral must be in writing and in accordance with the standards of practice outlined in ORS 686; and only as prescribed and diagnosed by the veterinarian.
(10/4/97)

Dr. Olshove has encountered resistance from veterinarians not wanting to directly refer the animal because of the legal liability, however, they are willing to state the animal is healthy to undergo light manual treatment. She would like the OBCE to reconsider the referral language in its policy regarding animal chiropractic.

Thank you

Donna Dougan

Email received from Dr. Christene Olshove April 28, 2021

veterinarians are not wanting to referred directly to a particular doctor or chiropractor because of the legal liability involved. With a suggested from multiple sources is quote
this animal is healthy to undergo light manual treatment.
this animal does not have issues that would preclude manual. Treatment

PURNELL Mackenzie G * BCE

From: Sharron Fuchs <sharronfuchs@gmail.com>
Sent: Friday, May 07, 2021 7:35 AM
To: PURNELL Mackenzie G * BCE; MCLEOD-SKINNER Cass * BCE
Cc: JBrinhall@uws.edu; bmoreau@uws.edu
Subject: 1953 legislative history
Attachments: 1953 SB 427.PDF

Dear Ms. Purnell,

Would you please forward this to all members of the OBCE?

Very truly yours,

Sharron Fuchs

Dear OBCE,

Attached is the 1953 legislative history of a bill brought by the few with long ranging consequences to the many. I strongly encourage you to read each page carefully. Though at times sickening , graphic and distorted factually it is important to understand how we got to where we are.

>> <http://records.sos.state.or.us/ORSOSWebDrawer/Record/2059988/File/document>

Very truly yours,

Sharron Fuchs DC

PURNELL Mackenzie G * BCE

From: Sharron Fuchs <sharronfuchs@gmail.com>
Sent: Friday, May 07, 2021 7:18 AM
To: PURNELL Mackenzie G * BCE; MCLEOD-SKINNER Cass * BCE
Subject: Thank you Ms. O'Fallon!

Dear Ms. Purnell ,

Would you please pass this on to the OBCE?

Very truly yours,

Sharron Fuchs

Dear OBCE,

I wish to thank Shannon O'Fallon , AG Rep. to the Oregon Health Authority (OHA) , for contacting me personally after I reached out to Dr. Hargunani , OHA Chief Medical Officer, regarding our vaccinator status.

Ms. O'Fallon took my concerns and request, with authoritative documentation I provided, to OHA Director Patrick Allen and got the amendments needed to list the Chiropractic profession in Oregon as specifically named vaccine injectors. It took judicious moxie for Ms. O'Fallon to consider my request then follow through. When Ms. O'Fallon contacted me after the decision to specifically name us I was rendered speechless. Absolutely speechless.

Thank you Ms. O'Fallon for helping the DC profession serve with dignity.

Very truly yours,

Sharron Fuchs DC

NOTE: all minutes of Senate Public Health Committee refer to SB 134.

SENATE PUBLIC HEALTH COMMITTEE MINUTES (ON MICROFILM ONLY):

Feb. 19: p. 3
Mar. 17: p. 3
Mar. 19: p. 2 & 3
Mar. 26: p. 1 & 2

NO TAPE RECORDINGS.

Separate exhibit file (Under SB 134) contains:

1. Ltr. from Frank E. Day, attorney, Portland to Sen. Ben Day, Mar. 16, 1953. 9 pages.
2. Ltr. from W. J. Gallagher, Ore. Assn. of Chiropractic Physicians, to Sen. Ben Day, Feb. 26, 1953. 1 page.
3. Ltr. from John J. Coughlin, attorney, Portland, to Sen. Day, Feb. 24, 1953. 1 page.
4. Ltr. from Harold M. Erickson, State Health Officer, to Sen. Day, Feb. 24, 1953. 1 page.
5. Copy of ltr. from Sen. Day to Dr. Gallagher & others, Feb. 20, 1953. 1 page.
6. Ltr. from John J. Coughlin, attorney, Portland, to Sen. Day, Mar. 18, 1953. 4 pages.
7. Ltr. from Coughlin to Sen. Day, Mar. 9, 1953. 8 pages.
8. Ltr. from Otic Ritten, Cottage Grove, to Sen. Lonergan, Feb. 16, 1953. 2 pages.
9. Ltr. from Dr. Paul D. Bray, Medford, to Sen. Day Jan. 31, 1953. 2 pages.
10. Ltr. from Clarence W. Campbell, physician, Grants Pass, to Sen. Day, Jan. 30, 1953. 1 page.
11. Lt. from Dr. Chas. E. Williamson, Eugene, to "dear patient", Feb. 5, 1953. 2 pages.
12. Ltr. from Ralph J. Svehaug, DC, ND, Estacada, to Sen. Day, Feb. 13, 1953. 1 page.
13. Ltr. from George E. Talbott, Northwestern Mutual Life Ins. Co., Gearhart, to Sen. Day, Feb. 16, 1953. 1 page.
14. Ltr. from Bill Corrado, physician, Hood River, to Sen. Day, Feb. 15, 1953. 1 page.
15. List of speakers at Univ. of Ore. Med. School meeting, and agenda. 2 pages.
16. Proposed order of speakers for proponents of SB 134, Feb. 17, 1953. 1 pg.
17. List of "cases", no source, dated 3/11/53. 3 pages.
18. Typed copy of abill marked substitute for SB 134. 2 pages.
19. Typed Senate amendments to SB 134 by Sen. Public Heal h Comm. , no date. 2 pg.
20. Typed Senate amendments to SB 134 ditto. 2 pages.
21. Frontspiece of publication sent to Ore. State Library. 1 page.
22. ditto. 1 page.
23. ditto. 1 page.

HOUSE MEDICAL AFFAIRS COMMITTEE MINUTES: (ON MICROFILM ONLY):

Apr. 2: p. 2 & 3

NO TAPE RECORDINGS

NO EXHIBIT FILE.

- 2 -

Thurs., March 26

Sen. Meerifield moved, Senator Lonergan seconded, that the Committee accept the proposed amendments as written, plus striking out the entire last sentence, including the last two words in line 11, and all of lines 12 and 13.

A roll-call vote was taken and the motion was unanimously carried.

Sen. Day: As the bill now reads, the chiropractors may practice obstetrics and minor surgery within this definition, and administer antiseptics and anesthetics within this amendment.

Sen. Merrifield moved, Senator Giersbach seconded, that the amendments just accepted be incorporated into a substitute bill, and the substitute bill ~~passed~~ reported out do pass. Carried.

The substitute bill for
Sen. Day: Senate Bill 248 had its first reading this morning. I will move this afternoon for suspension of rules and when the bill is printed you fellows look it over and I will call a desk meeting to pass it.

ADJOURNED

Thursday, March 26, 12:45

Absent: Senator Lamport.

Sen. Day: You have before you the amendments to Senate Bill 134 which are acceptable to the medical men, the "straight" chiropractors and the "mixers" chiropractors. I told them that everybody felt that ~~there~~ there should be a better definition and more clearly defined law than there was, that all of them could gain by having it cleared up.

Sen. Giersbach: Is this to be engrossed?

Sen. Day: We who met last night were of the opinion that it should be a substitute bill, for these reasons:

1. To get some of us off the hook who have committed ourselves on 134.
2. Because Dr. Gallagher could not contact all his people quickly enough to give them the word, and when they read in the paper that 134 was reported out do pass they would bombard their senators with telegrams and letters and that might possibly kill the bill.

Sen. Lonergan: I think there should be a penalty in there or they can pay a small fine and go ahead and do it again.

Sen. Day: Mr. Coughlin is coming down and work something out along that line, but it will probably be a separate bill.

Sen. Merrifield: Leave it out of this bill -- they're satisfied with it as is, let's get it through.

Sen. Day: The only thing on which they weren't thoroughly agreed was the last sentence, "This definition shall not be qualified in any way by the provisions of sections 54-302 and 54-323, O.C.L.A., or any Act amendatory or supplementary thereof." Mr. Coyner, speaking for those who introduced the bill, says that it was based on section 54-302 ~~that~~, which gives the chiropractor permission to sign birth and death certificates, that the Attorney General based his decision that chiropractors could practice obstetrics, and on 54-323, which says they must study all these things, that he based his decision that since they had to study them they should be allowed to practice them. But Mr. Gallagher wanted it left out. My feelings are that we might as well strike it out for these two reasons:

1. With the amendments that we are incorporating into the bill I think it's clear enough on these points that the Attorney General wouldn't have to go searching for intent.
2. Nothing we have done is going to be of any value unless we pass it through the Legislature. If Gallagher's group opposes taking it out too much we may lose the bill. ~~The~~ The attorney for the "straights" said leave it in if it would endanger the passage of the Act.

The term "superficial" in the definition of minor surgery is agreeable to all, although they all agreed that some would probably go beyond it. Dr. Purvine said he could not believe the Medical Board would ever challenge it.

Sen. Lonergan: I can see why Gallagher would have to approve this, because Oregon will still ~~have~~ be more lenient than any other state -- Washington, California, Idaho, none of the states allow minor surgery, obstetrics.

Thurs. Mar. 19

Sen. Day: (Looking it up) "Dispense" in the dictionary means "administer".

Sen. Merrifield: The whole trouble in the past has been interpretation, so put in the word and then there is no question.

Sen. Lamport: Just leave out surgery. Most of them don't want surgery in their practice.

Sen. Chase: I was in favor of putting it on the table.

Sen. Merrifield: I would be against tabling it.

Sen. Lonergan: It is our duty to settle this.

Sen. Day: Let's see if we have a field of agreement on this. It seems to me that when a practice act is so indefinite that no one knows what it means, when the sky's the limit for a profession but the profession doesn't have the ability to do the things it's allowed to --

Sen. Lamport: Let's go back to the source. Whose bill is this?

Sen. Lonergan: The Oregon Chiropractic Research Association. They were encouraged by the medical men.

Sen. Merrifield: A lot of these people are in Oregon because this is the only state where they can do so much. One other state says they can if they can pass the necessary examinations.

Sen. Lonergan: I move it be the Committee's policy to proceed under the assumption that we will pass out SB 134 and that we will proceed to amend it as nearly to ~~the~~ agreeable to all of us as we can.

Sen. Brady: No one has the right to make that kind of a motion and make everyone in the committee go along with it. I won't be forced into something like that. A motion isn't even necessary. It is your prerogative as chairman to say we will consider Bill 134.

Sen. Day: I will not force the committee to work on anything they don't want to. Do you want to continue trying on this bill? (All said yes but Senator Brady)

Sen. Brady: I move that Senate Bill 134 be tabled. Seconded by Sen. Chase. Motion lost.

ADJOURNED - but discussion continued.

Sen. Chase: If we could just stop a lot of these practices without paralyzing the group.

Sen. Giersbach: Strike out "medicine" - they don't want to practice medicine anyway. If they can't administer, dispense or prescribe drugs there is no problem.

Sen. Lonergan: I think we should remove surgery from their practice.

Sen. Day: Here's the way they stand now:

Line 10 - insert word administer

Line 11 - "except in an emergency when an M.D. is not reasonably available"

Thurs. Mar. 19

Sen. Chase: These weeds can't come up where there is grass growing. But plow that land and the ~~weeds~~ seeds have a chance. The danger is in cultivated land.

Sen. Day: I will bring the bill back to you in any event for your approval.

Sen. Day: As for Senate Bill 134, the "Mixed" group made suggestions, and the M.D.'s ~~made suggestions~~ made some, and the "straights" go along with the medical men. The extent of their progress is that they have almost agreed on a definition of "drugs".

Sen. Lonergan: Why not amend it so a chiropractor could act in an emergency?

Sen. Lamport: Make it "First Aid."

Sen. Day: I think you should in fairness agree they are required to have a large total number of hours' training.

Sen. Giersbach: That has no validity. Number of hours has no relation to quality of instruction. They haven't even licensed them in New York. We allow them more than any state.

Sen. Chase: You talk about "emergencies" and first thing you know you'll have trouble there, confusion over terms.

~~Sen. Day:~~ On House Bill 304, Senator Neuberger: ~~thinks~~ State standards should be consistent with federal standards. Leo Levenson drafter a section to this effect. I just sent it to the Department of Agriculture who thought they could control the use of a chemical that was prohibited by the federal government. If you will authorize me I will fix it as they suggest, specifying the State Bakers Act instead of the general Food and Drugs bill.

Sen. Lamport moved, Sen. Brady seconded, that the Committee grant Senator Neuberger authority to write this substitute bill dealing with ingredients.

Back to Senate Bill 134:

Senator Merrifield: Leave the word "obstetrics" out entirely -- the medical profession says that is the least of the problems. Chiropractors perform so few.

