

OBCE BOARD MEETING PUBLIC SESSION	March 31, 2022 8:30 AM
	Zoom Conference: https://us06web.zoom.us/j/89625118713?pwd=Z3M0SC9SUIJoQWoxNFNXY1FYK3IDUT09
	Meeting ID: 896 2511 8713 Password: 457409
Board President: Franchesca Vermillion, DC Phone 503-378-5816 Fax 503-362-1260	

Amended 3/30/2022

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. January 20, 2022 Public Board Minutes

3. EXECUTIVE DIRECTOR REPORT

Inform/Action

4. OCA Update

Inform

5. UWS Update

Inform

6. 9:00 AM RULE HEARINGS

- a. **OAR 811-015-0025 Continuing Chiropractic Education** – Implementing CE reporting requirements and reviewing sections 8 and 9 and minor corrections. Action
- b. **OAR 811-015-0011 Minor Consent** – Implementing minor consent rule to be consistent with other health professional regulatory boards. Action
- c. **OAR 811-015-0023 BLS Certificate Requirement** – Implementing new Basic Life Support (BLS) certificate requirements for all licensees. Action

7. ADMINISTRATIVE RULES REVIEW and DISCUSSION

Action

- a. **OAR 811-010-0091 Compliance with the Oregon Health Authority's COVID-19 Requirements** – review temporary status
- b. **OAR 811-010-0110 Chiropractic Assistants** – age of minor consent review
- c. **OAR 811-035-0015 Unprofessional Conduct in the Chiropractic Profession** – age of minor consent review and OSHA rule changes

8. DISCUSSION AND ACTION ITEMS

- a. 2022 Board Meeting locations Action
- b. 2023-25 Budget Projections and Fee Increases Inform/Action
- c. Proctology Rotation Proposal/Minor Surgery list discussion – Herschorn, L Inform/Action
- d. False Advertising and Marketing Clarification – Turnbull, T (OCA President) Inform/Action

- | | |
|--|---------------|
| e. Powerpoll – Wet cupping responses | Inform/Action |
| f. House Bill 2359 (2021) – Continued Discussion | Inform/Action |
| g. P&P Workgroup – Application Review | Inform/Action |

9. CORRESPONDENCE

- | | |
|--------------------------------------|--------|
| a. Public comments – OHA Mask Update | Inform |
| b. Public comment - Guerrero, M | Inform |

10. WORK SESSION

11. 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.

12. IN THE MATTERS OF (following Executive Session)

OBCE BOARD MEETING PUBLIC SESSION	January 2021, 2022	8:30 AM
	Zoom Conference: Meeting ID: 854 8913 5588 Password: 200407	
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	Miriam Lara, Administrative Specialist II
Karen Baranick DC	Lori Lindley, Assistant Attorney General
Lori Schmidt JD, Public Member	Craig Kawaoka, DC, MeD, Healthcare Investigator
Glenn Taylor, Public Member	Heather Gilker, Office Specialist
Allen Knecht DC	
Public Attendees: Daniel Cote, DC; Chelsea Morris; Carina Staab; Sharron Fuchs, DC; Kathleen Galligan, DC; Todd Turnbull, DC.	

8:30 AM Convene Public Session

1. **PUBLIC COMMENTS** – No comments made.

2. **CONSENT AGENDA**

a. **Today's agenda**

Outcome: Approved as amended.

b. **November 17, 2021 Public Board Minutes**

Outcome: Approved.

c. **December 29, 2021 Emergency Meeting - Public Board Minutes**

Outcome: Approved.

3. **EXECUTIVE DIRECTOR REPORT**

Report was received.

4. **OCA Update – Dr. Daniel Côté**

Dr. Daniel Côté reported that CE and live events are starting back up. Dr. Côté is currently the interim President of OCA, there should be a permanent board and president by mid-February.

The Board was updated regarding Dr. Saboe's status with the OCA. Dr. Côté reported that his contract was terminated in December of 2021 and that there is a right to call for a full membership gathering for a vote on his termination. Ballots can be sent in until February 4, 2022 at 5pm. Multiple members felt that the election may have been tainted by Dr. Saboe and

the OCA; a part of the vote is validation of election results which will be sealed at a CPA firm before they are read. The results will most likely be released by the firm on February 6, 2022. The OCA has retained a contracted lobbying firm in the interim.

5. UWS Update – Dr. Kathleen Galligan

There is an ongoing COVID response which includes internal contact tracing, and uptick in reports, and no active spread on campus. UWS had brought lectures back on campus in January 2022 but went back to remote lectures. Students will return to campus for lectures on February 14, 2022. Any contacts reported are from outside student and staff activity. Results from NBCE testing were just returned from the May and November cohorts reporting that 2 students did not pass in May and 100% passed from November.

UWS will be adding a Naturopathic program starting in 2023, starting with a small cohort. There will be an April open house on campus but UWS is still watching for COVID, the board will be invited.

Full implementation of the new curriculum will be complete in 2025, roll out beginning Oct. 2022.

6. 9:00 AM RULE HEARINGS

Action

a. OAR 811-015-0025 Continuing Chiropractic Education

Outcome:

Rule will be brought back in March to review section 3 for software CE submission, a few typos to be addressed during the next rulemaking session.

b. OAR 811-035-0007 Facial Covering Requirements

Outcome:

No board action; rule remains in place.

Discussion:

OBCE rule includes following OHA requirements, there is a temporary OHA compliance rule. Redundancy issue, discuss the option of sunseting with no emergency declaration. The board to include an explanation of a “permanent” rule in the next eblast for a better general understanding.

7. 10:00 AM - ARTIC Presentation – Anti-racism Training

[Attend a Workshop — artic \(ar-tic.org\)](https://art-tic.org)

8. ADMINSTRATIVE RULES

a. HB 2359 (2021) – Interpretation service requirements for providers

Action

Outcome: Bring back once there is further information from DOJ and OHA.

Discussion:

OHA supposed to be the registry for the law to be in effect. Potential OBCE policy discussions may include certain groups being exempt. OHA already has registry and process to go through, may provide presentation during future board meeting.

b. OAR 811-015-0025 Continuing Chiropractic Education Action

Outcome: Enter rulemaking in March based on redline version for sections (8) and (9); if InLumon is ready, can change section (10).

Vote: Vermillion moved to enter rulemaking; Waggoner, second. Waggoner, aye; Taylor, aye; Alley, aye; Baranick, aye; Knecht, aye; Schmidt, aye; Vermillion, aye. Passed Unanimously.

c. OAR 811-035-XXX Age of Minor Consent Action

Outcome: Bring forward as rule draft in March.

Discussion: Age of consent for other medical procedures but chiros aren't specifically listed

- General rule for healthcare is 15 years old
- Statute on point for mental health is 14 years old

Explore Legislative Concept for 2023 (along with OCA) and create our own rule.

d. OAR 811-XXX-XXXX CPR Training Policy/Rule Action

Outcome: Bring forward as rule draft for CPR/Basic Life Saving in March

Discussion: Required for every other healthcare types
Effect to be applied to everyone – all licensees including CAs
Certification is good for two years; keep and maintain
Submit as part of their renewal, allow as CE

New licensees – require it as required for licensure?

- Get licensed than do CE on it?
- Will open licensure rule once CPR rule is created

9. DISCUSSION AND ACTION ITEMS

a. July 16-17, 2020 Board Minutes Review Action

Issue: Updating date to reflect days of meeting.

Outcome: Vermillion moves to adopt as amended; Taylor, second. Taylor, aye; Knecht, aye; Waggoner, aye; Baranick, aye; Vermillion, aye. Passed. Schmidt, recused.

b. April 2022 Introduction to the Board Meeting Action

Outcome: April 12, 2022; 4-7pm

- Taylor and Baranick will attend

Added agenda item:

UWS has asked about board members presenting to ethics/jurisprudence class.

Feb. 16, 2022 at 4:40pm

- Vermillion will connect with professor as to availability for those interested in participating

c. PRC Membership (Vuky) Action

Issue: Reappointment

Outcome: Taylor moved to reappoint; Baranick, second. Knecht, aye; Taylor, aye; Baranick, aye; Alley, aye; Schmidt, aye; Vermillion, aye; Waggoner, aye. Passed unanimously.

d. Proof of Vaccination Issue (Elliott)

Inform/Action

Outcome: No action – OHA regulates vaccines.

e. Guide to Policy and Practice

Action

i. P&P Workgroup Policies

Outcome: Vermillion moves to approve all draft policies as amended and with technical edits; Schmidt, second. Taylor, aye; Alley, aye; Knecht, aye; Schmidt, aye; Baranick, aye; Waggoner, aye; Vermillion, aye. Passed Unanimously.

- A. Current P&P 09/2021 version and redline
- B. Animal Chiropractic Policy
- C. Birth Certificate Policy
- D. Certified CA Myofascial Therapy and Massage Policy
- E. Clinical Nutrition Counseling Policy
- F. Colonic Therapy Policy
- G. Compensation for Patient Referral Policy
- H. Device Assisted Range of Motion and Muscle Testing Policy
- I. Diagnostic Imaging Policy
- J. Disabled Person Parking Permits Policy
- K. Electrodiagnostic Testing Policy
- L. Electronic Health Records and Signatures Policy
- M. Gyn/Genitourinary Treatment Policy
- N. Laboratory Studies Policy
- O. Lifestyle Management Policy
- P. Manipulation Under Anesthesia Policy
- Q. Nasal Specific Policy
- R. Termination of Patient Care Policy
- S. Mechanical Traction Policy
- T. Pre-Participation Physicals Policy
- U. Durable Medical Equipment Policy
- V. Electrotherapy Devices and Treatments
- W. Emergency First Aid Medicine Policy
- X. Emergency Oxygen Use Policy
- Y. Out of Scope Policy
- Z. Prescription Medication Modification Policy
- AA. Referral to Other Providers or Facilities Policy

ii. P&P Committee Membership and Assignments

Outcome: Create a group with 7-9 members, based on academia, active practice, active/now retired; bring in subject matter experts when needed. Resume and coverletter should be included in application.

Alley – Board liaison

Knecht – Board liaison

10. CORRESPONDENCE

a. Governor's Update public comments

Inform

Outcome: Correspondence received.
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11. WORK SESSION None

12. EXECUTIVE SESSION

13. IN THE MATTERS OF (following Executive Session)

Case # 2020-5013

Proposal: Contingent Case Closed with 2 file reviews, two files each over a six month period; include Letter of Concern.

Motion: Baranick moved to accept the proposal; Schmidt, second.

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

Case # 2021-6017

Proposal: Ratification of Dismissal

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

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

5:30 PM Adjourn for the Day

Prepared by Mackenzie Purnell, Administrative Specialist 2; 2/18/2022

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 Staff Report
March 31, 2022 Board meeting

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

Board Meeting details: **March 31, 2022**
Virtual Meeting

2021-23 Budget

As of the close of January, we have an estimated ending cash balance of \$284,192 which translates to 3.28 months of expenditure reserve. This cash balance does not reflect the anticipated receipt of a \$150,000 case settlement within the next couple of weeks.

2023-25 Budget Projections and Preparation

The 2023-25 Budget Kickoff occurred this week and we have submitted our revenue projections to our budget analysts to begin our Agency Request Budget process. Those projections include three fee increase options that the Board will review during this meeting's public session: increases of 10%, 25%, or 30%. The last legislative fee increase that occurred was finalized during the 2015-17 budget process (in 2014) and did not include any increase to the CA program fees.

2023-25 Legislative Concepts

Along with the Budget Kickoff came the budget and legislative concept instructions and deadlines. Legislative Concepts are due to be submitted to DAS on April 15, 2022. I have reached out to DAS' legislative contact about the process and our proposal regarding minors' consent to treat and await guidance.

Investigator 2 Position

We are currently finalizing our hire of our Investigator position and hope to have her start in April.

Remaining 2022 Board Meetings and Locations

With the easing of mask mandates for public spaces and the decrease in hospitalizations due to COVID, the question to the Board is whether we want to meet in person for our May and other meetings the rest of this year and beyond. This topic will be discussed during public session.

Current Licensee Statistics

Licensee Types	04/21	05/21	06/21	07/21	08/21	09/21	10/21	11/21	12/21	01/22	02/22	03/22
DC - Active	1224	1225	1224	1223	1230	1234	1235	1234	1229	1222	1221	1217
DC - Inactive	200	191	193	190	195	200	205	224	219	222	248	252
DC - Senior	417	418	414	415	415	416	416	418	412	413	411	414
DC - Initial	72	76	76	80	78	74	75	79	74	76	78	77
DC Total	1913	1910	1907	1908	1918	1924	1931	1955	1934	1933	1958	1960

<p align="center">Executive Staff Report March 31, 2022 Board meeting</p>
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CA - Initial	357	356	346	345	316	332	352	360	376	377	395	407
CA - Renewing	968	987	994	986	989	980	985	966	966	973	971	978
CA Total	1325	1343	1340	1332	1305	1312	1337	1326	1342	1350	1366	1385
TOTAL	3238	3253	3247	3240	3223	3236	3268	3281	3276	3283	3324	3345

* Includes Senior and Initial DCs.

2022 Board Meeting Dates and Locations

May 19-20, 2022 (Thursday/Friday)

July 21, 2022 (Thursday)

September 21-22, 2022 (Wednesday/Thursday)

November 17, 2022 (Thursday)

AGENCY 811 - Board of Chiropractic Examiners

2021-23 Budget to Actuals Summary Report

OPERATING OTHER FUNDS		Legislatively Adopted Budget (LAB)	2021-23 Revenue & Expenditures		Projections	Difference between LAB Budget and Projections
\$	2,146,466.00		Actuals as of Month End	% Earned/Spent		
Beginning Balance:						
AY Beginning Balance		\$ 395,755	\$ 600,248	N/A		N/A
Revenue:						
Revenue less Transfers out		\$ 2,006,536	\$ 878,232	44%	\$ 2,744,312	\$ (737,776)
Expenditures:						
Personal Services		\$ 1,239,794	\$ 242,631	20%	\$ 1,152,665	\$ 87,129
Services and Supplies		\$ 947,114	\$ 268,704	28%	\$ 926,210	\$ 20,904
Special Payments		\$ -	\$ -	0%	\$ -	\$ -
Total Expenditures		\$ 2,186,908	\$ 511,335	23%	\$ 2,078,876	\$ 108,032
Adjust for Accrued Accounts Receivable			\$ (381,244)		\$ (381,244)	
Net Ending Cash		\$ 215,383	\$ 585,900		Net Position	\$ 665,436
					(Projected AY Ending Cash)	Within Budget
					Outstanding AR owed to agy	(381,244.12)
					Projected ending cash	\$ 284,191.88
					Working Cap	3.28 Months

BOARD OF CHIROPRACTIC EXAMINERS

2021-23 CASH FLOW

BOARD OF CHIROPRACTIC EXAMINERS	Actuals = Highlighted																												ACTUALS BIENNium TO DATE	ACTUALS + PROJECTIONS	AY23 LAB	PROJECTION TO FIN PLAN (over)/under
	2021 JUL Actuals	2021 AUG Actuals	2021 SEP Actuals	2021 OCT Actuals	2021 NOV Actuals	2021 DEC Actuals	2022 JAN Actuals	2022 FEB Projections	2022 MAR Projections	2022 APR Projections	2022 MAY Projections	2022 JUN Projections	2022 Mo. 13 Projections	2022 JUL Projections	2022 AUG Projections	2022 SEP Projections	2022 OCT Projections	2022 NOV Projections	2022 DEC Projections	2023 JAN Projections	2023 FEB Projections	2023 MAR Projections	2023 APR Projections	2023 MAY Projections	2023 JUN Projections	2023 Mo. 13 Projections						
Beginning Cash Balance	600,247.54	601,112.36	628,512.60	540,971.91	560,322.31	564,323.56	955,668.18	967,144.61	938,389.39	928,381.17	923,267.85	914,881.36	912,058.32	889,442.54	779,085.51	770,053.11	763,493.70	758,587.39	749,828.63	740,308.32	729,094.45	721,171.32	713,335.49	708,050.17	691,227.39	685,768.06	600,247.54	600,247.54	395,755.00			
REVENUE																																
0205 OTHER BUSINESS LICENSES	2,400.00	975.00	450.00	3,292.00	700.00	1,250.00	3,275.00	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	1,763.14	12,342.00	44,078.57	42,775.00	(1,303.57)		
0210 OTHER NONBUSINESS LIC & FEES	57,907.50	75,140.25	65,396.25	70,866.50	60,801.25	61,050.75	79,021.25	70,866.50	72,000.00	72,000.00	72,000.00	72,000.00	-	72,000.00	72,000.00	72,000.00	72,000.00	72,000.00	72,000.00	72,000.00	72,000.00	72,000.00	72,000.00	72,000.00	72,000.00	72,000.00	470,183.75	1,694,183.75	1,887,274.00	193,090.25		
0410 CHARGES FOR SERVICES	10.00	10.00	325.00	5.00	120.00	20.00	200.01	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	98.57	690.01	2,464.32	2,060.00	(404.32)		
0505 FINES AND FORFEITS	600.00	850.00	100.00	100.00	1,600.00	391,812.50	(3,000.00)	725.00	725.00	725.00	725.00	725.00	-	725.00	725.00	725.00	725.00	725.00	725.00	725.00	725.00	725.00	725.00	725.00	725.00	725.00	392,062.50	404,387.50	86,000.00	(318,387.50)		
0705 OTHER SALES INCOME																														27.00		
0975 OTHER REVENUE	404.00	466.00	430.00	418.00	366.00	368.00	502.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	422.00	2,954.00	10,550.00		(10,550.00)		
TOTAL REVENUE	61,321.50	77,441.25	66,701.25	74,681.50	63,587.25	454,501.25	79,998.26	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	-	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	-	878,232.26	2,155,664.14	2,018,136.00	(137,528.14)		
REVENUE TRANSFER OUT																																
2443 TRANSFER OUT TO OHA	-	-	-	-	-	-	-	-	(5,800.00)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(5,800.00)	-	-	-	-	-	(11,600.00)	(11,600.00)	0.00
TOTAL TRANSFERS	-	-	-	-	-	-	-	-	(5,800.00)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(5,800.00)	-	-	-	-	-	(11,600.00)	(11,600.00)	0.00
AVAILABLE REVENUE	61,321.50	77,441.25	66,701.25	74,681.50	63,587.25	454,501.25	79,998.26	75,008.72	69,208.72	75,008.72	75,008.72	75,008.72	-	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	75,008.72	-	878,232.26	2,744,311.68	2,402,291.00	(342,020.68)		
PERSONAL SERVICES																																
3110 CLASS/UNCLASS SALARY	26,533.60	17,139.54	17,449.77	19,857.61	24,623.77	28,197.24	16,613.46	30,401.22	30,401.22	31,401.22	32,145.72	29,345.72	-	29,345.72	32,745.72	32,880.65	30,680.65	31,080.65	33,601.00	34,175.00	30,975.00	33,175.00	30,975.00	33,775.00	30,975.00		150,414.99	688,494.47	795,570.00	107,075.53		
3160 TEMPORARY APPOINTMENTS				723.93	2,004.10	2,291.60	2,022.00	2,022.00	2,022.00	2,022.00	2,022.00	2,022.00	-	2,022.00	2,022.00	2,022.00	2,022.00	2,085.00	2,085.00	2,085.00	2,085.00	2,085.00	2,085.00	2,085.00	2,085.00	2,085.00		7,041.63	41,856.63	(41,856.63)		
3170 OVERTIME PAYMENTS	2,003.67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		2,003.67	2,003.67		(2,003.67)	
3180 SHIFT DIFFERENTIAL																																
3190 ALL OTHER DIFFERENTIAL	980.10	980.10	235.08	889.19	1,323.55	1,354.22	534.76	877.06	877.06	877.06	877.06	877.06	877.06	877.06	877.06	893.81	893.81	893.81	921.50	921.50	921.50	921.50	921.50	921.50	921.50	921.50		6,297.00	21,568.36	22,333.00	764.64	
3200 ERB ASSESSMENT	7.20	4.80	7.20	9.60	9.60	9.60	9.60	12.00	12.00	12.00	12.00	12.00	-	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00		57.60	261.60	296.00	34.40	
3220 PUBLIC EMPLOYEES' RETIREMT	5,561.71	3,132.89	1,620.69	2,340.09	3,170.11	3,252.18	1,321.30	4,138.61	5,697.17	5,697.17	5,514.67	5,514.67	-	5,514.67	5,514.67	5,572.58	5,572.58	5,572.58	5,745.43	5,810.10	5,810.10	5,810.10	5,810.10	5,810.10	5,810.10	5,810.10		20,398.97	115,314.39	129,269.00	13,954.61	
3221 PENSION BOND CONTRIBUTION	1,652.96	1,014.69	524.91	757.92	1,026.75	1,053.33	427.93	1,340.44	1,845.24	1,845.24	1,786.13	1,786.13	-	1,786.13	1,786.13	1,804.89	1,804.89	1,804.89	1,881.81	1,881.81	1,861.81	1,861.81	1,861.81	1,861.81	1,861.81	1,861.81		6,458.49	37,200.33	45,006.00	7,805.67	
3230 SOCIAL SECURITY TAX	2,249.36	1,369.79	1,337.68	1,626.58	2,118.26	2,416.50	1,453.10	2,520.73	2,520.73	2,597.23	2,654.18	2,439.98	-	2,439.98	2,700.08	2,710.40	2,542.10	2,572.70	2,771.58	2,815.49	2,570.69	2,570.69	2,570.69	2,570.69	2,570.69	2,570.69		12,571.27	57,092.40	59,511.00	2,418.60	
3240 UNEMPLOYMENT ASSESSMENT																															0.00	
3250 WORKERS' COMPENSATION	4.99	5.22	4.06	6.43	7.87	8.83	6.15	11.46	11.46	11.46	11.46	11.46	-	11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46	11.46		43.55	238.37	235.00	(3.37)	
3260 MASS TRANSIT	177.09	108.71	66.80	131.42	165.28	170.64	108.02	194.54	194.54	198.14	197.81	188.21	-	188.21	198.82	199.82	196.22	206.92	207.96	198.36	205.56	198.36	198.36	198.36	198.36	198.36		927.96	4,301.73	4,668.00	366.27	
3270 FLEXIBLE BENEFITS	5,246.30	5,246.30	4,159.71	4,965.21	5,897.69	6,155.89	4,744.58	8,580.91	8,580.91	8,580.91	8,580.91	8,580.91	-	8,580.91	8,580.91	8,580.91	8,580.91	8,872.66	8,872.66	8,872.66	8,872.66	8,872.66	8,872.66	8,872.66	8,872.66	8,872.66		36,415.68	184,333.41	195,939.00	11,605.59	
3455 VACANCY SAVINGS																															(13,496.00)	
3465 RECONCILIATION ADJUST																																
TOTAL PERSONAL SERVICES	44,416.98	29,002.04	25,405.90	31,30																												

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Monday, March 21, 2022 1:49 PM
To: COMMENT Public * BCE
Subject: Suggestion for 811-015-0025

From: Jason Young <dryoung@yourbodyofhealth.com>
Sent: Monday, March 21, 2022 9:55:06 AM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Subject: Suggestion for 811-015-0025

I would suggest that for the proposed rule change in 811-015-0025 9(b) to use “audio-recorded” as opposed to “audio-taped”. The latter is a more antiquated term.

-Jason Young, DC

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How did we do?



[Click to rate your experience with Body of Health Chiropractic & Wellness Center](#)

PURNELL Mackenzie G * BCE

From: COMMENT Public * BCE
Sent: Friday, March 04, 2022 8:09 AM
To: COMMENT Public * BCE
Subject: Comments on proposed minor consent rule

From: Sara Mays-Son <drmays@goodlifeor.com>
Sent: Thursday, February 10, 2022 12:11 PM
To: OBCE Oregon * BCE <info@obce.oregon.gov>
Subject: Comments on proposed minor consent rule

I am certified in pediatric chiropractic care and care for children of all ages in my practice. I already obtain consent from presenting parent and child in my office. The child can only consent to their ability to understand and comprehend, of course, but I would never adjust a child solely on parental consent. My concern with the proposed rule is the low age that it states for consent. While 15 year olds are quite capable people, they are not yet ready developmentally to fully consent to healthcare procedures, including chiropractic. The frontal lobe is not fully developed until age 25, as this is your rational thinking part of your brain, all choices made before that time are best to be under some level of parental advice. Our culture has arbitrarily chosen 18 as an appropriate age for independent choice before that information was available, so if anything the age should be raised, not dropped from that point.

Please leave the age of consent for chiropractic care at 18 years, and require parental minor consent for any care before that age. The reason given for this rule change is to bring our rules in alignment with other healthcare professions. Chiropractic does not need to be like others, in fact what makes chiropractic great is that we provide something different. I would argue that rather than lowering chiropractic standards of care to match other professions, we should encourage our peers in other professions to raise their standards for informed consent to align with ours.