Sen. Giersbach: They want it in for prestige. They don't do it but they like the law to say that they can.

Sen. Merrifield: The M.D.'s are hopeful that if we put in some prohibitions they can get a new Attorney General's ruling. Right now they are practicing under an Attorney General's ruling, not under a law.

Sen. Lamport: If the Medical profession would define "major surgery" as any surgery they would fix it.

Sen. Giersbach: Could I make a minor amendment, in line 10, after the word "shall" insert "administer or". Sen. Merrifield seconded, Carried, with Senator Brady voting No.

- 3 -

Mar. 17

Sen. Day (Cont.) I originally didn't like the philosophy of this bill -- putting the burden on the farmer. Felt it was a state problem, a general problem, and the state should do it without cost to the farmer. I delayed hearings because Dr. Perlman was out of state. I now doubt very much if there is sufficient time to rewrite this bill and still get it through -- I'd rather pass it as it is and get it through.

Sen. Giersbach: Two years from now it could be amended.

Sen. Lonergan: Moved to pass 248, Sen. Giersbach seconded.

Sen. Chase: This wouldn't be anything strange to put this upon the farmer. I wouldn't mind if they had support from some other source. In some counties we have thistle control -- the individual has to take care of it. The county will take care of it along the roadsides. For my part, I am a farmer, and if some fellow near me gets ragweed I want him to take care of it, because ~~he~~ I may stay innocent of it. Maybe he was innocent but he isn't any longer.

Sen. Day: Question called for. May I ask for this reservation. Before it goes on the floor I want to check it very closely with attorneys and others to make sure it is ready.

Carried.

Senator Lonergan moved, Sen. Giersbach seconded, that 249 be reported out "Do pass" to be re-referred to Ways and Means Committee. Carried.

Sen. Merrifield: If Ways and Means turns it down we still have the original bill so all is not lost.

Senator Lonergan: Senate Bill 126. It passed in the House yesterday with an amendment. The nurses don't confirm it and want us to have a conference committee so they can meet with them. Page 2 line 10 of the printed bill the House changed the word "shall" to "may". I move that we do not concur in the House Amendment to Senate Bill 126, and ask for a conference committee. Sen. Merrifield seconded. Carried.

Senator Day: I want to give a brief report on the status of Senate B. 134. We asked these people to meet. At the present time they have met and met and met, and have resolved their differences ~~mixers~~ only to a minor degree. Here are some suggested amendments from the "mixers", approved by the M.D.'s but not the "straights". You may study them.

ADJOURNED

Feb. 19

- 3 -

Senator Day: I think an ethical pharmacist would either go out and get what he needed or phone the doctor about a substitution.

Senator Merrifield: I wonder if this isn't aimed at big drug companies who want to use their own products. Let's ask Dr. Dammasch to meet with us and ask him who is behind this bill.

Senator Lamport: If the doctor doesn't specify a brand the pharmacist can use any brand he wants to.

Senator Day: There is another matter Dr. Dammasch wants to meet with us on. We'll take it up with him then.

Senator Day: I would like to have the Committee's direction to get these people interested in #134 together to work out a solution.

Senator Lanergan: I want to propose an amendment to #134 that will solve the whole thing. On line 11 after the word "obstetrics," insert the words, "except in an emergency and when a medical doctor is not reasonably available."

Senator Lamport: The big bone of contention is that they can't define "minor surgery." Change it to "general surgery" and define general surgery.

ADJOURNED.

SCIENCE SIDELIGHTS

VOLUME NINETEEN ® NUMBER 12

Better Health through Chiropractic

Five Great Chiropractic Contributions Enrich Modern Science

BASIC TEACHINGS HAVE REVOLUTIONIZED MODERN APPROACH TO HEALING

Old as the world is, only in comparatively recent times have we human beings found out very much. Just a few thousand years ago primitive cave men were worshipping the sun, moon and stars. Many centuries later tribal medicine men and witch doctors were supposed to be able to cure or kill by mystic communion with the spirit world.

Even in comparatively recent times our knowledge has been very sparse. Only a few hundred years ago bloodletting was almost a universal cure for all ailments! Little was known about the processes of digestion, the circulation of the blood, the nervous system, or behavior problems. Pioneers in these fields have, even in our own time, been subject to abuse and persecution because they dared to advance new theories at variance with long-cherished and erroneous beliefs.

Today we think nothing of living-room conversations about atomic energy. Yet in our own lifetimes many of us have seen the change-over from gaslight to electricity, from horsedrawn carriages to supersonic jet planes, from nickelodeons to talking Technicolor and home television.

Chiropractic has played a great part in the scientific revolution of modern times. Since the profession began 57 years ago, it has contributed new knowledge and new concepts to the modern study of health and disease.

Because of its great efficiency in making sick people well, there is a temptation to take chiropractic for granted. But the success of chiropractic is due to the fact that it has made five outstanding contributions to modern science. They are as follows:

1. Chiropractic has stressed, as a cardinal principle of its science, that *disturbances of the nervous system are primary factors in the development of disease processes.* The trend of recent scientific investigations throughout the world has merely tended to confirm the fact, well known to chiropractors, that the nervous system is the master system of the body.

2. Chiropractic has established that *anatomical disrelation can create functional abnormalities in the body.* Everyone now admits there is a relationship between posture and health. This is new to many people, but not to chiropractors, whose science is based on the knowledge that a structural derangement may have far reaching effects on general health.

3. Chiropractors have emphasized, against the bitterest opposition of the medical profession, that *spinal subluxations (minor displacements of vertebrae) occur frequently and are a specific cause of nerve irritation.* This is a basic concept in a practical theory of disease. Yet it took years of hammering away, with thousands of clinical demonstrations, before medical journals began to report similar findings.

4. It was chiropractic which first established the *existence of the viscero-spinal syndrome.* This means that nerve irritation at the spine may lead to a disturbance in the function of one or more internal organs of the body. It is this concept, underlying a chiropractic approach to many familiar ailments, which has led to such astonishing clinical success in treating these conditions. Yet this concept, too, has been resisted for years, only to be confirmed by recent research at various medical clinics.

5. Chiropractic has long taught that many *bacterial infections are unable to develop in the body unless there is an improper functioning of the nervous system.* This is why chiropractors so frequently are able to help people who have not responded to conventional modes of treatment. While medical men recognize the basic principle of "resistance" and natural immunity, they still persist in treating symptoms rather than underlying causes.

The chiropractic profession is naturally proud of its contributions to the science and art of healing. Chiropractors look forward to the day when more and more branches of the healing arts will avail themselves of these concepts and techniques for the greater good of all.

Chiropractic Law
in the
State of Oregon



1950

1.

STERN, REITER & DAY

ATTORNEYS AT LAW
CASCADE BUILDING
PORTLAND 4, OREGON

SOL STERN
CARLTON R. REITER
FRANK E. DAY

ATWATER 9383

March 16, 1953

Honorable Ben Day, Chairman
Senate Committee on Public Health
State Capitol
Salem, Oregon

Re: Senate Bill No. 134

Dear Sir:

Following the suggestion contained in your letter of February 20th, addressed to Dr. Gallagher and others, meetings were arranged between the various groups interested in Senate Bill No. 134 and all parties met on Monday, March 2nd. Dr. Erickson was unable to meet again thereafter, although the balance of the group met March 3rd, and Mr. Coyner, Mr. Coughlin, Dr. Budden and I met on March 4th, and Mr. Coughlin and I met again on March 13th.

Despite Mr. Coughlin's expressions of futility in the meetings, I believe that great strides were made in coming to an understanding of each other and our positions, although complete and absolute agreement was not possible. I don't think either your Committee nor any of the participants had anticipated that complete agreement could ever be had, in view of irreconcilable differences.

What Mr. Coughlin has said concerning chiropractic in Oregon and its differences with chiropractic in all of the other states of the union is correct. What Mr. Coughlin has failed to set forth is the fact that the educational requirements and the examination in Oregon are more comprehensive and far more exacting. For this reason Oregon has been the leader in chiropractic education and in the services performed by chiropractors for 26 years. This, rather than being an argument to be used against chiropractic, to all reasonable people should be a matter of extreme pride. In talking with chiropractors from other states all their efforts are pointed towards emulating Oregon, which stands as a beacon light, calling others to the benefits of self-improvement that has been achieved in this state.

Rather than Oregon being out-of-step with the rest of the nation, it is a fact that Oregon is ahead of the other states, and it is to be predicted that when educational requirements and the responsibilities of the profession in other states meet the standard in Oregon, the rights and privileges of chiropractors will be extended in accordance therewith.

March 16, 1953

As you will recall, there was no question between the various persons interested that some chiropractors had abused the privileges of the profession to the embarrassment of the legitimate practitioner. It was felt by all that some limitation upon the statutory definition of chiropractic should be made in order to protect the public and the legitimate practitioner from the small minority, who, if allowed to continue in their practice, would destroy chiropractic for all.

Seizing this rare opportunity presented by the sincere approach of legitimate chiropractors, the medical society, while professing its neutrality and objectivity, has made it abundantly clear that it is its purpose to destroy chiropractic if at all possible. On page 3 of Mr. Coughlin's letter he states: "One leading chiropractor actually advertises that 'Each patient treated according to his own diagnosis' (We presume this means the patient's own diagnosis.)"

In the first place this is not an accurate quotation of the material it professes to be. In the second place it would appear that the medical society's representative is willing to go to any limit in straining for an interpretation in order to achieve its goal of the destruction of chiropractic. It is submitted that any honest fair-minded person, reading even the quotation given, would be willing to indulge the presumption that what was intended was that each patient would be treated in accordance with the diagnosis made by the doctor of the patient's then existing condition, and that each condition resembling another would not be treated in the same manner without a confirming diagnosis. This typifies the approach made in our conferences by the representatives of the medical society.

At the meetings held in accordance with your suggestion, it was our idea that such meetings should be reported by a court reporter, in order that your Committee could see exactly what had gone on at said meetings in the attempt to work out the obviously necessary limitations to the chiropractic act, but when the other parties to the conference found we intended to have it reported they refused to meet if such practice were followed. It was, therefore, necessary that we abandon the idea, or the meetings would not be held. It was thought that if your Committee could peruse the exact conversations of the various participants, they would have a very clear idea as to which parties were serious in an attempt to arrive at a reasonable solution, and which parties were not so interested, but were serving ulterior motives.

It is interesting to note that Mr. Coughlin in his report to you speaks of "arriving at a compromise," although it was made abundantly clear in the first few minutes of our first conference by direct language to that effect that no compromise would be permitted by the representative of the medical society. If this were a matter subject to being labeled "black" or "white," and if there were a way of determining exactly right from wrong, no compromise could be expected or asked by any of the participants. Since,

March 16, 1953

however, it is a matter heretofore never explored, either by this or any other legislature, or by the courts, the best solution of the problem lies in the realm of compromise.

For the convenience of comparison of this report and that of the attorney for the medical society, we will follow the same form in submitting our report of the conferences held and discuss the three fields: drugs, minor surgery and obstetrics, in that order.

DRUGS

As your Committee undoubtedly knows, and as the witnesses for the Oregon Association of Chiropractic Physicians testified, chiropractic is a drugless profession, that is, it does not practice internal medicine. It would seem, therefore, that little difficulty would be had in arriving at a solution to that part of the problem inasmuch as the chiropractic physician professes to healing in a drugless manner.

It also appears perfectly reasonable that the definitions set forth by the official publications, United States Pharmacopoeia, The Homoeopathic Pharmacopoeia, and the National Formulary, should be used as a guide toward the definition of drugs in any statute until one peruses these Pharmacopoeias and the Formulary and discovers that they include every substance known to man. Reluctantly, when that point was mentioned to the representatives of the medical society, they included in their definition as an exception, water and radiopaque materials administered by mouth or rectum for X-ray diagnosis. However, at least on one occasion, with the aid of these Pharmacopoeias and Formulary an official body in this country has attempted to extend it to include devices and instruments, so that even a chiropractor's table, heat lamps and other items used by chiropractors were defined as drugs.

While no one in his right mind would suggest building a house of bread, yet if all building materials are to be included in a definition of bread, one would then find himself building a house of "bread," even though using lumber and nails. Thus it is that Chiropractors find themselves as drugless practitioners opposing the idea of eliminating "drugs" from their field of practice.

In fear of these pitfalls under such a definition, our association has drafted and submits for your approval the following definition of drugs:

"(Sec. 3) For the purposes of this Act, drugs shall mean all medicines and preparations and all substances except food and water, used or intended to be used for the diagnosis, cure, mitigation or prevention of diseases or abnormalities of man, which are recognized in the latest editions of the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia, official National Formulary, or any supplement to any of them, or otherwise established as drugs; provided that nothing in this Act shall be deemed to prevent one licensed under this Act from the therapeutic use of natural and supplemental foods and/or water or the administration of anesthesia

March 16, 1953

or antiseptics named in Section 2 of Sec. 54-301 or the use of radiopaque substances necessary for diagnosis; provided also that nothing herein shall be interpreted as permitting the administration of any substance by the penetration of the periphery or lining of the orifices of the human body for a therapeutic purpose."