Sincerely,
Sara J. Mays, DC CACCP
Chiropractor
Good Life Chiropractic LLC
1070 NW Murray Road, Ste A
Portland, OR 97229
(503) 277-9473

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PURNELL Mackenzie G * BCE

From: COMMENT Public * BCE
Sent: Friday, March 04, 2022 8:06 AM
To: COMMENT Public * BCE
Subject: [OBCE_Publication] March Board Meeting | Rulemaking Filing Notification

From: JOYCE MCCLURE <drjdm@comcast.net>
Sent: Thursday, February 10, 2022 8:12 AM
To: OBCE Oregon * BCE <info@obce.oregon.gov>
Subject: Re: [OBCE_Publication] March Board Meeting | Rulemaking Filing Notification

I note a possible error:

"(h) For licensees claiming CE hours under the provisions of (8)(k), a record of the dates, topics/procedures, and hours."

Problem: There does not appear to be a section (k) under paragraph 8.

Thanks for all you do, Mackenzie!

Joyce McClure DC DACRB
The Firewood Maven

On 02/10/2022 7:40 AM OBCE Oregon * BCE <info@obce.oregon.gov> wrote:

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 March public board meeting:

- *OAR 811-015-0011 Minor Consent Rule* – Implementing minor consent rule to be consistent with other health professional regulatory boards.
- *OAR 811-015-0023 Basic Life Support (BLS) Certificate Requirement for Licensure* – Implementing Basic Life Support (BLS) certificate requirement for licensure.
- *OAR 811-015-0025 Continuing Chiropractic Education* – Implementing CE reporting requirements, editing sections 8 and 9, minor corrections.

How to Comment:

1. Attend the rule hearing on March 31st, 2022
 - a. Virtually via Zoom,
<https://us06web.zoom.us/j/89625118713?pwd=Z3M0SC9SUIJoQWoxNFNXY1FYK3IDUT09> **or**
2. Provide written comments to the OBCE. Comments may be sent to the OBCE office by email but must be received by OBCE **no later than 8:35 am March 31, 2022**. The email address is public.comment@obce.oregon.gov.

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

Thank you,

Oregon Board of Chiropractic Examiners

530 Center St NE, Suite 620

Salem, OR 97301

503-373-1573

info@obce.oregon.gov

www.oregon.gov/obce



PURNELL Mackenzie G * BCE

From: COMMENT Public * BCE
Sent: Friday, March 04, 2022 8:15 AM
To: COMMENT Public * BCE
Subject: [OBCE_Publication] March Board Meeting | Rulemaking Filing Notification

From: CJ Jasso <cj@rockwoodchiropractic.com>
Sent: Friday, February 11, 2022 9:42 AM
To: OBCE Oregon * BCE <info@obce.oregon.gov>
Subject: RE: [OBCE_Publication] March Board Meeting | Rulemaking Filing Notification

This makes so much sense. I will make sure to mark my calendar for this meeting. I am totally for the minor consent rule to change.

Thanks,
C.J.
Rockwood Chiropractic Clinic
4322 SE 182nd Ave.
Gresham, Oregon
97030
503-667-8988

IMPORTANT NOTICE: This communication, including any attachment, contains information

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From: OBCE_Publication [mailto:obce_publication-bounces@omls.oregon.gov] **On Behalf Of** OBCE Oregon * BCE
Sent: Thursday, February 10, 2022 7:41 AM
Subject: [OBCE_Publication] March 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 March public board meeting:

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<https://us06web.zoom.us/j/89625118713?pwd=Z3M0SC9SUIJoQWoxNFNXY1FYK3IDUT09> or
2. Provide written comments to the OBCE. Comments may be sent to the OBCE office by email but must be received by OBCE **no later than 8:35 am March 31, 2022**. The email address is public.comment@obce.oregon.gov.

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

Thank you,

Oregon Board of Chiropractic Examiners
530 Center St NE, Suite 620
Salem, OR 97301
503-373-1573
info@obce.oregon.gov
www.oregon.gov/obce



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 first year initial status – 8 hours which must include the following:

(A) Over-the-counter, non-prescriptive substances – 4 hours;

(B) Evidence-based medicine – 2 hours;

(C) Cultural competency – 1 hour;

(D) Suicide intervention training – 1 hour;

(b) Chiropractic physician second year active status – 20 hours which must include the following:

(A) Pain Management Education – 7 hours (6 accredited hours in pain management, palliative care, and end of life care or a combination of both, and 1 hour of pain management module through the Pain Management Commission);

(B) Cultural competency – 2 hours;

(C) Suicide intervention training – 1 hour;

(D) General continuing education – 10 hours;

(c) Chiropractic physician active status - 20 hours which must include the following:

(A) Cultural competency – 2 hours;

(B) Suicide intervention training – 1 hour;

(C) General continuing education – 17 hours;

(d) Chiropractic physician senior active status - 6 hours;

(A) Cultural competency – 1 hour;

(B) Suicide intervention training – 1 hour;

(C) General continuing education – 4 hours;

(e) Chiropractic assistant - 6 hours which must include the following:

(A) Cultural competency – 1 hour;

(B) General continuing education – 5 hours.

(f) The Board may require additional specific courses as part of a licensee's annual renewal hours for an upcoming license or certificate period.

(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 to support the attestation of completed hours.

(4) Courses or activities determined by licensees to meet the criteria herein 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) 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.

(6) Any chiropractic physician changing license status from inactive to active or senior active shall take the required hours referenced in section (2). It shall be within the Board's discretion to determine, on a case-by-case basis, the required continuing education based on the time away from active status.

(7) 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 primary-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.

(8) The Board may accept a maximum of 6 credit hours from each of the following categories:

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

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

(c) Participation as an OBCE board member or on an OBCE committee;

(d) Participation on a National Board of Chiropractic Examiners' (NBCE) examination or test writing committee;

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

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

(g) Teaching chiropractic continuing education courses;

(h) Professionally licensed staff of the OBCE; and

(i) Professionally licensed non-board member attending public OBCE board meetings. Each meeting, the attendee will be given a maximum of 2 hours.

~~(8) 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.~~

(9) 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; and

(d) CPR courses.

(9910) 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 renewal 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 (89)(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 (98)(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 (89)(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 (89)(k), a record of the dates, topics/procedures, and hours.

(119) 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.

(124) 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.

(1~~32~~) 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.

(1~~43~~) 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.

(1~~54~~) 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

811-015-0011**Minor Consent Rule**

(1) Treatment to minor patients without consent of a parent or guardian can occur in the following circumstances:

(a) A minor, 15 years of age or older, may give consent to treatment and diagnosis by a chiropractic physician licensed under ORS chapter 684.

(b) A minor, 15 years of age or older, may give consent to treatment as supervised and diagnosed by a chiropractic physician and provided by a certified chiropractic assistant. The certified chiropractic assistant is limited to the scope of practice as stated in OAR 811-010-0110.

(2) It may be considered unprofessional conduct if a chiropractic physician or certified chiropractic assistant treats a minor without following the applicable rule and Oregon laws.

Statutory/Other Authority: ORS 684.155

Statutes/Other Implemented: ORS 684.092

811-015-0023

Basic Life Support (BLS) Certificate Requirement for Licensure

All licensed chiropractic physicians and certified chiropractic assistants shall maintain a current Basic Life Support (BLS) Healthcare provider certificate or its equivalent.

Statutory/Other Authority: ORS 684.155

Statutes/Other Implemented: ORS 684.092

811-010-0091**Compliance with the Oregon Health Authority's COVID-19 Requirements**

(1) The Oregon Health Authority (OHA) has adopted certain rules to control the communicable disease COVID-19. Unprofessional conduct pursuant to OAR 811-035-0015 includes failing to comply with any applicable provision of an OHA COVID-19-related rule or any provision of this rule.

(2) Failing to comply as described in subsection (1) includes, but is not limited to:

(a) Failing to comply with OHA's rules requiring masks, face coverings or face shields, including OAR 333-019-1011; and

(b) Failing to comply with OHA's rules requiring vaccinations, including OAR 333-019-1010.

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

(4) Discipline for violating this rule includes those methods listed in ORS 684.100 (9) and the issuance of a civil penalty of \$500 per violation. Any such civil penalties or discipline shall be imposed in accordance with ORS 183 and be made public and reportable to the National Practitioner Data Bank (NPDB).

Statutory/Other Authority: ORS 684

Statutes/Other Implemented: ORS 684.155

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 be displayed 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) Conduct that is prohibited as described in OAR 811-035-0019 Sexual Unprofessional or Dishonorable Conduct.

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

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

(d) Charging a patient for services not rendered;

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

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

(g) Soliciting or borrowing money from patients;

(h) 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;

(i) 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;

- (j) Violating the rights of privacy or confidentiality of the patient unless required by law to disclose such information;
 - (k) Perpetrating fraud upon patients or third party payors, relating to the practice of chiropractic;
 - (l) 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;
 - (m) Acting as a chiropractic assistant without a current Oregon certificate;
 - (n) Allowing another person to use one's chiropractic assistant certification for any purpose;
 - (o) Resorting to fraud, misrepresentation, or deceit in applying for or taking the certificate examination or obtaining a certificate or renewal thereof;
 - (p) Impersonating any applicant or acting as a proxy for the applicant in any chiropractic assistant certificate examination;
 - (q) 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;
 - (r) Failing to provide the Board with any documents requested by the Board;
 - (s) 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;
 - (t) 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;
 - (u) Claiming any academic degree, or certification, not actually conferred or awarded;
 - (v) Disobeying a final order of the Board;
 - (w) Splitting fees or giving or receiving a commission in the referral of patients for services;
 - (x) Receiving a suspension or revocation of a certificate for a chiropractic assistant, or other license or certificate by any 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.
 - (y) 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 (y) 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)

811-035-0015**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) Conduct that is prohibited as described in OAR 811-035-0019 Sexual Unprofessional or Dishonorable Conduct;
- (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

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Tuesday, March 15, 2022 9:18 AM
To: PURNELL Mackenzie G * BCE
Subject: OBCE 23-25 projections w/fee increases

From: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Sent: Monday, March 14, 2022 11:05 AM
To: COX Andrea C * DAS <Andrea.C.COX@das.oregon.gov>; MORELAND Katy * DAS <Katy.MORELAND@das.oregon.gov>
Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Subject: OBCE 23-25 projections w/fee increases

Andrea and Katy,

Here are three versions of our projections: 10%, 25%, and 30% increases. I will be including these options in our next board meeting at the end of this month.

	Current Fees	10 % Increase	25% Increase	30% Increase
401 – DC retake exam	0 (NBCE delegated)	0	0	0
435 – Senior DC	315.00	346.50	393.75	409.50
506 – DC app	146.25 (100 + 46.25 background;% is taken from 100)	156.25	171.25	176.25
507 – CA app	126.25 (% taken from 80)	134.25	146.25	150.25
508 – DC initial lic	150.00	165.00	187.50	195.00
509 – CA license	50.00	55.00	62.50	65.00
510 – DC Active renew	425.00	467.50	531.25	552.50
511 – DC Inactive renew	225.00	247.50	281.25	292.50
512 – CA renew	75.00	82.50	93.75	97.50
513 – CA exam	0 (NBCE delegated)	0	0	0
1299 – background checks	46.25	46.25	46.25	46.25

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@obce.oregon.gov



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Revenue Estimate Report - Other Funds

Biennium: 2023-25

A811 - Board of Chiropractic Examiners

Straight Projection - No Fee change

FA	FA	FA	FA/Agency	FA	FA	Agency	Agency	FA	Projections FA/Agency	FA/Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	
Other Funds Revenue Source	SCR(s) Affected	ORBITS Revenue Acct	Type (Fee, Charge for Service, Other)	2019-21 Actual	2021-23 Leg Adopted	2021-23 Rate	2021-23 Number of Units	2021-23 Actuals to Date (12/31/21)	2021-23 Projected (Actuals + Estimate for remainder of biennium)	2023-25 Beginning Balance	2023- 25Rate	2025-25 Number of Units	2023-25 Estimate	Cash Flow*	Program(s) Funded	Dedicated to a Specific Program? (Y/N)	Methodology	Comments**
								As of 12/31/21		318,391								
Business Lic and Fees	001	0205	Fees	36,578	42,775			9,067	37,779		Varies	Varies	42,532	Varies			412: 4 bi avg	NBCE took over .
Non-business Lic. and Fees	001	0210	Fees	1,722,977	1,887,274			391,163	1,687,163		Varies	Varies	1,629,132	Varies			21-23 rate * [(projected 21-23 #uni	
Charges for Services	001	0410	Charge for Service	815	2,060			490	2,042		Varies	Varies	1,640	Varies			4 bi avg	
Fines and Forfeitures	001	0505	Penalties and Fines	80,620	86,000			395,063	408,113		Varies	Varies	226,888	Varies			4 bi avg + \$150,000 for recent proj	
Sales Income	001	0705	Other	50	27			-	-									
Other Revenues	001	0975	Other	6,933				2,452	10,217									
Transfer to OHA	001	2443	Other	(10,576)	(11,600)													
				\$ 1,837,397	\$ 2,006,536			\$ 798,234	\$ 2,145,313	\$ 318,391			\$1,900,192					

*When does this revenue typically arrive? Once a year (if yes, give timeframe), seasonally (if yes, give seasonal peaks)?

**Comments: if the revenue comes from a fee, what is the basis for the fee (e.g. who pays)? Has the population of payers increased or decreased?

Are there market forces that may reduce or increase the number of payers and is this expected to continue? Please provide the same kind of information for Charges for Services.

Note: Shaded columns are reported on the Revenue reporting form in the budget binder (107BF07).

Revenue Estimate Report - Other Funds

Biennium: 2023-25
A811 - Board of Chiropractic Examiners

10% Fee Increase

FA	FA	FA	FA/Agency	FA	FA	Agency	Agency	FA	Projections FA/Agency	FA/Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	
Other Funds Revenue Source	SCR(s) Affected	ORBITS Revenue Acct	Type (Fee, Charge for Service, Other)	2019-21 Actual	2021-23 Leg Adopted	2021-23 Rate	2021-23 Number of Units	2021-23 Actuals to Date (12/31/21)	2021-23 Projected (Actuals + Estimate for remainder of biennium)	2023-25 Beginning Balance	2023- 25Rate	2025-25 Number of Units	2023-25 Estimate	Cash Flow*	Program(s) Funded	Dedicated to a Specific Program? (Y/N)	Methodology	Comments**
								As of 12/31/21		318,391								
	Business Lic and Fees	001	0205	Fees	36,578	42,775		9,067	37,779		Varies	Varies	42,532	Varies			412: 4 bi avg	NBCE took over
	Non-business Lic. and Fees	001	0210	Fees	1,722,977	1,887,274		391,163	1,687,163		Varies	Varies	1,731,266	Varies			[(21-23 rate + 10% 21-23 rate) * ((p	
	Charges for Services	001	0410	Charge for Service	815	2,060		490	2,042		Varies	Varies	1,640	Varies			4 bi avg	
	Fines and Forfeitures	001	0505	Penalties and Fines	80,620	86,000		395,063	408,113		Varies	Varies	226,888	Varies			4 bi avg + \$150,000 for recent proj	
	Sales Income	001	0705	Other	50	27		-	-									
	Other Revenues	001	0975	Other	6,933			2,452	10,217									
	Transfer to OHA	001	2443	Other	(10,576)	(11,600)												
				\$ 1,837,397	\$ 2,006,536			\$ 798,234	\$ 2,145,313	\$ 318,391			\$2,002,326					

*When does this revenue typically arrive? Once a year (if yes, give timeframe), seasonally (if yes, give seasonal peaks)?

**Comments: if the revenue comes from a fee, what is the basis for the fee (e.g. who pays)? Has the population of payers increased or decreased?

Are there market forces that may reduce or increase the number of payers and is this expected to continue? Please provide the same kind of information for Charges for Services.

Note: Shaded columns are reported on the Revenue reporting form in the budget binder (107BF07).

Revenue Estimate Report - Other Funds

Biennium: 2023-25
A811 - Board of Chiropractic Examiners

25% Fee Increase

FA	FA	FA	FA/Agency	FA	FA	Agency	Agency	FA	Projections FA/Agency	FA/Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	
Other Funds Revenue Source	SCR(s) Affected	ORBITS Revenue Acct	Type (Fee, Charge for Service, Other)	2019-21 Actual	2021-23 Leg Adopted	2021-23 Rate	2021-23 Number of Units	2021-23 Actuals to Date (12/31/21)	2021-23 Projected (Actuals + Estimate for remainder of biennium)	2023-25 Beginning Balance	2023- 25Rate	2025-25 Number of Units	2023-25 Estimate	Cash Flow*	Program(s) Funded	Dedicated to a Specific Program? (Y/N)	Methodology	Comments**
Business Lic and Fees	001	0205	Fees	36,578	42,775			As of 12/31/21 9,067	37,779	318,391	Varies	Varies	42,532	Varies			412: 4 bi avg	NBCE took over
Non-business Lic. and Fees	001	0210	Fees	1,722,977	1,887,274			391,163	1,687,163		Varies	Varies	1,964,837	Varies			[(21-23 rate + 25% 21-23 rate) * ((p	
Charges for Services	001	0410	Charge for Service	815	2,060			490	2,042		Varies	Varies	1,640	Varies			4 bi avg	
Fines and Forfeitures	001	0505	Penalties and Fines	80,620	86,000			395,063	408,113		Varies	Varies	226,888	Varies			4 bi avg + \$150,000 for recent proj	
Sales Income	001	0705	Other	50	27			-	-									
Other Revenues	001	0975	Other	6,933				2,452	10,217									
Transfer to OHA	001	2443	Other	(10,576)	(11,600)													
				\$ 1,837,397	\$ 2,006,536			\$ 798,234	\$ 2,145,313	\$ 318,391			\$2,235,897					

*When does this revenue typically arrive? Once a year (if yes, give timeframe), seasonally (if yes, give seasonal peaks)?
**Comments: if the revenue comes from a fee, what is the basis for the fee (e.g. who pays)? Has the population of payers increased or decreased?
Are there market forces that may reduce or increase the number of payers and is this expected to continue? Please provide the same kind of information for Charges for Services.

Note: Shaded columns are reported on the Revenue reporting form in the budget binder (107BF07).

Revenue Estimate Report - Other Funds

Biennium: 2023-25
A811 - Board of Chiropractic Examiners

30% Fee Increase

FA	FA	FA	FA/Agency	FA	FA	Agency	Agency	FA	Projections FA/Agency	FA/Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency	Agency
Other Funds Revenue Source	SCR(s) Affected	ORBITS Revenue Acct	Type (Fee, Charge for Service, Other)	2019-21 Actual	2021-23 Leg Adopted	2021-23 Rate	2021-23 Number of Units	2021-23 Actuals to Date (12/31/21)	2021-23 Projected (Actuals + Estimate for remainder of biennium)	2023-25 Beginning Balance	2023- 25Rate	2025-25 Number of Units	2023-25 Estimate	Cash Flow*	Program(s) Funded	Dedicated to a Specific Program? (Y/N)	Methodology	Comments**
Business Lic and Fees	001	0205	Fees	36,578	42,775			As of 12/31/21 9,087	37,779	318,391	Varies	Varies	42,532	Varies			412: 4 bi avg	NBCE took over administering DC exams/retakes and CA exam as of 10/2020 so no revenue expected for 401 or 513
Non-business Lic. and Fees	001	0210	Fees	1,722,977	1,887,274			391,163	1,687,163		Varies	Varies	2,042,699	Varies			[(21-23 rate + 30% 21-23 rate) * [(projected 21-23 #units) * (1+(3 bi avg Δ))]	
Charges for Services	001	0410	Charge for Service	815	2,060			490	2,042		Varies	Varies	1,640	Varies			4 bi avg	
Fines and Forfeitures	001	0505	Penalties and Fines	80,620	86,000			395,063	408,113		Varies	Varies	226,888	Varies			4 bi avg + \$150,000 for recent projected payment	
Sales Income	001	0705	Other	50	27			-	-									Projections based on no fee changes.
Other Revenues	001	0975	Other	6,933				2,452	10,217									Background fee changed from \$41.25 to \$46.25 as of 11/29/21.
Transfer to OHA	001	2443	Other	(10,576)	(11,600)													NBCE took over administration of DC exams/retakes and CA exams as of 10/20 so no revenue expected from 401 or 503.
				\$ 1,837,397	\$ 2,006,536			\$ 798,234	\$ 2,145,313	\$ 318,391			\$2,313,759					

*When does this revenue typically arrive? Once a year (if yes, give timeframe), seasonally (if yes, give seasonal peaks)?

**Comments: if the revenue comes from a fee, what is the basis for the fee (e.g. who pays)? Has the population of payers increased or decreased?

Are there market forces that may reduce or increase the number of payers and is this expected to continue? Please provide the same kind of information for Charges for Services.

Note: Shaded columns are reported on the Revenue reporting form in the budget binder (107BF07).

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Tuesday, March 15, 2022 9:15 AM
To: PURNELL Mackenzie G * BCE
Subject: Increasing fees

From: Beth Kidd <Beth.Kidd@chiro.ok.gov>
Sent: Monday, March 14, 2022 9:30 AM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>; Emily Cronbaugh <emily.cronbaugh@wyo.gov>
Subject: RE: Increasing fees

SUBCHAPTER 8. ADMINISTRATIVE FEES AND PENALTIES

140:10-8-1. Fees

Fee Schedule.

(1) Examination. The following fees shall be assessed for licensure and examination of Chiropractors:

(A) Original license: \$300.00

(B) Relocation of Practice: \$300.00

(C) Examination Fee: \$175.00

(2) Licensure. The following fees shall be assessed for licensure of Chiropractors:

(A) Renewal fee active license \$275.00

(B) Renewal fee inactive license \$175.00

(C) Retired license fee \$50.00

(D) Reinstatement fee not exceed \$400.00

(E) Penalty fee for late renewal \$150.00

(3) Duplication or modification of license. A fee of \$75.00 shall be assessed for duplication or modification of original license.

- (4) Miscellaneous fees: the following fees shall be assessed by the Board
- (A) Letter of good standing and/or verifications for other licensing Boards with seal: \$35.00
 - (B) Verification of licensure: \$10.00 per license
 - (C) Duplication of proof of license renewal: \$10.00
 - (D) Duplication of Public Records: per page: \$0.25
 - (E) Returned check processing fee: \$20.00
 - (F) Duplication of certificates issued by the Board: \$20.00
 - (G) Directory \$35.00 hard copy and/or diskette
 - (H) Search fee for records requested for commercial purposes: \$30.00
 - (I) Continuing education application fee: \$300.00
 - (J) Post Doctoral Diplomate Chiropractic Specialties registration/re-registration fee: \$50.00
 - (K) Copy of tape of a board meeting and or an administrative hearing \$20.00
 - (L) Labels of addresses of all licensed chiropractors \$50.00
 - (M) Travel-to-Treat registration \$50.00
 - (N) Non-attendance application request \$100.00
 - (O) Certified chiropractic assistant fees:
 - (i) Initial Application fee: \$50.00
 - (ii) Examination fee: \$50.00
 - (iii) Certification Renewal: \$50.00 every two years
 - (iv) Failure to renew penalty: \$25.00
 - (P) Initial Determination of Licensure Eligibility: \$95.00

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Tuesday, March 15, 2022 9:14 AM
To: PURNELL Mackenzie G * BCE
Subject: Increasing fees

From: Emily Cronbaugh <emily.cronbaugh@wyo.gov>
Sent: Tuesday, March 15, 2022 7:25 AM
To: Beth Kidd <Beth.Kidd@chiro.ok.gov>
Cc: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Subject: Re: Increasing fees

Sorry for my delay, I was off yesterday! Here are Wyoming's fees:

Initial License Application Fee \$500
License by Endorsement Application Fee \$500
Temporary License Application Fee \$150
Intern/Supervising Licensee Application Fee \$100
Annual License Renewal Fee \$200
Restoration Application Fee (September 1-August 31) \$400
Relicensure Application Fee \$400
Reinstatement from Discipline Application Fee \$550
Duplicate Document Fee \$25
License Verification \$25



State of Wyoming Department of Administration & Information
"A trusted source for information, ideas, and solutions."

Emily Cronbaugh, Executive Director

Professional Licensing Boards
2001 Capitol Ave, Room 127
Cheyenne, WY 82002
Phone: 307-777-6529

[State Board of Architects and Landscape Architects](#)
[State Board of Chiropractic Examiners](#)
[Board of Dental Examiners](#)
[Dietetics Licensing Board](#)
[State Board of Examiners in Optometry](#)
[State Board of Nursing Home Administrators](#)

The Department of Administration & Information's mission is to lead through exceptional service, collaboration, and creative solutions to help our partners succeed.