MINOR SURGERY

The medical society's attorney has stated that the Oregon Association of Chiropractic Physicians contend that since the law does not specifically eliminate minor surgery that they are entitled to do minor surgery. This, of course, is a half-truth. The statement would lead the casual observer to believe that this was the chiropractor's interpretation of the law, while as a matter of fact in answer to a direct question by the Secretary of the State Board of Chiropractic Examiners the Attorney General ruled (Op. Att. Gen'l. Vol. 18, p. 397 (1936-1938)) that inasmuch as the legislature had required chiropractors to study and be examined in minor surgery, and inasmuch as they had seen fit only to eliminate major surgery from the chiropractor's field of practice, the only reasonable interpretation that could be made was that certain minor acts of Chiropractic surgery would be permitted to the Chiropractor. Legitimate Chiropractors throughout the state have interpreted that to mean that it was limited to Chiropractic minor surgery, and was intended only as an adjunct to the practice of Chiropractic, and not as a wholesale entry into the field of surgery as the medical society would have the Committee believe.

All the way through in our discussions concerning minor surgery the attitude of the medical society was such as to lead one to believe that we were here confronted with the request by chiropractors to be permitted to do something new and different, rather than to circumscribe their conduct by limitations on the act which has been in existence for 26 years.

In his report, the attorney for the medical society has indicated that he doubted a definition acceptable to the Oregon Association of Chiropractic Physicians and the straight chiropractors could be arrived at. The fact is that no acceptable definition could be arrived at between the Oregon Association of Chiropractic Physicians and the medical society, for, as we pointed out heretofore, the representative of the straight Chiropractors did not attend all of the meetings nor, as a matter of fact, was he particularly vocal in the meetings that he did attend, and it is my understanding that he has indicated to others that he did not feel that his presence was required inasmuch as the argument was primarily between the Oregon Association of Chiropractic Physicians and the medical society. I do not think that there is any doubt but what the Oregon Association of Chiropractic Physicians and the straight chiropractic group could and would come to a fairly close agreement on this subject but for the attitude of the medical society.

The medical society is much concerned about the fact that the Oregon Association of Chiropractic Physicians wants to go so far as to permit the use of anesthesia to chiropractors, except for general or spinal anesthetics.

Here, again, the medical society would attempt to have the Committee believe that this is an extension of the law as it now exists rather than an honest effort to limit it. The Attorney General has ruled (Op. Att. Gen'l. Vol. 18, p. 397 (1936-1938)) that Chiropractors may use proper anesthesia, and in at least one court in Oregon it was held that chiropractors are not only permitted, but expected to use the highest standard of care and skill available, and that it would be ridiculous to permit a Chiropractor to suture a wound without the use of proper anesthesia. It is equally obvious that a Chiropractor ought to be definitely limited in the anesthesia to be used. That a Chiropractor also ought to be permitted to make use of proper antiseptics cannot be denied, and if he did not, the first to cry out against such barbaric practice would, of course, be the medical society. As was stated by witnesses to your committee at the time of the hearing, minor surgery was intended for the purpose of teaching the Chiropractor the proper care and treatment of minor injuries, proper care and cleansing of instruments, and the suturing of wounds. Is the medical society suggesting that while chiropractors should be permitted to perform these minor services, they ought not do it with the best available methods for the alleviation of pain and suffering of the afflicted? Is the medical society suggesting that chiropractors ought to suture such a wound without the use of an anesthetic? It was the obvious answers to these questions that lead the Attorney General and the court to hold that a Chiropractor should use the proper anesthesia.

The minor surgery intended to be practiced by the Oregon Association of Chiropractic Physicians is that contained within the definition submitted herewith.

"(Sec. 2) For the purposes of this Act, minor surgery shall mean the use of electrical or other methods for the surgical repair and care incident thereto of minor surface, peripheral and orificial conditions, and the removal of foreign bodies therefrom; and the use of proper antiseptics and anesthesia in connection therewith; provided, however, that cases requiring the use of general and/or spinal anesthesia, are specifically excluded from the practice of chiropractic under this Act."

One of the great difficulties confronting one writing a limiting definition is to make it sufficiently broad in scope to take care of the legitimate practitioner, and yet sufficiently limited in order to eliminate trespass into the field of medicine and major surgery. There is no question but what a greater limitation could be written, but it would be too great a handicap upon the legitimate practitioner. It is believed that

with the amendments to the Chiropractic ethics act, which have now been reported out "do-pass" in the House and contained within the provisions of H. B. No. 270, these persons can be eliminated from the profession without injury to the public, which has come to depend upon the legitimate Chiropractic Physician and his services.

OBSTETRICS

The medical society's attorney reports that the Oregon Association of Chiropractic Physicians contends that the true interpretation of the chiropractic law permits them to practice obstetrics, and that the strict group contends that a true interpretation of the law prevents Chiropractors from practicing obstetrics. This, again, is a half-truth.

The Oregon Association of Chiropractic Physicians has never contended that a chiropractor is or ought to be permitted to practice obstetrics unlimitedly. It has always been our contention that a Chiropractor should be permitted to practice Chiropractic obstetrics, which as was testified to before your Committee means the delivery of a mother of her baby by the proper Chiropractic procedures.

The contention that chiropractors ought not to be permitted to practice obstetrics is of course the position of the medical society, and to my knowledge was never discussed in detail at any of the meetings attended by the representative of the straight group. Furthermore, the medical society has attempted to present to your Committee the idea that the law does not now permit chiropractors to practice even this limited field of obstetrics. This is a case of the medical society substituting its opinion of what the law ought to be for what the law in fact is.

While it rests with the legislature to define and determine the scope of practice of each of the branches of the healing arts, it is also a fact that the interpretation of these acts by the Attorney General and the courts constitutes the law of Oregon until it is changed by the legislature.

In his opinion, dated March 4, 1930, the Attorney General ruled (Op. Att. Gen'l. Vol. 14, p. 483 1928-1930) that since Chiropractors were required to sign birth certificates, and were required to study and be examined in the subject of obstetrics, that it must have been the legislative intent that Chiropractors be allowed to practice obstetrics.

Although this interpretation of the Chiropractic act permitting the Chiropractic Physician to practice obstetrics does not impress the Attorney for the medical society, it is to be noted that the Attorney General found nothing in the law at that time giving any of the four branches of the healing arts (chiropractic, naturopathy, osteopathy or medicine) any greater authority to practice obstetrics than the others.

Op. Att. Gen'l., Vol. 14, p. 485, 1928-1930

"As stated elsewhere there are no specific and appropriate words employed in the statute aforementioned, which, strictly construed, would either authorize or prohibit the practice of obstetrics by any one or all of the classes and systems of practitioners as set forth herein."

The fact of the matter is this interpretation based upon a lack of prohibition in the medical practice act and the statutory requirement that a medical student is required to study and be examined in the subject of obstetrics to obtain a license to practice medicine is the only basis upon which a medical practitioner can be said to be legally practicing obstetrics under the law as it exists today. Yet this does not trouble the attorney for the medical society, although he would have your Committee believe the same interpretation in favor of a practitioner of a competitive branch of the healing arts, is a strain upon logic.

The question now presented is not whether Chiropractors are to be authorized to practice obstetrics, but what limitations should be placed upon that practice. This portion of the medical society's attack upon the Chiropractor has been held out as an attempt to eradicate the abortion practice. If our association believed that this would in the slightest degree aid in the eradication of the hideous abortion practice, I believe that to a man they would stand ready to see it eliminated from the chiropractic practice. But, inasmuch as it should be perfectly obvious to the Committee that the abortionist is now operating outside the law, any limitation upon the practice of Chiropractic will have no effect upon eliminating that evil.

Although the medical society attempts to classify chiropractors in the practice of obstetrics along with "laymen, cab-drivers, policemen, ambulance attendants, firemen, fathers, mothers, relatives or friends, or just a plain good samaritan," who, of course, are permitted to do what they can under certain circumstances, it is clear that the training of the Chiropractor entitles the public to expect and to receive a great deal more than that. For 26 years the Chiropractic Physician has been successfully practicing obstetrics, and I dare say during all of that time abortionists have been pursuing their nefarious activities. Why, then, is it now so necessary that the medical society come forward "objectively" and without "pecuniary interest" to bar the Chiropractic Physician from his practice of obstetrics, and to deny the public their right to seek the care of the drugless practitioner.

In the last sentence of paragraph 2, on page 7 of the medical society's report of our meetings, the real purpose and intent and the real objectors to an honest attempt at careful definition of Chiropractic in this state is made abundantly clear. It is there stated that it is the medical profession which has the real objection to the practice of Chiropractic

March 16, 1953

obstetrics. We feel, and I think with some justification, that this is occasioned by the fact that chiropractic obstetrics has been so well received by those women who have submitted to that form of practice, and who voluntarily appeared before your Committee to testify.

Your Committee was given figures showing that the death rate in Chiropractic births is considerable less than the general average in Oregon, which was refuted by Dr. Erickson with figures which were not applicable, inasmuch as they included practitioners other than chiropractors. It is very difficult to get figures on Chiropractic births because most surveys are conducted by the medical society, or by its affiliates, and Chiropractors, in those studies, have always been listed among the figures entitled "and others." In all fairness, one reason why the figures concerning Chiropractic births show a lower death rate is because of the limited practice in which Chiropractors indulge, which, of course, excludes major surgical operations. Each case reaching a Chiropractor which indicates that it would require facilities outside the scope of his practice are referred to surgeons, and this permits Chiropractors to help only those women without major complications. It is, of course, among these cases where complications arise that the death rate is more likely to be higher, and the practice of referring such cases, Chiropractors believe, is exactly as it should be.

With these ideas in mind, we have asked the Committee to amend Senate Bill 134 in connection with obstetrics to insert in the definition of chiropractic the words: "Chiropractic Obstetrics." This would then be limited by the definition of Chiropractic in its restrictions on the use of drugs and minor surgery.

In order for your Committee to make use of the suggestions contained in this report, we are enclosing herewith suggested amendments to Senate Bill 134.

It is interesting to note that at the last meeting had between the medical society's representative and the writer, the medical society's representative had no suggestions to make, and, in fact, was only technically present. It has been increasingly clear since our meeting on Wednesday, March 4, that no more meetings were desired by the medical society, and we met further only when it demanded of them that they state whether or not they were breaking off further negotiations.

Despite the medical society's innuendo that it was the intention of the Oregon Association of Chiropractic Physicians to delay by further conferences until after the adjournment of the legislature in order to avoid limitation upon the practice of chiropractic, it is to be noted that each meeting that was had was at our insistence, and that although we desired as many meetings as might be required, immediately following the March 4th meeting, the medical society's representative refused to schedule meetings at that time and it was not until Monday, March 9 that he contacted

Honorable Ben Day

- 9 -

March 16, 1953

us with regard to a meeting, and then he was unable to meet on Monday or Tuesday, March 9 or 10, and I was unable to meet Wednesday or Thursday, March 11 or 12. At that time it was suggested by us that any report to your Committee should await that final meeting and should be a joint one. You will recall that the medical society's attorney could not wait and it is suggested that his haste in reporting was a fear that some field of agreement would be reached.

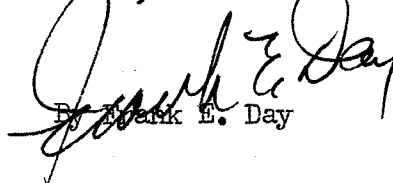
It might also interest your Committee to know that the Executive Board of the Oregon Association of Chiropractic Physicians, contrary to the medical society's suggestion, have endorsed the enclosed amendments to Senate Bill 134, and have directed the Legislative Committee of the Association to attempt to secure their passage as a part of the affirmative legislative program of the Oregon Association of Chiropractic Physicians.

The only suggestion upon which the Oregon Association of Chiropractic Physicians has been adamant is that we cannot agree that chiropractic should be limited to the adjustment of the spine by hand only, to satisfy less than 10 per cent of the practicing Chiropractors and the medical society.

If there is anything further that this office can do to aid your Committee in any way in this regard, please feel free to call upon us.

Very truly yours,

STERN, REITER & DAY



Joseph E. Day

FED:da

Enclosure

*Oregon Association of
Chiropractic Physicians*

2.
FROM THE OFFICE OF:

Dr. W. J. Gallagher, Chrmn.
Legislative Committee
4511 S. E. 63rd Ave.
Portland 6, Oregon

Feb. 26, 1953

Senator Ben Day, Chrmn.
Public Health Committee
Senate Chamber
Salem, Oregon

Dear Senator Day:

In compliance with your request set forth in your letter of Feb. 20, I have contacted the parties named in your letter and we have mutually agreed to meet in Portland Monday, March 2, 10:00 a.m.

We are pleased to cooperate with you and your committee in any manner in order to clarify the existing problem presented in Senate Bill No. 134.

Yours very truly,

W. J. Gallagher, D.C.

W. J. Gallagher, D.C., Chrmn.
Legislative Committee
Oregon Association of Chiropractic Physicians

FRANKLIN T. GRIFFITH, (1870-1952)
CLARENCE D. PHILLIPS
JOHN J. COUGHLIN
JAMES K. BUELL
H. H. PHILLIPS

JARVIS B. BLACK
WARREN HASTINGS

PHILLIPS, COUGHLIN, BUELL & PHILLIPS

ATTORNEYS AT LAW
ELECTRIC BUILDING
PORTLAND 5, OREGON

3.
FORMERLY
GRIFFITH, PHILLIPS
& COUGHLIN

February 24, 1953.

Senator Ben Day,
Senate Chamber, State Capitol
Salem, Oregon.

Dear Senator:

Following up the suggestions which were made in the hearing on Senate Bill 134, and also made by you in your recent letter to Mr. Bobbit, we have been attempting to get in touch with Dr. Gallagher and his people to arrange a meeting this week.

Our thought was to have a meeting in Salem on Wednesday of this week, or possibly on Thursday. We understand that Dr. Gallagher does not want to have a meeting this week. We do not know exactly why he does not want a meeting this week, but we will of course conform to the convenience of the various people involved if the meeting is not delayed too long.

I am concerned lest your committee feels that we are not making every effort to schedule a meeting. You can be sure that we will follow this matter up and schedule a meeting with Dr. Gallagher and his people as quickly as he is willing to hold the meeting.

Very truly yours,

PHILLIPS, COUGHLIN, BUELL & PHILLIPS,



John J. Coughlin.

JJC:EM

cc: Senator John F. Merrifield
Senate Chamber, State Capitol
Salem, Oregon.
Mr. Clyde C. Foley,
Marion Hotel,
Salem, Oregon.

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4.
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HAROLD M. ERICKSON, M.D.
Secretary and State Health Officer



OREGON STATE BOARD OF HEALTH

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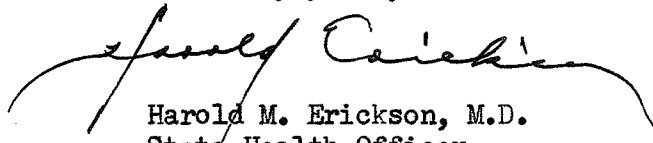
February 24, 1953

Honorable Ben Day, Chairman
Senate Public Health Committee
State Capitol Building
Salem, Oregon

Dear Senator Day:

I certainly will be pleased to cooperate in attempting to develop an acceptable definition of chiropractic practice which will clearly state the limitations which should be adhered to. Who do you suggest to take the initiative of getting Dr. Gallagher and Mr. Coyner and Mr. Bobbitt and me together? If you would care to set a time and a place for the meeting, I certainly will try to be there. There certainly is real need for such a definition.

Sincerely yours,



Harold M. Erickson, M.D.
State Health Officer

HME:sh

7, 134 5.

February 20, 1953

Dr. W. J. Gallagher
Mr. Craig Coyner
Dr. Harold M. Erickson
Mr. Howard Bobbit

Dear Sirs:

The Public Health Committee has requested me to convey to you the following information and request:

The Committee concluded as a result of the hearing on February 17 that there was desired by all groups an understanding, and a usable definition of the limitations of chiropractic practice.

We therefore request that suitable representatives of each of the groups interested arrange to meet for the purpose of making an acceptable definition of chiropractic practice which will clearly state the limitations which should be adhered to.

The Committee felt that such a definition was necessary for the benefit of all concerned. We feel that such a definition would best come from you. It is our hope that you will try to do this as soon as possible.

Will you please let the Committee know if you will comply with this request.

Sincerely yours,

BEN DAY, Chairman
Public Health Committee

BD:fm

FRANKLIN T. GRIFFITH, (1870-1952)
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6.
FORMERLY
GRIFFITH, PHILLIPS
& COUGHLIN

March 18, 1953

Senator Ben Day
Senate Committee on Public Health
State Capitol
Salem, Oregon

Re: Senate Bill No. 134

Dear Sir:

It was with a feeling slightly on the side of disgust that I read the March 16, 1953, letter of the attorney for the "mixer" group of chiropractors. The letter serves to emphasize the old adage that when a third party gets mixed into a family quarrel, even though it is at the request of constituted authorities, he is liable to become spattered with mud.

I do not intend to bore your committee with a detailed refutation of the statements in the said letter of March 16. I do want to point out two things in regard to that letter and later briefly discuss some of the proposed amendments contained in that letter as follows:

1. I must confess that the statement in my letter dated March 9, 1953, that one chiropractor advertises "each patient treated according to his own diagnosis" is incorrect. The actual advertisement is "each patient treated according to their own diagnosis". Personally, I do not see how the inadvertent error of changing the "their" to "his" in any way effects the conclusion in my letter.

2. Under the supposed guise of raising standards by including certain courses which are not chiropractic in the curriculum of some chiropractic schools, the "mixer" chiropractors hope to invade fields which are not chiropractic. The very fact that the common name associated with such chiropractors is "mixer" chiropractors should be strong enough evidence that this group is actively engaged in attempting to mix medicine and surgery with chiropractic.

As to the proposed amendments, we would like to point

out the following:

1. Re Definition of Drugs

(a) The "mixer" group wants to provide specifically that they shall have the right to prescribe "supplemental foods". This is, of course, an obvious attempt along with the insertion of the word "diatetics", to permit the "mixer" chiropractors to prescribe all sorts of substances which are commonly recognized as drugs. They are not satisfied with prescribing of natural foods, but want to prescribe and administer concentrated elements such as iodine, calcium, iron tablets and a host of other substances. If your committee accepts this obvious subterfuge it should be accepted with eyes open.

(b) The proposed amendments of the "mixer" group purport to specifically exclude substances administered by the penetration of the periphery or lining of the orifices of the human body. First of all, periphery is a geometric term and not an anatomical term. Neither is lining an anatomical term. Frankly I don't know what the periphery of the body or the orifices of the body are and I do not believe that any authority would recognize such terms. Second, the historical argument of the chiropractors has been that if some procedure is specifically excluded in their licensing act, that procedures which are not specifically excluded are permitted. It seems to me that any clever chiropractor could make great capital out of such a provision. Regardless of the distorted letter of the attorney for the "mixer" group of chiropractors, I do not believe that he actually intends this result, but he cannot control the activities of his clients.

(c) The proposed amendments purport to give to chiropractors the right to do "chiropractic obstetrics". It seems very strange to me that any reasonable person would maintain that there is such a thing as "chiropractic" obstetrics without a large lump appearing in his cheek, which upon examination would turn out to be a tongue. I cannot conceive that your committee could possibly adopt the thesis that there is such a thing as "chiropractic" obstetrics. I know that the "mixer" group of chiropractors contends that by manipulation of the spine of a pregnant woman, chiropractors can make birth easy if not painless. I shudder somewhat to think of a pregnant woman being manipulated, but of course that is a personal preference. We can have no objection if a pregnant woman wants to get chiropractic manipulations prior to

Senator Ben Day
March 18, 1953
Page 3.

birth. Obviously carrying out the reasoning of the attorney for the "mixer" group, if the chiropractic schools in their "advanced" training by other chiropractors decide that Caesarian delivery and other surgical procedures should be taught in their schools it would obviously be "chiropractic". Their "chiropractic obstetrics" would eventually turn out to be whatever the chiropractors who teach in chiropractic schools determine to be "chiropractic obstetrics". I think that your committee should strike down any such obvious subterfuge.

(d) The amendments to Senate Bill No. 134 proposed by the "mixer" group contain a definition of "minor surgery" which with a little reflection will be shown to be so broad as not to be acceptable. We refer you to our previous letter in which we commented that the "mixer" chiropractors at the hearing of your committee emphasized that they wanted to be able to take care of emergency conditions and our proposed amendment was to give them that privilege. However, in the amendment submitted by the "mixer" group of chiropractors they want to eliminate any consideration of emergency treatment and extend their statute into a broad definition of surgery. They want to take care of "peripheral" conditions; the word "peripheral" as stated above is not an anatomical word but a geometric term; if peripheral conditions mean conditions which manifest themselves on the surface of the body that would permit chiropractors to perform surgery on the eye, surgery for cancer, including cancer of the breast, ear conditions, tumors of the head and other surfaces of the body, prostate conditions, external hemorrhoids and many other conditions which your committee will readily see are outside of the scope of chiropractors. The "mixer" group's definition also requests permission to perform surgery for "orificial conditions"; this would, of course, include all types of mouth and throat surgery, internal hemorrhoids, cancer of the anus and all other surgery in the various orifices of the human body; again I do not see how your committee would desire to extend such privileges to chiropractors. The amendments submitted by the "mixer" group of chiropractors also requests the privilege of removing foreign bodies from the periphery and orifices and surface of the human body; no definition of foreign bodies is set forth which would again lead chiropractors to maintain that anything on the surface, periphery or orifices of the body which are not present in a condition of normal health may be operated on by electrical or other methods by chiropractors; this could lead to the gravest of abuses to the public and a protective cloak to unscrupulous practitioners (regardless of the attacks made by the attorney for

Senator Ben Day
March 18, 1953
Page 4.

the "mixer" chiropractors on the medical profession, it is my belief that the great majority of chiropractors are not unscrupulous persons but the design of the law should be to prevent unscrupulous practitioners from taking advantage of the law). One of the abuses which has been perpetrated in Portland upon the public is so-called "ambulatory" treatment of hemorrhoids by chiropractors by injection of certain drugs; this treatment involves two violations in the Medical Practice Act, to-wit, administering drugs and hypodermic injections; the board of chiropractic examiners must know about such activities of at least two chiropractors, but nothing has been done by the board to revoke the licenses of such persons regardless of the recent protestations of the "mixer" chiropractors that they want to clean up their profession. In addition to the above, the "mixer" chiropractors want to have the specific provision allowing them to administer anaesthetics and anæsthesia in connection with the "minor surgery" (which we believe to be major surgery) which they are attempting to legalize through their proposed amendments.

* * * * *

I have been informed that it is possible that your committee will consider the proposed amendments to Senate Bill No. 134 at a meeting on Thursday, March 19. Unfortunately, I am starting a lawsuit tomorrow (Thursday) and have not been able to examine as closely as I would like to the effect of the proposed amendments of the "mixer" group. But I did want to give a preliminary report to you of the effect of such amendments. If your committee desires further information as to the effect of such amendments, I will be glad to furnish it to them in the future.

I received a copy of the letter from the attorney for the "mixer" group dated March 16, 1953, in the mail today, March 18. There is no indication on the copy that I have received that he has sent a copy to Dr. Firth and the other proponents of Senate Bill No. 134. I assume that before you take any affirmative action on any of the amendments to Senate Bill No. 134 that you will want to contact the proponents of the bill.

Yours very truly,

PHILLIPS, COUGHLIN, BUELL & PHILLIPS

cc: Frank E. Day

Dr. P. B. Firth

Clyde C. Foley

John J. Coughlin
John J. Coughlin

FRANKLIN T. GRIFFITH (1870-1952)
CLARENCE D. PHILLIPS
JOHN J. COUGHLIN
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7
FORMERLY
GRIFFITH, PHILLIPS
& COUGHLIN

JARVIS B. BLACK
WARREN HASTINGS

March 9, 1953

Senator Ben Day
Senate Committee on Public Health
State Capitol
Salem, Oregon

Dear Sir:

Re: Senate Bill No. 134

I have given the matters contained in Senate Bill #134 considerable study and attention.

I have also discussed the matter with a number of physicians who are especially able to consider the problems.

The medical profession is in a peculiarly fortunate position in regard to this bill. Regardless of the implications thought to be given to your committee by some persons, the bill is not a medical society bill. This is not to be interpreted, however, as indicating that the medical society does not approve the bill. Personally, I believe that by and large, the bill is a good bill.