Dr. Lauren Herschorn's proposal for completing a rotation in proctological minor surgery:

Rotation will be with Dr. Steven Gardner DC, ND at The Oregon Hemorrhoid Clinic

The rotation will be finished by the end of May.

Clinic information:

The Oregon Hemorrhoid Clinic
14000 SE Johnson Rd. Ste 110
Milwaukie, OR 97267



Oregon

Kate Brown, Governor

Oregon Board of Chiropractic Examiners

530 Center St. NE, Ste.620

Salem, OR 97301

Phone: (503) 378-5816

FAX: (503) 362-1260

E-mail: oregon.obce@state.or.us

February 16, 2022

Lauren Herschorn, DC
19461 View Dr.
West Linn, OR 97068

Re: Minor Surgery and/or Proctology Certification

Dear Dr. Herschorn,

A copy of the Oregon Administrative Rule regarding certification in minor surgery is attached. Please review the requirements and the general order in which they should happen.

To begin, 36 hours of minor surgery education must be completed. Our records show that you have met this first requirement prior to your chiropractic school graduation.

Secondly, a proposed rotation plan should be submitted to the Oregon Board of Chiropractic Examiners for review. Our next board meeting is March 31, 2022, if you would like to have your proposal reviewed at this meeting, you'll need to submit it to me by March 10, 2022. The rotation plan should include, at least:

- the name(s) of a licensed supervising physician(s) *
- the clinic address(es) where procedures will be performed
- the types of procedures that will be observed/performed (if known), and
- (If possible) Indicate the timeline in which you intend to complete the rotation

A list of currently certified chiropractors is enclosed, but keep in mind that the supervising physician may also be a naturopath, medical doctor or osteopath, etc. – anyone trained and (Oregon) licensed to perform minor surgery.

A few important policies to note regarding the certification requirements:

- The OBCE will accept as part of the observation/assists a maximum of 12 procedures acquired through a minor surgery lab class at a chiropractic college, during a clinic internship, or approved community-based internship.
- Acceptable procedures must be performed on humans, not animals.
- Observations or assists may not be performed during the time between graduation and licensure in the State of Oregon.

As you begin to document observations or assists, please use the Board's prescribed form (enclosed). Do not include any patients' names in any documentation.

After you have met these conditions, send in all of your documentation, including a letter from your primary supervising physician verifying that you have met all of the (attached) competencies to perform minor surgery

If you have questions, feel free to contact me.

Miriam Lara
Administrative Assistant
Miriam.lara@obce.oregon.gov
Enclosure

Oregon Board of Chiropractic Examiners

Licensees Currently Certified by the OBCE

16-Feb-22

NAME		CITY	STATE	ZIP	PHONE	CERT DATE	MS	PROC	OB
Bertrand, Willard G	1493 North College Street	Union	OR	97883	(541) 805-912	07/12/81	X	X	X
Buttler, Brian B	PO Box 227	Molalla	OR	97038	(503) 829-229	07/21/00	X		
Cranford, Steve G	501 NE Hood Ave Suite #140 Gr	Gresham	OR	97030	(503) 232-760	04/07/93	X	X	
DeLapp, Daniel L	3025 SW Corbett Ave.	Portland	OR	97201	(503) 552-155	08/14/96	X		
Esagui, Veronica	21860 Willamette Dr	West Linn	OR	97068	(503) 650-239	07/19/00	X	X	
Ezagui, Ralph	21860 Willamette Dr	West Linn	OR	97068	(503)650-2394	06/13/00	X	X	
Frieder, Casey D	940 Ellendale Dr, Ste. 102	Medford	OR	97504	(541) 708-208	09/11/15	X		
Gardner, Steven L	14000 SE Johnson Rd	Milwaukie	OR	97267	(503) 786-727	04/07/93	X	X	
Hammond, Tina L	639 W Main st	Sheridan	OR	97378	(503) 843-388	03/19/20	X		
Hansel, Jonathan M	PO Box 3460	Gresham	OR	97030	(503) 880-090	10/07/99	X	X	
Lieberknecht, Erich R	345 SW Century Dr Ste. 30	Bend	OR	97702	(541) 639-955	07/25/19	X	X	
Mace, Lori K	389 W 6th Ave	Eugene	OR	97401	(541) 343-345	12/08/10	X	X	
Morrison, Michael P	13175 NW Glenridge Dr	Portland	OR	97229	(971) 331-433	10/15/12	X		
Schmaltz, Kim L	PO Box 2086	Wilsonville	OR	97070	(503) 554-861	10/07/99	X	X	
Yan, Dan M	7505 SE Powell Blvd	Portland	OR	97206	(503) 888-888	04/14/99	X	X	
Yazvac, Susan M	6470 Trigg Woods Lane	Ferndale	FL	98248	(386) 481-865	11/08/99	X	X	

Total Certified: 16

Chiropractic Obstetrics, Minor Surgery, And Proctology

(1) A Minor Surgery/ Proctology Review Committee may be appointed by the Board. Members will serve at the pleasure of the Board. The committee may review the applications and rotation plans. The committee will review the results of the rotation and make a recommendation to the Board regarding the certification. The committee may advise the Board on all issues related to minor surgery and proctology.

(2) A chiropractic physician licensed in Oregon who wishes to practice minor surgery and/or proctology must apply to, and receive from, the Board a certification of special competency in minor surgery and/or proctology. To receive and maintain certification, the applicant must fulfill the following requirements:

(a) Give written application to the Board to practice minor surgery and/or proctology, provide evidence of completion of 36 hours of undergraduate or postgraduate coursework in minor surgery/proctology, and propose a plan to complete a rotation for practical experience in not less than 25 minor surgery/proctology cases. The purpose of the rotation is to learn and demonstrate competencies, as determined by the Board, under the guidance of one or more supervising licensed physicians. The numbers of procedures required in each of these areas will be determined by the Board.

(A) The rotation must include no less than five cases where all aspects of the cases are performed solely by the chiropractic physician, and observed by the supervising licensed physician.

(B) The remainder of the rotation not covered in paragraph (A) shall consist of cases where the chiropractic physician observes and/or assists.

(C) Adequate documentation of the chiropractic physician's participation in all cases is required on forms provided by, and returned to, the Board, and signed by the supervising licensed physician. It is required the rotation be completed within one year.

(b) In lieu of eight (8) hours of the continuing education requirement, a chiropractic physician may document performance or observation of twelve (12) minor surgery/proctology procedures every three years. Reasonable documentation of the procedure or observation is a copy of the patient schedule and/or patient billing or other patient record with the patient name redacted which indicates the type of procedure and date performed.

(3) A chiropractic physician who is also licensed in Oregon as a doctor of naturopathy may make written application to practice minor surgery and proctology. The application may be approved by the Board if the chiropractic physician can demonstrate their naturopathic training and experience is equivalent to that required under section (2)

...(section 4 provides language about certifying in obstetrics...)

(5) Licensing action by the Board under ORS 684 shall be deemed to have an equal effect upon a certificate of special competency issued the practitioner, unless specifically provided otherwise in the Board action.

(a) When the subject of a disciplinary proceeding relates specifically to the practice of minor surgery, proctology, or obstetrics by a licensee who possesses a certificate of special competency, the license action may, in lieu of affecting the entire scope of the licensee's practice, suspend, revoke, or curtail only the practitioner's authority under the certificate of special competency.

(b) To address emergency or other circumstances which indicate the use of substances or procedures not authorized for use by chiropractic physicians, a plan to access these must be developed in a timely fashion and entered in the patient's chart.

(6) Notwithstanding section (4), a chiropractic physician may obtain a license as a direct entry midwife from the Board of Direct Entry Midwifery. Any chiropractic physician licensed as a naturopathic physician and certified in natural childbirth by the Oregon Board of Naturopathic Examiners, may also practice natural childbirth/obstetrics as a chiropractic physician to the extent allowed by ORS 684.



Oregon

Kate Brown, Governor

Oregon Board of Chiropractic Examiners

530 Center St. NE., Ste 620

Salem, OR 97301

Phone: (503) 378-5816

FAX: (503) 362-1260

E-mail: oregon.obce@state.or.us

Minor Surgery and Proctology Competencies as determined by the OBCE's Minor Surgery and Proctology Review Committee

A Chiropractor wishing to practice minor surgery and proctology should have a baseline knowledge of the following information. He/she should

- be able to discuss the legal limitations of minor surgery as it pertains to the practice of chiropractic;
- be able to identify and discuss the risk factors involved in patient selection;
- understand the importance of ,and how to establish, a sterile field for the physician, patient and the instruments;
- be able to identify and understand the appropriate applications of the various antiseptics;
- be able to identify and understand the appropriate applications of the various anesthetics, as well as their routes of delivery;
- be able to discuss the stages of wound healing and the factors involved in influencing healing;
- be able to discuss and identify types of wounds, infections, and appropriate interventions;
- be able to discuss and identify wound closures, suturing techniques, and instruments and materials used in suturing;
- be able to discuss and differentiate the various classifications of tumor types;
- be able to discuss and identify the various types of malignant skin tumors;
- be able to discuss, identify and understand the various minor surgical options available for benign superficial lesions;
- understand and be able to discuss the specific office procedures associated with the management of keloids, lipomas, cysts, growths, fibromas, local infections, nail removal, and other presentations amenable to surgical intervention;
- be able to discuss and identify the various causes of and presentation of burns and frostbite; and
- be able to discuss and identify the pathophysiology and appropriate management of those anorectal disorders that require invasive minor surgical intervention.

Applicant's Name: _____

	<i>(Check one)</i>					
	Date	Type of Procedure	Observation	Solely Performed	Supervised Applicant's Initials	Doctor Signature & Comment
1						
2						
3						
4						
5						
6						
7						
8						

(Check one)

	Date	Type of Procedure	Observation	Solely Performed	Supervised Applicant's Initials	Doctor Signature & Comment
9						
10						
11						
12						
13						
14						
15						
16						

(Check one)

	Date	Type of Procedure	Observation	Solely Performed	Supervised Applicant's Initials	Doctor Signature & Comment
17						
18						
19						
20						
21						
22						
23						
24						
25						



10580 SE Washington St.
Portland, OR 97216

T (503) 256-1601
F (503) 256-1602
E info@ocanow.com

March 9, 2022

Cassandra C. McLeod-Skinner, JD
Executive Director
Oregon Board of Chiropractic Examiners
530 Center Street NE, Suite 620
Salem, Oregon 97301

RE: False Advertising and Marketing – COVID-19/Corona Virus

Dear Ms. Skinner,

The Oregon Chiropractic Association respectfully requests clarification regarding the following OBCE's policy,

"NOTICE: False Advertising and Marketing, The Board will be aggressively pursuing advertising and Marketing violations, including but not limited to those made online and within social media, and specifically to claims involving COVID-19/Corona Virus. If you, or any licensees you know of, are making claims that they or their clinics can 'improve the outcomes of, 'cure,' 'prevent,' or in any other way effect patients with COVID-19/Corona Virus or their families, please notify the Board immediately for investigation and possible referral to the Attorney General. Not only are these claims possibly false or fraudulent, they put our public at grave risk."

Relative to the above OBCE policy is the Board suggesting Oregon Doctor of Chiropractic are prohibited from;

1. Providing evidence-based information regarding nutritional and/or OTC substances, diet, and lifestyle that can prevent or mitigate viral infection including Covid-19 and its variants.
2. Selling these same anti-viral OTC substances in their practices.
3. Providing evidence-based information regarding natural immunity following viral infections including SARS COV-2.
4. Providing evidence-based information regarding the safety, efficacy, and risks of available health care interventions and patient lifestyle.

Sincerely,

Todd A. Turnbull, DC, CCSP, CBIS-T
President
Oregon Chiropractic Association

Wet Cupping

Last Updated 1-18-2022

Q 1. Does your jurisdiction include “wet cupping” within your chiropractic scope of practice?