To orient our thinking somewhat, I believe that it would be advisable to consider laws of states other than Oregon. There is not a single state in the union that permits chiropractors to perform any surgery or to practice obstetrics under a chiropractic license to the best of my knowledge. Illinois has a statute which permits chiropractors to practice some obstetrics after having passed a special examination given by medical doctors in addition to the chiropractic examinations. Some typical laws in western states are as follows:

ARIZONA - Rules and Regulations of the Arizona State Board of Chiropractic Examiners Adopted 1928 to 1931 -- "22. CHIROPRACTIC is hereby defined as: 'The science of palpating and adjusting, with the hands only, the segments of the human spinal column, for the purpose of releasing nerve impulses and correcting the physical representative of the cause of disease.' This definition is inclusive and any and all other methods are hereby declared

Senator Ben Day
March 9, 1953
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not to be Chiropractic."

Revised Code Arizona, 1928 - Chapter 58, Sec. 2536.
"The licensee may adjust by hand any articulation of the spinal column, but may not prescribe for or administer any medicine or drugs, practice major or minor surgery, obstetrics, or any other branch of medicine, nor practice osteopathy."

CALIFORNIA - "Sec. 7. One form of certificate shall be issued by the board of chiropractic examiners, which said certificate shall be designated 'License to practice chiropractic,' which license shall authorize the holder thereof to practice chiropractic in the State of California as taught in chiropractic schools or colleges; and, also, to use all necessary mechanical, and hygienic and sanitary measures incident to the care of the body, but shall not authorize the practice of medicine, surgery, osteopathy, dentistry or optometry, nor the use of any drug or medicine now or hereafter included in materia medica."

IDAHO - "Sec. 53-912. Practice of Chiropractic Defined. Any licentiate under this chapter may adjust any displaced segment of the vertebral column or any displaced tissue of any kind or nature, for the purpose of removing occlusion of nerve stimulus in the bodies of human beings, and practice physiotherapy, electrotherapy, hydrotherapy, as taught in Chiropractic Schools and Colleges, but nothing herein contained shall allow any licentiate to prescribe medicine, perform surgical operations or practice obstetrics."

WASHINGTON - No Definition. Adjust by hand any articulations of the spine but shall not prescribe for or administer medicine now or hereinafter included in materia medica, nor practice obstetrics, nor osteopathy or surgery.

Some states, of course, do not have any law licensing chiropractors.

It appears from the above that if the chiropractors of this state are correct in their interpretation of the Oregon statute, chiropractors have privileges radically different and radically broader than chiropractors in any other state of the union.

Does it not appear strange to you and your committee that Oregon should be so far out of step with the thinking of the

Senator Ben Day
March 9, 1953
Page - 3

other forty-seven states of the union in regard to privileges of chiropractors?

There seems to be no question but that at least a minority of chiropractors in this state have habitually invaded the field of medicine and surgery regardless of the limitations in the chiropractic license. Actually, they even openly advertise treatment and proficiency in the following conditions among others:

- Treatment of heart condition;
- Gynecology;
- Rectal diseases;
- Injection treatments by drugs and other treatment for hemorrhoids;
- Mastoid treatment;
- Treatment of cataracts;
- Arthritis;
- Eye, ear, nose and throat;
- Female disorders;
- Epilepsy;
- Spastic paralysis.

One leading chiropractor actually advertises that "each patient treated according to his own diagnosis". (We presume this means the patient's own diagnosis.)

Your committee has suggested that the various elements of the chiropractic practitioners and the undersigned discuss the possibility of arriving at a compromise or spelling out definitions in three fields, to-wit:

- Drugs;
- Minor Surgery;
- Obstetrics.

We are hereby making a preliminary report on the above matters.

DRUGS

The chiropractic statute prohibits the licentiates from writing prescriptions for or dispensing drugs (See Section 54-301 O.C.L.A.) The problem of writing a definition of drugs should be a minor one because drugs are defined in the Federal Food and Drug Act, in the Medical Practice Act of the State of Oregon and in various official publications. However, it has not been easy to

Senator Ben Day
March 9, 1953
Page - 4

get one segment of the chiropractic practitioners to acquiesce in such official definitions. The following is a definition of drugs which is more liberal to chiropractic practitioners than the strict definition of drugs, and is a definition which we feel would be acceptable, to-wit:

"Drugs shall mean all medicines, preparations and substances and mixtures of substances used or intended to be used for the diagnosis, cure, treatment, mitigation or prevention of diseases or abnormalities of human beings which are recognized in the latest editions of the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia, official National Formulary or any other supplement to any of them or otherwise established as drugs, except food and water; provided that radio-opaque materials administered by mouth or rectum solely for Roentgen diagnostic purposes shall not be considered as drugs for the purposes of this act."

MINOR SURGERY

In discussing minor surgery we want to state two things to preface my remarks, to-wit:

1. The positive provisions of the chiropractic law of this state defines chiropractic as follows:

"Chiropractic is defined as that system of adjusting with the hand or hands the articulation of the bony framework of the human body, and the employment and practice of physiotherapy, electrotherapy and hydrotherapy; * * * * *."

However, to emphasize specific prohibitions, the statute then goes on to provide that no person licensed under the chiropractic law may do certain things, including "major surgery". The so-called "mixer" chiropractors contend that since the law did not specifically eliminate minor surgery, that they are entitled to do minor surgery. We believe this to be a misinterpretation of the law since the positive provisions of the statute actually define the limits of chiropractic in this state.

2. We have examined statutes of the other forty-seven states and in none of such statutes, to our knowledge, is a chiropractor permitted to do any kind of surgery.

You of course understand that the purpose of one of the amendments to the chiropractic law contained in Senate Bill #134 is

Senator Ben Day
March 9, 1953
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to make it specify that chiropractors may not perform any surgery.

I have met with the attorney for the "mixer" group of chiropractors on several occasions since the last hearing of your committee to see whether or not it is possible to write into the law a definition of minor surgery that in my opinion would protect the interests of the public who consult chiropractors. The result of such meetings so far is that no acceptable definition of minor surgery has been presented.

The approach of the so-called "mixer" group is to attempt to define minor surgery so broadly as to eliminate the possibility of any chiropractic practitioners from being involved in any criticism. My approach is that if any definition of minor surgery is written into the law, it has to be sufficiently stringent so as to prevent any fringe or other element of chiropractic practitioners from taking advantage of it.

Pursuing my approach, we have submitted to the "mixer" group a statement to be included in the law to the effect that the prohibition against surgery in Senate Bill #134 shall not be construed to prevent a chiropractor from providing emergency first aid care for accidental injuries.

You will recall that the representatives of the "mixer" group at your hearing discussed at great length the thesis that it is not humane to refuse chiropractors the privilege of taking care of emergency conditions in a period of national emergency or an emergency presented by a severely injured person. But in attempting to work out a definition of minor surgery it has become immediately apparent that the representatives of the "mixer" group are not willing to stop at emergencies and emergency treatments regardless of their statement before your committee. They apparently even want to go as far as to permit the use of anesthesia to chiropractors except for general or spinal anesthetics.

The conclusion of the question of minor surgery so far is that no acceptable definition has been formulated and it is doubtful that a definition acceptable to the "mixer" group and to the "straight" group can be arrived at. I am willing to meet further with the representatives of both groups to see what, if anything, can be developed, but I am afraid that the "mixer" group will be willing to meet from now until the adjournment of the legislature and thereby effectively prevent the enactment of any

Senator Ben Day
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legislation along these lines.

OBSTETRICS

The "mixer" group contends that a true interpretation of the chiropractic law would permit them to do obstetrics. The "straight" group contends that a true interpretation of law prevents chiropractors from practicing obstetrics. There is no specific provision in the law giving chiropractors the right to practice obstetrics and in my opinion, a true interpretation of law would not extend such a privilege to chiropractors.

The "mixer" chiropractors want Senate Bill #134 to be amended to specifically give chiropractors the right to do obstetrics. The "straight" chiropractors want the enactment of Senate Bill #134 to specifically prohibit chiropractors from doing obstetrics.

Again in evaluating the positions of the two groups, it would be wise for your committee to bear in mind that no other state in the union permits chiropractors to practice obstetrics. This statement is partially limited because of the fact that Illinois permits chiropractors to do obstetrics after passing an additional examination given by medical practitioners.

The problem of obstetrics is not an important economic problem for chiropractors or medical practitioners (this same statement could be made for minor surgery) so that medical practitioners can look upon the question of obstetrics from an objective point of view and from the point of view of what is best for the patient. For instance the birth records of this state indicate that in any one year less than 100 babies are delivered by chiropractors in this state. Probably one-half of that number are delivered by one chiropractor. Probably of the remaining one-half, many of the deliveries are emergency acts of chiropractors. Actually, I would not be too surprised if laymen with no license deliver as many babies in the state of Oregon as all the chiropractors in the state with the exclusion of the one mentioned above.

Senator Ben Day
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Contrast the above situation with the recent abortion mills in Portland. A law enforcement agent having no connection with any group of healing arts has made a statement this session to the members of the senate judiciary committee that there were six or eight abortion mills being conducted in Portland by chiropractors and that his information showed that as many as twenty abortions were performed each day by one of such chiropractors. I have no personal knowledge of the above, but that was the gist of the statements to the above committee. If those statements are true, they indicate that in one week one chiropractor prevented as many births as all the chiropractors in the state delivered in one year.

It is my opinion that your committee and the members of the legislature should determine as a matter of policy whether or not the public good would be better served by prohibiting the practice of obstetrics by chiropractors to prevent the possibility of utilizing the practice of obstetrics to cloak an abortion racket. The medical profession would certainly oppose writing into the law a provision authorizing chiropractors to practice obstetrics as being contrary to the public interest.

I am sure that even though your committee writes in a specific prohibition against obstetrics in the chiropractic law, no chiropractor would ever be prosecuted and certainly no conviction would ever be obtained against a chiropractor for delivery of a baby under emergency circumstances or where adequate care cannot be provided to the mother. After all, policemen, ambulance attendants, firemen, taxi cab drivers, fathers, mothers, relatives or friends or just a plain good samaritan has never been arrested for delivering a baby where conditions are such that he or she is doing the best job possible under the circumstances.

I believe that your committee was presented with adequate evidence on the hazards connected with the practice of obstetrics by persons with inadequate training and the gruesome results of such practice so that I do not have to reiterate such evidence in this letter.

In order to formalize the suggestions in this letter, we are enclosing herewith suggested amendments to Senate Bill #134 for the consideration of your committee.

Senator Ben Day
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I am meeting with representatives of the "mixer"
group Friday morning, and will report further on this matter.

Yours very truly,

PHILLIPS, COUGHLIN, BUELL & PHILLIPS

JJC:mp
Encl.

John J. Coughlin

COPY

134 8.
Cottage Grove, Oregon
Black Butte Route
February 16, 1953

Dear Sen. Lonergan:

I am writing you in regards to the legislative bills in regards to Chiropractors. Your bill to rule out the practice of medicine, obstetrics or any kind of surgery is the only true bill to protect the people from the Chiropractors. Chiropractors all advertise drugless and non-surgical treatment for all kinds of disease and ailments. They tell you that M. D. Doctors are no good, but they turn right around and try to treat you the same as an M. D. would.

Chiropractors are not trained to practice medicine, obstetrics or any kind of surgery. Dr. L. W. Porritt of Eugene, vice president of the Oregon Association of Chiropractic Physicians maintains that obstetrics and minor surgery are proper fields for Chiropractors.

Chiropractors want an easy way to practice medicine and surgery. If they want to practice medicine and surgery make them have to study, be trained and be an intern and have to study the long years the same as an M. D. Minor surgery involves the chance of infection and complications the same as major surgery. A Chiropractor can not cope with infections and complications that do develop. Unless they have the same training and qualifications that an M. D. is required to have. You can't leave it up to a Chiropractor to have to refer or send a patient to an M. D. when he knows he has not the training and knowledge required to safely treat his patient.

They do not and will not do this. Chiropractors talk against M. D.'s medicine and drugs. Medicine and Drugs go hand in hand with surgery.

Dr. Porritt maintains your bill would reduce Chiropractic to the status of one who could only look and lament. This is an admission that Chiropractic is not a practice of medicine and surgery. Dr. Porritt maintains your bill would leave to the Chiropractic profession only that system of adjusting with the hand or hands the articulation of the body, and the practice of physiotherapy, "electrotherapy and hydrotherapy." Dr. Porritt admits then that the Chiropractic approach is to look and lament. Dr. Porritt admits then that medicine drugs and surgery are the only practice to heal and make well the sick. Dr. Porritt does not think much of his own true profession. He wants to practice surgery and medicine the easy way. They want it to be lawful to practice medicine and surgery with only a Chiropractic license. Wants to practice what an M. D. has to study for long hard years of study to be able to get a license to practice. Most of the publicity is about the Chiropractor abortions. But there are hundreds of us who are invalids from malpractice over and under treatment and the ignorance of Chiropractic Physicians. I am one of those people that answered a Chiropractors advertisement, who could get me well by drugless methods without loss of time. The Chiropractor that treated me gave me injection treatments for hemorrhoids. I have been in constant pain for over a year now as the result of the injury caused me by these injections and I have not been able to work for the last six months as the result of the damage caused by these injections. I may have pain the rest of my life. This same Chiropractor in Eugene, Oregon injured another party, a lady with the injection treatment for her hemorrhoids. Would have operated on her for a Spinal Cist, that she did not have. Several others have told me of being injured by Chiropractors. Another lady in Cottage Grove died from the ignorance of a Chiropractor she had for a childbirth. Her husband won a ten thousand dollar suit against him but that don't help the next victim. A few months back a Chiropractor got out of prison for a check forgery sentence. The Chiropractic Board of Examiners gave him a license to resume practice and since he was released from prison a charge has been brought against him for abortion. Any section of this State where Chiropractors are practicing you find

SUFFERING people caused by Chiropractors. A few weeks ago while I was in Portland for treatment by an M. D. for the injury to me by a Chiropractor, I ran into a party that had been taking treatments for hemorrhoids at the Dean Chiropractic Clinic. She had to pay for so many treatments in advance and the last visit she made to the Dean Clinic they told her she was well. But she had not used up the advance payment she had to give them at the start. They said they could give her enough more treatments to use this up yet she did not need any more treatments. Chiropractors are a serious menace to the health and welfare of the people of Oregon. There is a Chiropractor or Naturopath there in Salem, that guarantees he will cure you of hemorrhoids for \$150.00. I know, because a fellow worker of mine was there to see him. It don't matter where you are there is a Chiropractor there to do the same thing to you. The people of Oregon will be much safer if the Chiropractors can't do anything but look and lament. There is no part way measures for Chiropractors. Put them in there Chiropractic profession. If they want to be M. D. Doctors, make them do as M. D.'s have to do, get an M. D. License. When you give Chiropractors a legal right to do minor things they do major things and call them minor. I am making sure you get this letter in time for you to read it to the Senate today. We the people want your bill passed and pray that all the senators will back your bill 100%.

Yours truly,

OTIC RITTEN (SIGNED)

DR. PAUL D. BRAY

CHIROPRACTIC PHYSICIAN

SUITE 422 MEDICAL CENTER BLDG.

MEDFORD, OREGON

RESIDENCE 2-9421

OFFICE PHONE 2-5082

Jun 31, 1953

Senator Ben Day
Senate Chambers
Salem, Oregon.

Dear Ben,

Here's hoping that you can decipher these writings of mine into something readable for my typewriter is in the shop for repairs and I have no secretary to do it for me.

Before getting down to the business at hand, let me mention that I was pleased to hear you speak over the radio program, Freedom Forum, moderated by T. Lawson McCall. It is a very fine program for keeping the public informed and I wish to voice my heartiest support to you personally and to all the others whose time and effort make it possible. Others to whom I have talked also think it excellent and have voiced their appreciation.

Ben, one of the Bills recently introduced into the Senate and which undoubtedly has or will reach the Committee on Public Health is Senate Bill 134. It is a dirty and vicious attack upon my profession. While we know who are behind it and that the bill can serve no good purpose, we necessarily must defend ourselves. Therefore, I ask that you make possible a public hearing of the Committee on this bill so that all facts available and all interested parties may be heard to assist you legislators in considering this bill. If you remember the discussion we had last fall during our very pleasant luncheon, you will remember that my answer to your query as to whether I thought our Chiropractic Law should be changed or not was in the negative. I still do not believe the present law should be changed in this manner. We may need to strengthen it regarding ethics and licensing provisions but certainly not in the manner desired by the proponents of this S.B. 134. I have and will continue to appreciate your fair and open minded attitude toward all legislative matters and I know that I and my profession can expect the same impartial consideration in legislative matters concerning us and the public welfare.

DR. PAUL D. BRAY

CHIROPRACTIC PHYSICIAN

SUITE 422 MEDICAL CENTER BLDG.

MEDFORD, OREGON

OFFICE PHONE 2-5082

RESIDENCE 2-9421

Jan 31, 1953

Page 2.

Senator Ben Day

Dr. W. J. (Bill) Gallagher, who you already know, is our representative to the legislature and I would greatly appreciate any audience with him at any time convenient to you both on this matter and also on any other matters he may deem advisable to consult with you. I know Bill personally and hold him in high esteem for I know him to be a very able man.

I have contacted a few people concerning the formation of a Committee locally for the advancement of developing our Natural Resources but so far have nothing concrete to report. I am continuing on this project albeit slow for I have at present a great many other demands on my time. In the meantime I would greatly appreciate any reports from you on happenings of interest in this regard.

If I can get to Salem in the next weeks or any time during the tenure of this legislative session I'll drop in to see you, Ben. Until I see you again, may I thank you in advance for your cooperation in these matters.

Sincerely yours,

Paul

11/

February 5, 1953

Dear Patient:

I know you will be interested in knowing that our association - the Oregon Association of Chiropractic Physicians - introduced several bills (H.B.s #270 & 272) in our state legislature last Monday which would tighten the laws on abortion, raise the standards of our profession, and would require six years of college study as a requisite in our state.

These bills have been under study and preparation in our association committees for six months and were passed at our last convention in December. Our association represents the vast majority of our profession, numbering some 195 members.

With the plan of upsetting the above commendable movement, a small group with the help of others, have introduced Senate Bill #134. This vicious bill would stop us from treating you as we have during the past 25 years.

We consider the bill discriminatory and we believe that you should be allowed to choose the doctor of your choice for the treatment you desire. Will you please write any or all of the below listed senators of the Public Health Committee and ask that they vote no on Senate Bill #134.

Senator Ben Day, Chairman
Senator John Merrifield
Senator Frederick Lamport
Senator Pat Lonergan

Senator Walter Giersbach
Senator Truman Chase
Senator Phil Brady

Address it to one of the above named senators, c/o Senate Chamber, Salem, Oregon, not later than February 10.

Thanking you in advance, I remain,

Dr. Chas. E. Williamson
Chiropractic Physician
376 East 11th Ave
Eugene, Oregon

Yours sincerely,

Chas. E. Williamson
- over -

Senator Ben Day Chairman

" John Merrifield

" Frederick Lampert

" Pat Lonergan

" Walter Kiersbach

" Truman Chase

" Phil Brady

Eugene, Oregon.

Feb. 10, 1953.

Co. Senate Chamber
Salem, Oregon.

Dear Members of the Senate,

Please read reverse side of this letter, which I

received from my Dr. this morning. As for crippling and

abolishing any more Dr's. which perform those abortion cases

"I am 100% for it." But as to putting Dr's. such

as my Dr. Dr. Williamson (out of practice) would be

really a crime. I personally have to have treatments

quite often on my spine - hip and shoulder - and the

M.D. Dr's. can not help me in any way. But my Dr.

makes these adjustments - and gives immediate relief. If I

could not get these I'd soon be a hopeless cripple - another

arthritis case - and a bad one. He certainly means a

lot to the people here in our community. "Let us keep him."

I most heartily vote (no) on Senate bill # 134.

Some of these Dr's. may perform those abortions -

but I feel certain that most of them honor higher standards,

and do not abuse the privilege of their practice.

Please give this your consideration and help us - so

many - many that need this help.

I thank you.

Yours truly,

Mrs. Belle Wackmuth

(patient)

387 Park Ave.

Eugene, Oregon.

Senate bill # 134

No

P.S. Why should we suffer - just because of these

other people who are so low they stoop to abortion (plain murder)?

DR. CLARENCE W. CAMPBELL
CHIROPRACTIC AND NATUROPATHIC PHYSICIAN
TUFFS BUILDING
GRANTS PASS, OREGON

Jan 30, 1953

Senator Ben Day
Senator Chamber
Salem, Oregon

Dear Senator Day:

I wish to call your attention to Senate Bill No. 134. This seems to be another malicious attack on our profession as the result of the recent abortion trials in Portland, Oregon.

As you know those that practice that kind of business do not represent any profession. We do have, unfortunately, about sixteen to eighteen men in our profession, in this state, that wish to still practice in the so called horse and buggy days and do not wish to progress with the times that we are now living. These men are a thorn in our sides because they still wish to practice like they were fifty years ago and want all the rest of us to do the same. We do not wish that the law be changed. We, as a profession, wish to advance with the times instead of being pushed backwards by other overwhelming forces.

The patients that now depend, and those that will in the future, on us as a profession for this kind of care should have the right to choose the doctor of their choice. When this choice is denied them, particularly when it is taught in our schools as a regular subject, then there exist a monopolization of the healing arts.

I trust that you will not let this happen and vote against any measure that may infringe on our rights as a profession.

Thanking for you help

Clarence W. Campbell
Clarence W. Campbell D.C.
Sec. Southern Ore. Assoc. of Chiro.
Physicians

CWC/ah

The
Talbott Register

MR. AND MRS.
GEO. E. TALBOTT
MANAGERS



BOX 166
GEARHART, OREGON

BOX 166 GEARHART, Ore.

PHONE 889

GEORGE E. TALBOTT
ESTATE CONSERVATION COUNSEL

REPRESENTATIVE

THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

Permanent Guests

Name	Date Checked In	Time	Weight
*1. Caroline Gay	May 7, 1939	7:00 P.M.	8 Lbs., 10 Ozs.
*2. Antoinette Jean	Jan. 18, 1942	6:15 P.M.	9 Lbs., 13 Ozs.
*3. Donald George	Dec. 14, 1942	7:58 P.M.	9 Lbs., 1 Oz.
*4. Janice Wonne	Nov. 29, 1945	4:08 A.M.	8 Lbs., 6 Ozs.
*5. Mary Pamela	Dec. 24, 1947	9:48 P.M.	8 Lbs., 15 Ozs.
*6. Timothy Arthur	Dec. 18, 1948	12:35 A.M.	9 Lbs., 1 Oz.
**7. Deborah Anne	Aug. 17, 1950	9:07 P.M.	9 Lbs., 1 Oz.
**8. Jonathan Alan	Sept. 30, 1951	1:35 A.M.	9 Lbs., 11 Oz.
***9. Robert James	Nov. 3, 1952	4:20 P.M.	10 Lbs., 4 Ozs.
10.			
11.			
12.			

George E. Talbot
 Night Clerk *Dr. Howard C. Stearns **Dr. Melvin W. Breese
 ***Dr. C. Clyde Dunham

"Lo, children are an heritage of the Lord" Psalms 127:3.

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14

DR. A. C. CORRADO
CHIROPRACTIC & NATUROPATHIC PHYSICIAN
208 SECOND STREET
HOOD RIVER, OREGON

February 15, 1953

Senator Ben Day
Senate Chamber
State Legislature
Salem, Oregon

Dear Senator Day,

I would much rather be playing with my children this afternoon than writing you, but there seems to be a faction in our profession who wish to chain us all down to their standards, rather than trying to raise themselves.

I am speaking of Senate Bill No. 134 put forth by not more than fifteen of the Chiropractors in the State of Oregon for the purpose of holding those of us who have the education to follow as we have been thoroughly trained. This bill would curtail my practice very much and since it is my means of making a living I feel that since this is a democratic country that we deserve a right to practice our chosen profession. I wish you would ask some of the advocates of this bill just how much schooling they have compared to the rest of us, and just how they got their license. And whether they would be able to practice in a small town with their limited idea of healing.

I am not trying to tell you how to vote on this bill but merely asking you to look thoroughly at both sides and I know that a fair decision on your part will defeat this bill.

I'd like to write you more, but I've still got six more letters to write to the rest of the committee. Any consideration you may show in the way of fairness will be deeply appreciated by myself and family.

Anytime you're in Hood River, you are certainly welcome, and it would be a pleasure meeting you. Haven't got much, but then you had to start at the bottom too, and you're welcome to share with us what we do have.

Thanks again,

Very truly yours,

"Bill" Corrado

P.S. Excuse my typing, but with these two kids climbing on me and the desk (2 & 4) are enough to jar anyone's thinking.
Thanks again.

13

GEORGE E. TALBOTT

REPRESENTING

THE NORTHWESTERN MUTUAL LIFE INSURANCE CO.

OF MILWAUKEE, WISCONSIN

~~XXXXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

Box 166

Gearhart, Oregon

February 16, 1953

134

FAMILY
PROTECTION

ESTATE
CONSERVATION

Honorable Senator Ben Day
Senate Chambers
Salem, Oregon

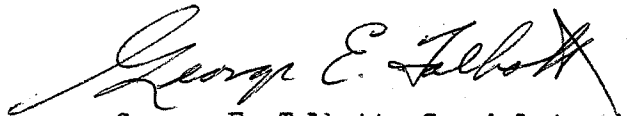
Honorable Ben Day:

May I take occasion to express my sentiments
regarding Senate Bill 134:

It is my considered opinion that this bill
aimed at the curtailment of activities of men engaged
in the Chiropractic profession is a reflection on the
character of the American medical fraternity and is
monopolistic, discriminatory and highly un-American.