Jurisdiction	Responses
Alabama	
Alaska	
Arizona	To my knowledge, not in Arizona.
Arkansas	No
California	
Colorado	
Connecticut	
Delaware	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kectucky	
Louisiana	No
Maine	The board is not aware of "wet cupping" as a modality.
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	
Missouri	It is not specified in our scope.
Montana	Wet cupping is not within the scope of practice in Montana.
Nebraska	
Nevada	Nevada does not include wet cupping in its chiropractic scope of practice. Pursuant to NRS 634.225 a chiropractic physician shall not pierce or sever any body tissue, except to: (a) Draw blood for diagnostic purposes; or (b) Perform dry needling, if the chiropractor is qualified to do so pursuant to the regulations adopted by the Board pursuant to NRS 634.035.
New Hampshire	
New Jersey	
New Mexico	
New York	No, Wet cupping is not within the New York State chiropractic scope of practice.
North Carolina	
North Dakota	See attached.
Ohio	
Oklahoma	If it falls under the current scope of practice definition in statute and rule it is allowed. Our statutes and rules do not specifically address "wet cupping" . See attached.
Oregon	

Pennsylvania	
Rhode Island	
South Carolina	
South Dakota	
Tennessee	
Texas	No
Utah	
Vermont	
Virginia	In Virginia, "cupping" is found in the scope of practice for acupuncture. See attached.
Washington	Wet cupping is not within the scope of practice in Washington.
West Virginia	Cupping Therapy is within the chiropractic scope of practice in West Virginia; however, a licensee, before practicing cupping therapy, must have the requisite training and competency to practice cupping therapy.
Wisconsin	
Wyoming	The Wyoming Board has not determined if wet cupping is within their scope.

RE: FCLB PowerPoll: Wet cupping

1 message

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

Mon, Jan 10, 2022 at 1:36 PM

No, not specifically, however, there is room for some interpretation:

Minn Stat 184.01,

sub(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; and

sub(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;

And Administrative Rules:

2500.0100 DEFINITIONS.

Subp. 11. Rehabilitative therapy. "Rehabilitative therapy" means therapy that restores an ill or injured patient to the maximum functional improvement by employing within the practice of chiropractic those methods, procedures, modalities, devices, and measures which include mobilization; thermotherapy; cryotherapy; hydrotherapy; exercise therapies; nutritional therapy; meridian therapy; vibratory therapy; traction; stretching; bracing and supports; trigger point therapy; massage and the use of forces associated with low voltage myostimulation, high voltage myostimulation, ultraviolet light, diathermy, and ultrasound; and counseling on dietary regimen, sanitary measures, occupational health, lifestyle factors, posture, rest, work, and recreational activities that may enhance or complement the chiropractic adjustment.

Micki Becker
Executive Director

Minnesota Board of Chiropractic Examiners
[New Board address effective September 1, 2021]
335 Randolph Avenue, Suite 280
St. Paul MN 55102
Direct: 651-201-2846
Main: 651-201-2850
<https://mn.gov/boards/chiropractic-examiners/>

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

From: Janelle Grier <jgrier@fclb.org>
Sent: Monday, January 10, 2022 2:00 PM
Subject: FCLB PowerPoll: Wet cupping

This message may be from an external email source.

Do not select links or open attachments unless verified. Report all suspicious emails to Minnesota IT Services Security Operations Center.

The Oregon Board wants to know!

1. Does your jurisdiction include "wet cupping" within your chiropractic scope of practice?

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.

Thanks!

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

RE: FCLB PowerPoll: Wet cupping

1 message

ND Board of Chiropractic Examiners <contact@ndsbce.org>

Tue, Jan 11, 2022 at 9:55 AM

To: Janelle Grier <jgrier@fclb.org>

North Dakota:

I have copied our scope of practice below.

North Dakota Century Code 43-06-01(4)(a)

4. a. "The practice of chiropractic" includes:

- (1) The examination, evaluation, and diagnosis by means including x-ray, other appropriate diagnostic imaging, clinical laboratory procedures, or pertinent examinations taught by chiropractic colleges accredited by the council on chiropractic education or its successor or equivalent;
- (2) The treatment of patients by means of the adjustment or manipulation of the spinal column, the vertebral articulations, the appendicular skeleton not excluding the skull, and of any displaced tissue of any kind or nature;
- (3) The practice of physiotherapy, electrotherapy, or hydrotherapy;
- (4) All other procedures, treatments, and interventions taught by chiropractic colleges accredited by the council on chiropractic education or its successor;
- (5) The rating and reporting of any permanent impairment of function and the providing of professional opinions regarding any matter included in this definition of practice of chiropractic as set out herein;
- (6) Delegation of basic health care duties in the practice of chiropractic to a certified chiropractic clinical assistant; and
- (7) Telehealth.

b. The practice of chiropractic does not include prescribing for, removal of, or administering to any person any medicine or drug to be taken internally which is now or hereafter included in materia medica, nor performing any surgery, except as is provided in this section, nor practicing obstetrics.

Sincerely,

Lisa Blanchard, Executive Director
ND Board of Chiropractic Examiners
PO Box 185
Grafton, ND 58237
(701) 213-0476
Fax: (855) 450-2153
contact@ndsbce.org

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

From: Janelle Grier <jgrier@fclb.org>
Sent: Monday, January 10, 2022 2:00 PM
To: undisclosed-recipients:
Subject: FCLB PowerPoll: Wet cupping

The Oregon Board wants to know!

1. Does your jurisdiction include "wet cupping" within your chiropractic scope of practice?

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Thanks!

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



RE: [EXTERNAL] FCLB PowerPoll: Wet cupping

1 message

Beth Kidd <Beth.Kidd@chiro.ok.gov>
To: Janelle Grier <jgrier@fclb.org>

Tue, Jan 11, 2022 at 9:42 AM

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

From: Janelle Grier <jgrier@fclb.org>
Sent: Monday, January 10, 2022 2:00 PM
Subject: [EXTERNAL] FCLB PowerPoll: Wet cupping

The Oregon Board wants to know!

1. Does your jurisdiction include "wet cupping" within your chiropractic scope of practice? If it falls under the current scope of practice definition in statute and rule it is allowed. Our statutes and rules do not specifically address "wet cupping" .

Section 161.2 - Chiropractic Defined - Scope of Practice.

A. Chiropractic is the science and art that teaches health in anatomic relation and disease or abnormality in anatomic disrelation, and includes hygienic, sanitary and therapeutic measures incident thereto in humans. The scope of practice of chiropractic shall include those diagnostic and treatment services and procedures which have been taught by an accredited chiropractic college and have been approved by the Board of Chiropractic Examiners.

OAC 140:1-1-2

Scope of practice" means chiropractic is the science and art that teaches health in anatomic relation and disease or abnormality in anatomic disrelation, and includes hygienic, sanitary and therapeutic measures incident thereto in humans. Pursuant to 59 O.S. § 161.2, the Board hereby approves those diagnostic and treatment services and procedures related to the science and art of chiropractic as defined herein and as described in the Oklahoma Chiropractic Practice Act and, which have been taught by an accredited chiropractic college. Such diagnostic and treatment services and procedures shall include the following: Chiropractic physicians may examine, analyze and diagnose the human body to correct, relieve or prevent diseases and abnormalities by the use of any physical, chemical, electrical, or thermal method; use or order diagnostic radiological imaging; use or order laboratory testing; and use any other method of examination for diagnosis and analysis taught by an accredited chiropractic college. In addition, Chiropractic physicians may adjust, manipulate and treat the human body by manual, mechanical, chemical, electrical, or natural methods; by the use of physiotherapy; meridian therapy; by utilizing hygienic, sanitary and therapeutic measures; by the administration of naturopathic and homeopathic remedies, by the application of first aid or by performing any other treatment taught by an accredited chiropractic college. Nothing in this rule shall permit a Chiropractic Physician to prescribe legend drugs, beyond injectable nutrients as authorized by, as is currently the law in Title 59 Section 161.12 of the Oklahoma Statutes.

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.

Thanks!

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

Wet Cupping

1 message

Harp, William <william.harp@dhp.virginia.gov>

Thu, Jan 13, 2022 at 12:03 PM

To: jgrier@fclb.org

Hi Ms. Grier:

In Virginia, "cupping" is found in the scope of practice for acupuncture.

§ 54.1-2900. Definitions

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body

However, it is not found in the chiropractic scope of practice.

§ 54.1-2900. Definitions

"Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy, or the administration or prescribing of any drugs, medicines, serums, or vaccines. "Practice of chiropractic" shall include (i) requesting, receiving, and reviewing a patient's medical and physical history, including information related to past surgical and nonsurgical treatment of the patient and controlled substances prescribed to the patient, and (ii) documenting in a patient's record information related to the condition and symptoms of the patient, the examination and evaluation of the patient made by the doctor of chiropractic, and treatment provided to the patient by the doctor of chiropractic. "Practice of chiropractic" shall also include performing the physical examination of an applicant for a commercial driver's license or commercial learner's permit pursuant to § 46.2-341.12 if the practitioner has (i) applied for and received certification as a medical examiner pursuant to 49 C.F.R. Part 390, Subpart D and (ii) registered with the National Registry of Certified Medical Examiners.

The Board of Medicine will place "Qualified to Practice Acupuncture" on the license of a chiropractor who has completed a 200-hour training program in acupuncture. The Board understands that "wet cupping" is a bleeding technique.

At this time, "wet cupping" does not appear to be within the scope of chiropractic in Virginia.

I hope this is helpful to you.

With kindest regards, WLH

Enrolled House Bill 2359

Sponsored by Representatives SALINAS, RUIZ, Senator FREDERICK; Representatives ALONSO LEON, BYNUM, CAMPOS, DEXTER, GRAYBER, LEIF, NOSSE, PHAM, REYNOLDS, SANCHEZ, SCHOUTEN, SOLLMAN, VALDERRAMA (Presession filed.)

CHAPTER

AN ACT

Relating to health care interpreters; creating new provisions; amending ORS 413.550, 413.552, 413.556, 413.558, 414.572, 656.027 and 657.046; repealing ORS 657.048; and declaring an emergency.

Whereas current law contains a loophole for health care providers and interpretation service companies to justify working with untrained health care interpreters despite the availability of health care interpreters who are qualified or certified by the Oregon Health Authority; and

Whereas current law does not hold accountable health care providers and interpretation service companies for failing to work with qualified or certified interpreters or for failing to work with best practices in providing health care interpretation services; and

Whereas there is currently no complaint process for health care interpreters who experience wage or other labor violations; and

Whereas there is a growing demand for health care interpreters in rural communities in this state, especially for interpreters capable of interpreting languages of limited diffusion in those areas; and

Whereas health care interpreters suffer from the inequitable business practices of interpretation service companies; and

Whereas due to the low payment rates and the rising cost of training and testing, current and potential health care interpreters are reluctant to invest in training, testing, qualification or certification because of the low return on their investment; and

Whereas there is a lack of uniformity statewide in the quality of health care interpretation services; and

Whereas there is a lack of a uniform training curriculum statewide; now, therefore,

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

SECTION 1. Section 2 of this 2021 Act is added to and made a part of ORS 413.550 to 413.558.

SECTION 2. (1) Except as provided in subsection (2) of this section, a health care provider shall work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under ORS 413.558 when communicating with a patient who prefers to communicate in a language other than English, unless the health care provider is a doctor or clinician who is proficient in the patient's preferred language.

(2) A health care provider who is otherwise required to work with a health care interpreter from the health care interpreter registry may work with a health care interpreter who is not listed on the health care interpreter registry only if the provider:

(a) Verifies, in the manner prescribed by rule by a board or agency described in section 3 of this 2021 Act, that the provider has taken appropriate steps needed to obtain a health care interpreter from the health care interpreter registry in accordance with rules adopted by the authority under ORS 413.558; or

(b) Has offered the patient the services of a health care interpreter from the health care interpreter registry and the patient declined the offer and chose a different interpreter.

(3) A health care provider shall give personal protective equipment, consistent with established national standards, to health care interpreters providing services on-site at no cost to the health care interpreter and may not suggest to the health care interpreter that the health care interpreter should procure the health care interpreter's own personal protective equipment as a condition of working with the health care provider.

(4) A health care provider shall maintain records of each patient encounter in which the provider worked with a health care interpreter from the health care interpreter registry. The records must include:

(a) The name of the health care interpreter;

(b) The health care interpreter's registry number; and

(c) The language interpreted.

(5) The boards and agencies described in section 3 of this 2021 Act shall adopt rules to carry out the provisions of this section, which may include additional exemptions under subsection (2) of this section.

SECTION 3. Section 2 of this 2021 Act may be enforced by any means permitted under law by:

(1) A health professional regulatory board with respect to a health care provider under the jurisdiction of the board.

(2) The Oregon Health Authority or the Department of Human Services with regard to health care providers or facilities regulated by the authority or the department and health care providers enrolled in the medical assistance program.

(3) The authority with regard to emergency medical services providers licensed under ORS 682.216 and clinical laboratories licensed under ORS 438.110.

SECTION 4. (1) An interpretation service company operating in this state:

(a) Except as provided in paragraph (b) of this subsection, may not arrange for a health care interpreter to provide interpretation services in health care settings if the health care interpreter is not listed on the health care interpreter registry described in ORS 413.558.