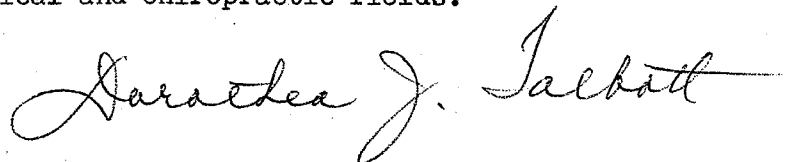
I trust this reaches you before the bill again
(in its presently revised form) comes up for considera-
tion.

Very truly yours,


George E. Talbott, Special Agent

GET/gt

P. S. Mrs. Talbott concurs in this matter and has had
many years of experience under care of doctors in
both the Medical and Chiropractic fields.



134 12

DR. RALPH J. SVEHAUG
Chiropractic and Naturopathic Physician
ESTACADA, OREGON

February 13th, 1953

Senator Ben Day,
Senate Chambers,
Salem, Oregon

Dear Senator Day:

Please vote against S.B. 134 for the following reasons:-

Through the demands of the public, we have increased our educational standards until today we have an unquestionable background in the eyes of those who know our curriculum, and in the public who is served by us. The increased demand for our services substantiates this.

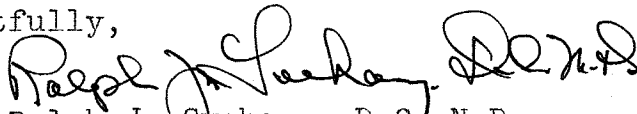
Now again there is the attempt to limit our scope of practice by a minority group, for no other purpose than that Oregon will serve as another outlet for their school. These students have had to do 2 years or more Post graduate work in order to meet the Oregon Law for a licence. There are only some 12 States in the Union which will allow them to practice as it stands.

As for abortion - we abhor the fact that certain chiropractors have practiced this and we condemn it strongly. However, it is not something done solely by chiropractors, and you may be sure the medical profession is not blameless in this regard

Chiropractic has often been included in the practice of medicine by inference. Chiropractors do not practice medicine if the term is to be taken as prescribing drugs. This is outside the law and their scope already.

Your judgement will be respected in this matter and please give it your careful consideration.

Respectfully,


Ralph J. Svehaug, D.C. N.D.

Speakers at Public Hearing

UNIVERSITY OF OREGON MEDICAL SCHOOL

Dr. Charles N. Holman
Medical Director and Administrator of Hospitals and Clinics

Dr. William M. Wilson
Associate Professor of Obstetrics and Gynecology

Dr. Karl H. Martzloff
Associate Professor of Surgery

Dr. Harold M. Erickson
State Health Officer

Dr. F. Floyd South
Multnomah County Coroner

Dr. Ralph E. Purvine
Member, State Board of Medical Examiners

Mr. Howard I. Bobbitt
Executive Secretary and Legal Advisor
State Board of Medical Examiners

Mr. John J. Coughlin
Legal Counsel, Oregon State Medical Society

What problems of public health arise from the practice of Chiropractic?

Dr. Harold M. Erickson, State Health Officer.

Do you have examples of chiropractors exceeding the scope of their practice with bad results?

Mr. Howard I. Bobbitt, Executive secretary and legal adviser, State Board of Medical Examiners.

~~WHAT PROBLEMS ARISE FROM THE PRACTICE OF CHIROPRACTIC?~~

What problems of the coroner's office arise from the practice of Chiropractic?

Dr. F. Floyd South, Multnomah County Coroner.

What are some of the hazards of obstetrical practice?

Dr. William M. Wilson, Associate Professor of Obstetrics and ~~GYN~~ gynecology, University of Oregon Medical School.

Can minor surgery be defined?

Dr. Karl H. Martzloff, Associate Professor of Surgery, University of Oregon Medical School.

Can the committee get technical assistance regarding the problems arising under Senate Bill 134?

Mr. John J. Coughlin, Legal Counsel, Oregon State Medical Society.

PROPOSED ORDER OF SPEAKERS
FOR PROPONENTS OF SENATE BILL #134

February 17, 1953

1. Dr. L. W. Rutherford, D. C., President of the Oregon Chiropractic Research Assn., Inc.--proponent of this bill.
2. Dr. Paul Firth, member of the State (Oregon) Board of Chiropractic Examiners.
3. Mr. George Neuner, Attorney at Law, of McMinnville, Oregon.
4. Mr. Craig C. Coyner, Attorney at Law, of Bend, Oregon.

* * * * *

To: Senator Day, Chairman of Senate Committee on Public Health.

Individuals

Reg. Brown
Dr. Thomas H. Burke
Mr. Ralph J. Shadduck

COPY

Case #1 - Chiropractor

Has a long criminal record. Formerly an osteopath in California, he was admitted to Oregon as a chiropractor by reciprocity. There have been many complaints as to poor practice. He was convicted in 1947 for forgery, but was still re-licensed upon completion of his sentence. Six months after his release from the penitentiary, he was picked up on charges of manslaughter by abortion, and convicted thereof in February, 1953.

Case #2 - Naturopath

Has a long record of unethical, illegal and unauthorized practices, with rumors of abortions. Frequently convicted of drunken driving, etc. Was convicted of illegal possession of marijuana, and still the Naturopathic Board did not revoke his license. Since that time, two distinct cases of unauthorized practices have been reported which presently are under advisement.

Case #3 - Chiropractor

Arrested in recent abortion raids. Long record as an abortionist. Still, no attempt has been made to revoke his license. Was blatantly distributing cards to high school girls advertising abortions and, since his arrest, has acted as referral for other abortionists. Still practicing.

Case #4 - Chiropractor

Convicted in early life for violation of white slavery act. Still, he was admitted to practice in Oregon, and was recently convicted in Circuit Court of abortion. He is still licensed, and nothing definite is known about any move to revoke such license.

Case #5 - Chiropractic Clinic

This clinic is operated by a chiropractor who has been in trouble repeatedly with the authorities regarding his practices. He employed a relative as a chiropractor, which relative was unlicensed. Recently acquitted on charges of abortion, but is still pending on further charges. No move has been made to revoke this individual's license.

Case #6 - Naturopathic and Chiropractic Clinic

Owned and operated by an individual who was formerly dismissed on charges of abortion because of turning state's evidence in Nevada. Licensed in Oregon in recent years, despite previous record, and was arrested during the Portland abortion raids. Was found guilty, and is still licensed to practice. Since that time, this clinic is definitely known to be continuing to perform abortions.

Case #7 - Chiropractor

Performed an abortion on April 25th, 1947. Affidavit obtained from woman who witnessed abortion, and also affidavit procured from woman upon whom abortion was performed. There is general knowledge of his abortion practice. At the present time, two such operations are under advisement of the district attorney, but still, no move has been made to revoke his license.

Case #8 - Chiropractor and Naturopath

Long record of petty law violations, mal-practice and general misrepresentation. Advertises bloodless surgery. One woman responded to advertising in regard to rectal disorders, and was given literature as to the poor effect of general surgery and asked the virtues of the treatments given by this individual. After two irrigation treatments, an operation was performed without the consent or knowledge of this woman, whereupon a large vein was severed, and the woman had almost bled to death before reaching competent medical help.

Also a case is under advisement with the district attorney concerning a criminal charge.

Case #9 - Chiropractor

Through the unauthorized practice of medicine, this man has given shots and performed some sort of surgery upon two different individuals - one of whom will undoubtedly be crippled for life because of the mal-practice and malfeasance of this chiropractor.

Case #10 - Naturopath

Illegally administered calcium shots to a woman over a period of about one year, charging up a bill of almost \$700.00. Upon being informed that it was illegal for a naturopath to administer such shots, this woman's husband visited the Naturopathic Board, and was informed (contrary to the opinion of the attorney general) that it was legal for naturopaths to give injections and shots, and to "get out of this office."

Case #11 - Chiropractor

This man has a practice whereby he extracts a drop of blood from his patient, and places this drop of blood in a machine which will "diagnose" from this drop of blood any ailment known to medical science. He is also known to have several masseurs and other individuals working as agents for him in this and different localities - sending such drops of blood.

After the diagnosis, the patient is treated by holding on two handles of an electric gadget which shoots certain electrical impulses into the body of the patient, thus curing the "disease" which the other machine "diagnosed". Also reputed to be an abortionist.

Case #12 - Naturopath (now deceased)

Publicly endorsed a machine which is alleged to cure any known ailment of man, and which machines are presently being distributed in Oregon and which distribution cannot be stopped because of inadequate laws covering same. The state of California is presently prosecuting all sellers and distributors of such machines for medical fraud.

Case #13 - Chiropractor

Distributes pamphlets which state that the recognized practice of treating and correcting eye ailments as used by ophthalmologists and optometrists is incorrect, and that the eye can be corrected only through his prescribed exercises.

Case #14 - Chiropractor

The patient was diagnosed by a machine wherein he held on to a steel bar and an electric current was passed through his body. He was also diagnosed by x-ray, and told he had an ulcerous colon and treatment was advised. Subsequent diagnosis by a medical doctor showed he was suffering only from aerophagia.

Case #15 - Chiropractor

Numerous complaints regarding his "bloodless surgery". Treated a child for eye trouble by massaging the head, and the child had an incurable blindness. "Removes" gallstones and tumors, etc. through bloodless surgery, and also treats ulcerated stomachs and hemorrhoids the same way.

Case #16 - Chiropractor

Treated a patient for an abscessed finger, which was later found, by a medical doctor, to be broken.

Case #17 - Chiropractor

Performed a rectal operation which was done very poorly and which developed infection, and patient had to go to a medical doctor for treatment to cure the infection and correct the surgery.

Case #18 - Chiropractor

Diagnosed and treated by diet a patient's disorders as cancer. When patient became worse and attended a medical doctor, a tumor was found and removed.

Makes appointments for "adjustments", quoting fees, and then insists on complete examination, - blood pressure, urine sample, etc., and bills for complete examination.

Case #19 - Naturopath

Uses a culture machine to diagnose patient. Told one patient that he had gallstones, catarrh, bad heart, etc. Promised cure in 100 treatments which consisted of electric pad on stomach and back.

Case #20 - Chiropractic Clinic

Numerous complaints of malpractice and poor treatment. Guarantees "cures" for prostate and bladder troubles. Give colonic treatments for everything from gall bladder to jaundice. Told one female patient she had poison in her system and she later was found to have syphilis with second degree lesions.

Case #21 - Chiropractor

Complaints have been received of treatments for various diseases by oxygen. In one case, diagnosed a female patient as having a tumor, and later it was disclosed after she entered a hospital that she had an intestinal cancer.

Case #22 - Chiropractic Clinic

Numerous complaints have been received from people who thought this was a medical clinic. Flat fees are charged before taking treatments, and the patient is charged the same whether one or a dozen treatments have been given.

.....

Many other complaints have been received of various types such as a chiropractor or naturopath giving the impression that he is a medical doctor; or giving shots; or treating cancer patients with irrigations.

A BILL

For an Act to amend section 54-301, O.C.L.A., as amended by section 1, chapter 62, Oregon Laws 1941, relating to the practice of chiropractic..

Be It Enacted by the People of the State of Oregon:

Section 1. Section 54-301, O.C.L.A., as amended by section 1, chapter 62, Oregon Laws 1941, is amended to read as follows:

Sec. 54-301. (1) Chiropractic is defined as that system of adjusting with the hand or hands the articulations of the bony framework of the human body, and the employment and practice of physiotherapy, electrotherapy, and hydrotherapy and minor surgery; provided, that no person practicing under this Act shall administer or write prescriptions for, or dispense drugs, practice optometry or naturopathy, or do major surgery.

(2) For the purposes of this Act, minor surgery shall mean the use of electrical or other methods for the surgical repair and care incident thereto of superficial lacerations and abrasions, benign superficial lesions, and the removal of foreign bodies located in the superficial structures; and the use of antiseptics and local anesthetics in connection therewith.

~~(3) For the purposes of this Act, drugs shall mean~~
~~all medicines and preparations and all substances, except~~
food and water, used or intended to be used for the
diagnosis, cure, treatment, mitigation or prevention of
diseases or abnormalities of man, which are recognized
in the latest editions of the official United States Phar-
macopoeia, official Homeopathic Pharmacopoeia, official
National Formulary, or any supplement to any of them,
or otherwise established as drugs; provided that nothing
in this Act shall be deemed to prevent one licensed under
this Act from the administration of the anesthetics or
antiseptics authorized in subsection (2) or the use of
radiopaque substances administered by mouth or rectum
necessary for Roentgen diagnostic purposes; provided
further that nothing in this Section shall be interpreted
as authorizing the administration of any substance by
the penetration of the skin or mucous membrane of the
human body for a therapeutic purpose.