(b) May arrange for a health care interpreter who is not listed on the health care interpreter registry to provide interpretation services in health care settings only if:

(A) A health care provider represents to the interpretation service company that the health care provider:

(i) Has taken appropriate steps necessary to arrange for a health care interpreter from the health care interpreter registry in the manner prescribed by rule under section 2 of this 2021 Act; and

(ii) Was unable to arrange for a health care interpreter from the health care interpreter registry; and

(B) The interpretation service company does not employ a health care interpreter listed on the health care interpreter registry who is available to provide interpretation services to the health care provider.

(c) May not represent to a health care provider that a contracted or employed health care interpreter referred by the company is a certified health care interpreter unless the interpreter has met the requirements for certification under ORS 413.558 and has been issued a valid certification by the authority.

(d) May not require or suggest to a health care interpreter that the health care interpreter procure the health care interpreter's own personal protective equipment as a condition of receiving a referral.

(2) An interpretation service company shall maintain records of each encounter in which the company refers to a health care provider worked with a health care interpreter from the health care interpreter registry or a health care interpreter who is not on the registry. The records must include:

- (a) The name of the health care interpreter; and
- (b) The health care interpreter's registry number, if applicable.

SECTION 5. Section 6 of this 2021 Act is added to and made a part of ORS chapter 414.

SECTION 6. (1) As used in this section:

- (a) "Certified health care interpreter" has the meaning given that term in ORS 413.550.
- (b) "Qualified health care interpreter" has the meaning given that term in ORS 413.550.

(2) The Oregon Health Authority shall adopt rules to ensure that a coordinated care organization, in accordance with ORS 414.572 (2)(e), and any other health care provider that is reimbursed for the cost of health care by the state medical assistance program:

(a) Works with a certified health care interpreter or a qualified health care interpreter when interacting with a recipient of medical assistance, or a caregiver of a recipient of medical assistance, who has limited English proficiency or who communicates in signed language; and

(b) Is reimbursed for the cost of the certified health care interpreter or qualified health care interpreter.

SECTION 7. (1) As used in this section, "health care interpreter" has the meaning given that term in ORS 413.550.

(2) The Oregon Health Authority shall, in collaboration with the Oregon Council on Health Care Interpreters and health care interpreters, conduct a study:

(a) Of the best model for an online platform for patients and health care providers to contract with health care interpreters and on how to use state and federal funds to finance the platform, to be completed no later than July 1, 2022; and

(b) Regarding sight translation as it pertains to the definition of "health care interpreter" in ORS 413.550 and related best practices.

(3) No later than January 1, 2022, the authority shall report to the interim committees of the Legislative Assembly related to health the results of the studies described in subsection (2) of this section and recommendations for legislative changes, if necessary, to implement the findings of the studies.

SECTION 8. ORS 413.550 is amended to read:

413.550. As used in ORS 413.550 to 413.558:

(1) "Certified health care interpreter" means an individual who has been approved and certified by the Oregon Health Authority **under ORS 413.558.**

(2) **"Coordinated care organization" has the meaning given that term in ORS 414.025.**

[(2)] (3) "Health care" means medical, surgical, **oral** or hospital care or any other remedial care recognized by state law, including physical and behavioral health care.

[(3)] (4)(a) "Health care interpreter" means an individual who is readily able to:

[(a)] (A) **Communicate in English and** communicate with a person with limited English proficiency **or who communicates in signed language;**

[(b)] (B) Accurately interpret the oral statements of a person with limited English proficiency, or the statements of a person who communicates in [sign] **signed** language, into English;

(C) **Accurately interpret oral statements in English to a person with limited English proficiency or who communicates in signed language;**

[(c)] (D) Sight translate documents from a person with limited English proficiency; **and**

[(d)] (E) Interpret the oral statements of other persons into the language of the person with limited English proficiency or into [sign] **signed** language[; and].

[*(e) Sight translate documents in English into the language of the person with limited English proficiency.*]

(b) “Health care interpreter” also includes an individual who can provide the services described in paragraph (a) of this subsection using relay or indirect interpretation.

(5) “Health care interpreter registry” means the registry described in ORS 413.558 that is administered by the authority.

(6) “Health care provider” means any of the following that are reimbursed with public funds, in whole or in part:

(a) An individual licensed or certified by 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) State Board of Massage Therapists;

(G) Oregon Board of Naturopathic Medicine;

(H) Oregon State Board of Nursing;

(I) Oregon Board of Optometry;

(J) State Board of Pharmacy;

(K) Oregon Medical Board;

(L) Occupational Therapy Licensing Board;

(M) Oregon Board of Physical Therapy;

(N) Oregon Board of Psychology;

(O) Board of Medical Imaging;

(P) State Board of Direct Entry Midwifery;

(Q) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

(R) Board of Registered Polysomnographic Technologists;

(S) Board of Licensed Dietitians; and

(T) State Mortuary and Cemetery Board;

(b) An emergency medical services provider licensed by the Oregon Health Authority under ORS 682.216;

(c) A clinical laboratory licensed under ORS 438.110;

(d) A health care facility as defined in ORS 442.015;

(e) A home health agency licensed under ORS 443.015;

(f) A hospice program licensed under ORS 443.860; or

(g) Any other person that provides health care or that bills for or is compensated for health care provided, in the normal course of business.

(7) “Interpretation service company” means an entity, or a person acting on behalf of an entity, that is in the business of arranging for health care interpreters to work with health care providers in this state.

[*(4)*] (8) “Person with limited English proficiency” means a person who, by reason of place of birth or culture, [*speaks*] **communicates in** a language other than English and does not [*speak*] **communicate in** English with adequate ability to communicate effectively with a health care provider.

(9) “Prepaid managed care health services organization” has the meaning given that term in ORS 414.025.

[*(5)*] (10) “Qualified health care interpreter” means an individual who has [*received*] **been issued** a valid letter of qualification from the authority **under ORS 413.558**.

[*(6)*] (11) “Sight translate” means to translate a written document into spoken or [*sign*] **signed** language.

SECTION 9. ORS 413.552 is amended to read:

413.552. (1) The Legislative Assembly finds that persons with limited English proficiency, or who communicate in [sign] **signed** language, are often unable to interact effectively with health care providers. Because of language differences, persons with limited English proficiency, or who communicate in [sign] **signed** language, are often excluded from health care services, experience delays or denials of health care services or receive health care services based on inaccurate or incomplete information.

(2) The Legislative Assembly further finds that the lack of competent health care interpreters among health care providers impedes the free flow of communication between the health care provider and patient, **negatively impacting health outcomes and** preventing clear and accurate communication and the development of empathy, confidence and mutual trust that is essential for an effective relationship between health care provider and patient.

(3) It is the policy of the Legislative Assembly to require [the use of] **working with** certified health care interpreters or qualified health care interpreters [whenever possible] to ensure the accurate and adequate provision of health care to persons with limited English proficiency and to persons who communicate in [sign] **signed** language.

(4) It is the policy of the Legislative Assembly that health care for persons with limited English proficiency be provided according to the guidelines established under the policy statement issued August 30, 2000, by the U.S. Department of Health and Human Services, Office for Civil Rights, entitled, "Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency," and the 1978 Patient's Bill of Rights.

SECTION 10. ORS 413.556 is amended to read:

413.556. The Oregon Council on Health Care Interpreters shall work in cooperation with the Oregon Health Authority to:

(1) Develop **and approve** testing, qualification and certification standards, **consistent with national standards**, for health care interpreters for persons with limited English proficiency and for persons who communicate in [sign] **signed** language.

[2] *Coordinate with other states, the federal government or professional organizations to develop and implement educational and testing programs for health care interpreters.*

[3] *Examine operational and funding issues, including but not limited to the feasibility of developing a central registry and annual subscription mechanism for health care interpreters.*

[4] (2) Do all other acts as shall be necessary or appropriate under the provisions of ORS 413.550 to 413.558.

SECTION 11. ORS 413.558 is amended to read:

413.558. (1) In consultation with the Oregon Council on Health Care Interpreters, the Oregon Health Authority shall by rule establish procedures for testing, qualification and certification of health care interpreters for persons with limited English proficiency or for persons who communicate in [sign] **signed** language, including but not limited to:

(a) Minimum standards for qualification and certification as a health care interpreter, **which may be modified as necessary**, including:

(A) Oral [*and written*] **or signed** language skills in English and in the language for which health care interpreter qualification or certification is granted; and

(B) Formal education or training in **interpretation**, medical **behavioral or oral health** terminology, anatomy and physiology[, *medical interpreting ethics and interpreting skills*];

(b) Categories of expertise of health care interpreters based on the English and non-English skills, or interpreting skills, and the medical terminology skills of the person seeking qualification or certification;

(c) Procedures for receiving applications and for examining applicants for qualification or certification;

(d) The content and administration of required examinations;

(e) The requirements and procedures for reciprocity of qualification and certification for health care interpreters qualified or certified in another state or territory of the United States or by another certifying body in the United States; and

(f) Fees for application, examination, initial issuance, renewal and reciprocal acceptance of qualification or certification as a health care interpreter if deemed necessary by the authority.

(2) Any person seeking qualification or certification as a health care interpreter must submit an application to the authority. If the applicant meets the requirements for qualification or certification established by the authority under this section, the authority shall issue a letter of qualification or a certification to the health care interpreter. **The authority shall notify a person of the authority's determination on the person's application no later than 60 days after the date the application is received by the authority.**

(3) The authority shall work with other states, the federal government or professional organizations to develop educational and testing programs and procedures for the qualification and certification of health care interpreters.

(4) In addition to the requirements for qualification established under subsection (1) of this section, a person may be qualified as a health care interpreter only if the person:

(a) Is able to fluently interpret [*the dialect*,] slang, **idioms and specialized vocabulary in English and the slang, idioms** or specialized vocabulary of the non-English language for which qualification is sought; and

(b) Has had at least 60 hours of health care interpreter training that includes anatomy and physiology and concepts of [*medical*] **health care** interpretation.

(5) A person may not use the title of "qualified health care interpreter" in this state, **or any other title, designation, words, letters, abbreviation, sign or device tending to indicate that the person is a qualified health care interpreter**, unless the person has met the requirements for qualification established under subsections (1) and (4) of this section and has been issued a valid letter of qualification by the authority.

(6) In addition to the requirements for certification established under subsection (1) of this section, a person may be certified as a health care interpreter only if:

(a) The person has met all the requirements established under subsection (4) of this section; and

(b) The person has passed written and oral examinations required by the authority in English, in a non-English language or [*sign*] **signed** language and in medical terminology.

(7) A person may not use the title of "certified health care interpreter" in this state, **or any other title, designation, words, letters, abbreviation, sign or device tending to indicate that the person is a certified health care interpreter**, unless the person has met the requirements for certification established under subsections (1) and (6) of this section and has been issued a valid certification by the authority.

(8) The authority shall:

(a) **Provide health care interpreter training and continuing education in accordance with standards adopted by the Oregon Council on Health Care Interpreters under ORS 413.556 to professionalize the health care interpreter workforce in this state. The training may be provided at no cost or, if not, must be affordable.**

(b) **Maintain a record of all health care interpreters who have completed an approved training program.**

(c) **Establish and maintain a central registry for all health care interpreters who are qualified or certified by the authority and establish a process for health care interpreters to biennially update their contact information and confirm their participation in the registry.**

(d) **Adopt rules to carry out the provisions of this section.**

(9) **The authority shall provide the notice described in ORS 183.335 (1) to all certified and qualified health care interpreters listed on the registry prior to the adoption, amendment or repeal of any rule concerning qualified or certified health care interpreter services.**

SECTION 12. The amendments to ORS 413.558 by section 11 of this 2021 Act do not require the Oregon Health Authority or the Oregon Council on Health Care Interpreters to

establish a new health care interpreter registry in addition to the health care interpreter registry in effect on the effective date of this 2021 Act.

SECTION 13. ORS 414.572 is amended to read:

414.572. (1) The Oregon Health Authority shall adopt by rule the qualification criteria and requirements for a coordinated care organization and shall integrate the criteria and requirements into each contract with a coordinated care organization. Coordinated care organizations may be local, community-based organizations or statewide organizations with community-based participation in governance or any combination of the two. Coordinated care organizations may contract with counties or with other public or private entities to provide services to members. The authority may not contract with only one statewide organization. A coordinated care organization may be a single corporate structure or a network of providers organized through contractual relationships. The criteria and requirements adopted by the authority under this section must include, but are not limited to, a requirement that the coordinated care organization:

(a) Have demonstrated experience and a capacity for managing financial risk and establishing financial reserves.