SENATE AMENDMENTS TO SENATE BILL No. 134

BY SENATE COMMITTEE ON PUBLIC HEALTH

On page 1, line 6, of the printed bill after "Sec. 54-301." and before the word "Chiropractic" insert the following:

"Sec. 1."

On page 1, line 9, of the printed bill, after the word "electrotherapy" delete the word "and" and insert in lieu thereof a comma.

On page 1, line 9, of the printed bill, after the word "hydrotherapy" and preceding the semi-colon insert the following:

"dietics, chiropractic obstetrics and minor surgery;"

On page 1, line 11, of the printed bill after the word "naturopathy" delete the words "medicine of obstetrics" and insert in lieu thereof the following:

"osteopathy,"

On page 1, line 11, of the printed bill after the word "do" and before the word "surgery" insert the following:

"major"

On page 1, line 11, of the printed bill after the word "surgery." delete the remainder of line 11 beginning with the word "This" and delete all of line 12 and all of line 13 ending with the word "thereof."

On page 1 of the printed bill after line 13, insert the following:

"Sec. 2. For the purposes of this Act, minor surgery shall mean the use of electrical or other methods for the surgical repair and care incident thereto of minor surface, ~~perio~~ peripheral and orificial conditions, and the removal of foreign bodies therefrom; and the use of proper antiseptics and anesthesia in connection therewith; provided, however, that cases requiring the use of general and/or spinal anesthesia, are specifically excluded from the practice of chiropractic under this Act.

"Sec. 3. For the purposes of this Act, drugs shall mean all medicines and preparations and all substances except food and water, used or intended to be used for the diagnosis, cure, mitigation or prevention of diseases or abnormalities of man, which are recognized in the latest editions of the official United States Pharmacopoeia, official Homoeopathic Pharmacopoeia, official National Formulary, or any supplement to any of them, or otherwise established as drugs; provided that nothing in this Act shall be deemed to prevent one licensed under this Act from the therapeutic use of natural and supplemental foods and/or water or the administration of anesthesia or antiseptics named in Sec. 2 herein or the use of radiopaque substances necessary for diagnosis; provided also that nothing herein shall be interpreted as permitting the administration of any substance by the penetration of the periphery or lining of the orifices of the human body for a therapeutic purpose."

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SENATE AMENDMENTS TO SENATE BILL NO. 134

BY SENATE COMMITTEE ON PUBLIC HEALTH

On page 1 line 10 of the printed bill, after the word "shall" and preceding the word "write" insert the following:

"administer or".

On page 1 line 11, of the printed bill, delete the word "medicine".

On page 1 line 11, of the printed bill, after the word "surgery" and preceding the period, insert the following:

";drugs shall mean all medicines, preparations and substances and mixtures of substances used or intended to be used for the diagnosis, cure, treatment, mitigation or prevention of diseases or abnormalities of human beings which are recognized in the latest editions of the official United States Pharmacopoeia, official Homoeopathic Pharmacopoeia, official National Formulary or any supplement to any of them, or otherwise established as drugs, except food and water; provided that radio-opaque materials administered by mouth or rectum solely for Roentgen diagnostic purposes shall not be considered as drugs for the purposes of this act; the prohibition contained in this Act against

surgery shall not be construed to prevent a
licentiate under this Act from providing emer-
gency first aid care for accidental injuries."

COMPARISON

Between Class Hours

Approved Medical School

and

**The Palmer School of
Chiropractic**

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section 6 of Section 54-731 O.C.L.A. as amended by Section 2, chapter 208, Oregon Laws 1943." He believes this amendment will take care of the objection.

SB 427

Dr. W. J. Gallagher, Oregon Association of Chiropractic Physicians, stated this bill was a substitute for SB 134. It defines the word "chiropractic" and also the term "minor surgery". His association approves of this substitute bill.

Mr. John Coughlin, attorney, representing State Medical Society, stated his organization was in favor of SB 427 and hopes these definitions will eliminate difficulties of the past.

Mr. Craig Coyner, attorney, Oregon Chiropractic Research Society, Inc., stated his organization felt the bill was not exactly what they would like but they will go along with it.

Dr. Ralph Snadduck, naturopath of Portland, objects to the bill, particularly to the definition of drugs, which he feels may be applied to his branch of the healing arts. He presented an amendment reading: "Nothing in this act shall apply to physicians licensed by the Naturopathic Board of Examiners."

Dr. A. R. Hedges, president of the Naturopathic State Board endorsed Dr. Snadduck's remarks as did a Dr. Campbell.

Dr. Thomas Burke, chiropractor of Portland, wondered if the bill would restrict chiropractors from broadening their scope.

Dr. Emery Ingham of Portland, chiropractor, felt it fine that all three groups of chiropractors agreed on this bill.

Rep. Misko cannot see from reading the bill that it applies to naturopaths since it clearly states it is "relating to the practice of chiropractic".

Executive Session HB 186

Rep. Eaton moved and Rep. Misko seconded the motion that the amendment suggested by Senator Bryson be accepted. Rep. Mann voted "No"; all others "aye".

Rep. Eaton then moved that the bill be put out "Do pass as amended". Rep. Misko seconded the motion. Rep. Mann voted "No" and as not concurring; all others "aye". The clerk was instructed to also correct the previous amendments to the bill which had been printed before the bill was re-referred.

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SB 178

It was agreed by the committee to have Dr. Milleson and Dr. Bjork of the Veterinary Association here together with Reps. Steward and Steiver and try to iron out differences on this bill. The clerk was instructed to notify Drs. Milleson and Bjork to appear Tuesday, April 7, at 1 P. M.

HB 93

This bill has been recalled from the governor's office, a conference committee appointed which concurred with the Senate amendments to it. Rep. Mann moved to lay the report on the table. Rep. Klemsen seconded the motion which carried with Rep. Misko voting "No".

HB 588

Rep. Klemsen moved that HB 588 be removed from the table for the purpose of discussion since a group of people were waiting to be heard on it. Rep. Mann seconded the motion which carried with Rep. Misko voting "No".

Dr. Forrest Goddard, Dr. John Dyke, both of Salem, Dr. Strand of Oregon State College, Dr. Irvin Hill, Salem, speaking as a physician and as representing the Salem Parents Council, Mr. Willard Stone of the Marion County Health Office, Dr. Samara of Oregon State Dental Association, Dr. Kinley K. Adams, Salem dentist, all stressed the need of fluoridation in our water systems.

Dr. Winter of the Dental Section of the State Board of Health stated they believe in fluoridation but as the bill is written, it is permissive legislation and contains what the Board of Health already has power to do.

Executive Session HB 588

Rep. Klemsen moved that the bill be tabled. Rep. Mann seconded the motion and all voted "aye".

SB 427

Rep. Eaton moved that this bill "Do Pass". Rep. Misko seconded the motion which carried. Rep. Misko will present it on the floor.

SB 255

The committee agreed to pass out the bill with the proposed amendments. Dr. Dammasch will take it on the floor.

The meeting was adjourned.

Respectfully submitted,
Ellin Furke, Clerk

consistent pattern of excessive treatment, that licensee would be in violation of this and other rules. Clinics that have only ‘on the job’ training, no written policies or procedures, and no process for ensuring patient safety and continuity of care when multiple doctors treat the same patient would be indicators of inadequate supervision. To the extent the licensee owner has fulfilled his/her fiduciary responsibilities for supervising and training a multi clinic practice or an individual clinic, that is an affirmative defense in the event an individual employee commits a violation of law or rule. This rule does not apply to chiropractic colleges as they are not described in OAR 811-010-0120. The Board can address specific questions as they come up: (such as)

Question: Owner doctor advises and orders the employee doctor to follow the OBCE rules and guides per OAR 811-010-0120, and the employee doctor fails due to "poor judgment" or other "human errors", what criteria does the owner doctor need to follow in order to prove that appropriate training has been implemented, and the owner doctor's burden has been met in order to comply with ORS: 811-010-0125?

Answer: Specific actions such as memos, emails, personnel file entries, continuing education, other training, clinic policies communicated; remedial actions, would all be indications that the owner doctor is providing adequate supervision. Whether the owner doctor has met the requirements of the rule would be a situation specific determination.

Question: Are owner doctors not held responsible for independent contractors working in their office but not operating under the owner's license?

Answer: Yes, but only to the extent that they are “...part of their chiropractic practice for the purpose of providing care to patients...” as per OAR 811-010-0130 Other Licensed Health Care Providers

New Section (25) to OAR 811-035-0015 Unprofessional Conduct Chiropractic physicians holding an ownership interest as described in OAR 811-010-0120 may be held responsible, entirely or in part, for supervised staff (listed below) who provide patient services. This includes a responsibility to render adequate supervision, management and training of ancillary staff or other persons including, but not limited to, chiropractic physicians, student interns, chiropractic assistants and/or others practicing under the licensee’s supervision. Chiropractors with supervised staff may be held responsible, entirely or in part, for undue influence on staff or a restriction of a supervised chiropractic physician from using their own clinical judgment. (01/23/14)

CLINICAL JUSTIFICATION RULE POLICY

The following policy declarations further describe and explain the intent of OAR 811-015-0010(4).

The requirement in OAR 811-015-0010 (4) for evidence based outcomes management for “curative chiropractic treatment” does not include maintenance or wellness care. OCPUG defines maintenance care as inclusive of both preventive care and supportive care. While preventive may be considered similar to wellness care, supportive care “is appropriate for a patient who has reached maximum therapeutic benefit” and/or “is appropriate in patients who display persistent and/or recurrent signs of illness or impairment.”

Nothing in OAR 811-015-0010 should be interpreted as requiring or implementing a “very restrictive cook book approach.”

The term “evidence-based” as it relates to outcomes measures is not a specific reference to the Educational Manual (EMEBC) or to “evidence-based medicine,” nor “evidence-based best practice.”

There should be clinical literature and evidence supporting the outcome assessments utilized. "Evidence" means the whole body of professional knowledge. This includes the spectrum of evidence from randomized, controlled clinical trials to less rigorous forms of evidence. Examples of less rigorous forms of evidence includes one or more well designed controlled observational clinical studies, clinically relevant basic science studies, descriptive studies, case reports, or expert opinions published in refereed journals. Where such evidence is lacking professional field consensus is considered.

Lastly, the Board understands that some practitioners employ investigational or other varied (or non-traditional) chiropractic approaches addressing certain types of curative chiropractic care. It is not the Board's intent to discourage these approaches with the evidence based outcomes measures language of Section (4). Should an issue or complaint arise concerning treatment of this general type, the Board will first look to Section (1) language which states, "Clinical rationale, within accepted standards and understood by a group of peers, must be shown for all opinions, diagnostic and therapeutic procedures." (5/18/06)

COLONIC THERAPY

(See also "Colonic Therapy; colonics" under Chiropractic Assistants

The board restated its previous policy in that they determined colonic therapy is hydrotherapy, and is allowed within the scope of chiropractic practice, but CCAs are not allowed to perform it due to the higher risk of the procedure. There are inherent risks, such as causing septic shock by rupturing the bowels. (9/28/07) (9/15/14)

COMPUTERIZED SOAP NOTES

Computerized SOAP notes are acceptable as long as they are used in conjunction with the Oregon Practices & Utilization Guidelines. (4/16/92)

CONTINUING EDUCATION

Approval of Courses or Activities "not specifically listed" in the OAR

Regarding Continuing Education issues that fall under OAR 811-015-0025(9)(L) "and any other course or activity specifically authorized by the OBCE."

Continuing education requests are submitted to the administrative office for possible approval "by the Board" per OAR 811-015-0025(9)(L). If the criteria of the course or activity is, in large part, similar to other described criteria in this rule (sections 8 and 9), but the activity or course is not specifically listed, the Executive Director is delegated authority by the Board to approve the course or activity.

Other courses or activities that do not, "in large part," compare to given criteria of this rule are to be presented to the board for its approval at the next regularly scheduled board meeting.

The term "in large part" may refer to courses or activities which are related to:

- Other institutions not specifically listed, but not excluded intentionally
- Other health-related "studies," but not necessarily "research"
- Teaching "chiropractic" courses at other institutions (hospitals, gyms, nursing homes, etc.), and
- Teaching "chiropractic" courses not necessarily as continuing education

(02/20/03)

Board Member CE Allowance

A CE allowance for board members falls within the requirement of the CE rule. Members are improving and increasing their knowledge and proficiency in chiropractic practice by study and review of cases and policy issues. In addition it is already standard for OBCE subcommittees to receive CE credit for their services, so it would not be out of line for board members to receive credit.