(b) Meet the following minimum financial requirements:

(A) Maintain restricted reserves of \$250,000 plus an amount equal to 50 percent of the coordinated care organization's total actual or projected liabilities above \$250,000.

(B) Maintain capital or surplus of not less than \$2,500,000 and any additional amounts necessary to ensure the solvency of the coordinated care organization, as specified by the authority by rules that are consistent with ORS 731.554 (6), 732.225, 732.230 and 750.045.

(C) Expend a portion of the annual net income or reserves of the coordinated care organization that exceed the financial requirements specified in this paragraph on services designed to address health disparities and the social determinants of health consistent with the coordinated care organization's community health improvement plan and transformation plan and the terms and conditions of the Medicaid demonstration project under section 1115 of the Social Security Act (42 U.S.C. 1315).

(c) Operate within a fixed global budget and, by January 1, 2023, spend on primary care, as defined in section 2, chapter 575, Oregon Laws 2015, at least 12 percent of the coordinated care organization's total expenditures for physical and mental health care provided to members, except for expenditures on prescription drugs, vision care and dental care.

(d) Develop and implement alternative payment methodologies that are based on health care quality and improved health outcomes.

(e) Coordinate the delivery of physical health care, [*mental health and chemical dependency services*] **behavioral health care**, oral health care and covered long-term care services.

(f) Engage community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the coordinated care organization's members and in the coordinated care organization's community.

(2) In addition to the criteria and requirements specified in subsection (1) of this section, the authority must adopt by rule requirements for coordinated care organizations contracting with the authority so that:

(a) Each member of the coordinated care organization receives integrated person centered care and services designed to provide choice, independence and dignity.

(b) Each member has a consistent and stable relationship with a care team that is responsible for comprehensive care management and service delivery.

(c) The supportive and therapeutic needs of each member are addressed in a holistic fashion, using patient centered primary care homes, behavioral health homes or other models that support patient centered primary care and behavioral health care and individualized care plans to the extent feasible.

(d) Members receive comprehensive transitional care, including appropriate follow-up, when entering and leaving an acute care facility or a long term care setting.

(e) Members *[receive]* **are provided:**

(A) Assistance in navigating the health care delivery system;

(B) **Assistance** *[and]* in accessing community and social support services and statewide resources[, *including through the use of certified health care interpreters and qualified health care interpreters, as those terms are defined in ORS 413.550*];

(C) **Meaningful language access as required by federal and state law including, but not limited to, 42 U.S.C. 18116, Title VI of the Civil Rights Act of 1964, Title VI Guidance issued by the United States Department of Justice and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care as issued by the United States Department of Health and Human Services; and**

(D) **Qualified health care interpreters or certified health care interpreters listed on the health care interpreter registry, as those terms are defined in ORS 413.550.**

(f) Services and supports are geographically located as close to where members reside as possible and are, if available, offered in nontraditional settings that are accessible to families, diverse communities and underserved populations.

(g) Each coordinated care organization uses health information technology to link services and care providers across the continuum of care to the greatest extent practicable and if financially viable.

(h) Each coordinated care organization complies with the safeguards for members described in ORS 414.605.

(i) Each coordinated care organization convenes a community advisory council that meets the criteria specified in ORS 414.575.

(j) Each coordinated care organization prioritizes working with members who have high health care needs, multiple chronic conditions[, *mental illness or chemical dependency*] **or behavioral health conditions** and involves those members in accessing and managing appropriate preventive, health, remedial and supportive care and services, including the services described in ORS 414.766, to reduce the use of avoidable emergency room visits and hospital admissions.

(k) Members have a choice of providers within the coordinated care organization's network and that providers participating in a coordinated care organization:

(A) Work together to develop best practices for care and service delivery to reduce waste and improve the health and well-being of members.

(B) Are educated about the integrated approach and how to access and communicate within the integrated system about a patient's treatment plan and health history.

(C) Emphasize prevention, healthy lifestyle choices, evidence-based practices, shared decision-making and communication.

(D) Are permitted to participate in the networks of multiple coordinated care organizations.

(E) Include providers of specialty care.

(F) Are selected by coordinated care organizations using universal application and credentialing procedures and objective quality information and are removed if the providers fail to meet objective quality standards.

(G) Work together to develop best practices for culturally **and linguistically** appropriate care and service delivery to reduce waste, reduce health disparities and improve the health and well-being of members.

(L) Each coordinated care organization reports on outcome and quality measures adopted under ORS 414.638 and participates in the health care data reporting system established in ORS 442.372 and 442.373.

(m) Each coordinated care organization uses best practices in the management of finances, contracts, claims processing, payment functions and provider networks.

(n) Each coordinated care organization participates in the learning collaborative described in ORS 413.259 (3).

(o) Each coordinated care organization has a governing body that complies with ORS 414.584 and that includes:

(A) At least one member representing persons that share in the financial risk of the organization;

(B) A representative of a dental care organization selected by the coordinated care organization;

(C) The major components of the health care delivery system;

(D) At least two health care providers in active practice, including:

(i) A physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS 678.375, whose area of practice is primary care; and

(ii) A [mental health or chemical dependency treatment] **behavioral health** provider;

(E) At least two members from the community at large, to ensure that the organization's decision-making is consistent with the values of the members and the community; and

(F) At least two members of the community advisory council, one of whom is or was within the previous six months a recipient of medical assistance and is at least 16 years of age, or a parent, guardian or primary caregiver of an individual who is or was within the previous six months a recipient of medical assistance.

(p) Each coordinated care organization's governing body establishes standards for publicizing the activities of the coordinated care organization and the organization's community advisory councils, as necessary, to keep the community informed.

(q) Each coordinated care organization publishes on a website maintained by or on behalf of the coordinated care organization, in a manner determined by the authority, a document designed to educate members about best practices, care quality expectations, screening practices, treatment options and other support resources available for members who have mental illnesses or substance use disorders.

(r) Each coordinated care organization works with the Tribal Advisory Council established in ORS 414.581 and has a dedicated tribal liaison, selected by the council, to:

(A) Facilitate a resolution of any issues that arise between the coordinated care organization and a provider of Indian health services within the area served by the coordinated care organization;

(B) Participate in the community health assessment and the development of the health improvement plan;

(C) Communicate regularly with the Tribal Advisory Council; and

(D) Be available for training by the office within the authority that is responsible for tribal affairs, any federally recognized tribe in Oregon and the urban Indian health program that is located within the area served by the coordinated care organization and operated by an urban Indian organization pursuant to 25 U.S.C. 1651.

(3) The authority shall consider the participation of area agencies and other nonprofit agencies in the configuration of coordinated care organizations.

(4) In selecting one or more coordinated care organizations to serve a geographic area, the authority shall:

(a) For members and potential members, optimize access to care and choice of providers;

(b) For providers, optimize choice in contracting with coordinated care organizations; and

(c) Allow more than one coordinated care organization to serve the geographic area if necessary to optimize access and choice under this subsection.

(5) On or before July 1, 2014, each coordinated care organization must have a formal contractual relationship with any dental care organization that serves members of the coordinated care organization in the area where they reside.

SECTION 14. ORS 414.572, as amended by section 14, chapter 489, Oregon Laws 2017, section 4, chapter 49, Oregon Laws 2018, section 8, chapter 358, Oregon Laws 2019, section 2, chapter 364, Oregon Laws 2019, section 58, chapter 478, Oregon Laws 2019, and section 7, chapter 529, Oregon Laws 2019, is amended to read:

414.572. (1) The Oregon Health Authority shall adopt by rule the qualification criteria and requirements for a coordinated care organization and shall integrate the criteria and requirements into each contract with a coordinated care organization. Coordinated care organizations may be

local, community-based organizations or statewide organizations with community-based participation in governance or any combination of the two. Coordinated care organizations may contract with counties or with other public or private entities to provide services to members. The authority may not contract with only one statewide organization. A coordinated care organization may be a single corporate structure or a network of providers organized through contractual relationships. The criteria and requirements adopted by the authority under this section must include, but are not limited to, a requirement that the coordinated care organization:

(a) Have demonstrated experience and a capacity for managing financial risk and establishing financial reserves.

(b) Meet the following minimum financial requirements:

(A) Maintain restricted reserves of \$250,000 plus an amount equal to 50 percent of the coordinated care organization's total actual or projected liabilities above \$250,000.

(B) Maintain capital or surplus of not less than \$2,500,000 and any additional amounts necessary to ensure the solvency of the coordinated care organization, as specified by the authority by rules that are consistent with ORS 731.554 (6), 732.225, 732.230 and 750.045.

(C) Expend a portion of the annual net income or reserves of the coordinated care organization that exceed the financial requirements specified in this paragraph on services designed to address health disparities and the social determinants of health consistent with the coordinated care organization's community health improvement plan and transformation plan and the terms and conditions of the Medicaid demonstration project under section 1115 of the Social Security Act (42 U.S.C. 1315).

(c) Operate within a fixed global budget and spend on primary care, as defined by the authority by rule, at least 12 percent of the coordinated care organization's total expenditures for physical and mental health care provided to members, except for expenditures on prescription drugs, vision care and dental care.

(d) Develop and implement alternative payment methodologies that are based on health care quality and improved health outcomes.

(e) Coordinate the delivery of physical health care, *[mental health and chemical dependency services]* **behavioral health care**, oral health care and covered long-term care services.

(f) Engage community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic and racial disparities in health care that exist among the coordinated care organization's members and in the coordinated care organization's community.

(2) In addition to the criteria and requirements specified in subsection (1) of this section, the authority must adopt by rule requirements for coordinated care organizations contracting with the authority so that:

(a) Each member of the coordinated care organization receives integrated person centered care and services designed to provide choice, independence and dignity.

(b) Each member has a consistent and stable relationship with a care team that is responsible for comprehensive care management and service delivery.

(c) The supportive and therapeutic needs of each member are addressed in a holistic fashion, using patient centered primary care homes, behavioral health homes or other models that support patient centered primary care and behavioral health care and individualized care plans to the extent feasible.

(d) Members receive comprehensive transitional care, including appropriate follow-up, when entering and leaving an acute care facility or a long term care setting.

(e) Members *[receive]* **are provided:**

(A) Assistance in navigating the health care delivery system;

(B) **Assistance** *[and]* in accessing community and social support services and statewide resources*[, including through the use of certified health care interpreters and qualified health care interpreters, as those terms are defined in ORS 413.550];*

(C) **Meaningful language access as required by federal and state law including, but not limited to, 42 U.S.C. 18116, Title VI of the Civil Rights Act of 1964, Title VI Guidance issued by the United States Department of Justice and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care as issued by the United States Department of Health and Human Services; and**

(D) **Qualified health care interpreters or certified health care interpreters listed on the health care interpreter registry, as those terms are defined in ORS 413.550.**

(f) Services and supports are geographically located as close to where members reside as possible and are, if available, offered in nontraditional settings that are accessible to families, diverse communities and underserved populations.

(g) Each coordinated care organization uses health information technology to link services and care providers across the continuum of care to the greatest extent practicable and if financially viable.

(h) Each coordinated care organization complies with the safeguards for members described in ORS 414.605.

(i) Each coordinated care organization convenes a community advisory council that meets the criteria specified in ORS 414.575.

(j) Each coordinated care organization prioritizes working with members who have high health care needs, multiple chronic conditions[, *mental illness or chemical dependency*] **or behavioral health conditions** and involves those members in accessing and managing appropriate preventive, health, remedial and supportive care and services, including the services described in ORS 414.766, to reduce the use of avoidable emergency room visits and hospital admissions.

(k) Members have a choice of providers within the coordinated care organization's network and that providers participating in a coordinated care organization:

(A) Work together to develop best practices for care and service delivery to reduce waste and improve the health and well-being of members.

(B) Are educated about the integrated approach and how to access and communicate within the integrated system about a patient's treatment plan and health history.

(C) Emphasize prevention, healthy lifestyle choices, evidence-based practices, shared decision-making and communication.

(D) Are permitted to participate in the networks of multiple coordinated care organizations.

(E) Include providers of specialty care.

(F) Are selected by coordinated care organizations using universal application and credentialing procedures and objective quality information and are removed if the providers fail to meet objective quality standards.

(G) Work together to develop best practices for culturally **and linguistically** appropriate care and service delivery to reduce waste, reduce health disparities and improve the health and well-being of members.

(L) Each coordinated care organization reports on outcome and quality measures adopted under ORS 414.638 and participates in the health care data reporting system established in ORS 442.372 and 442.373.

(m) Each coordinated care organization uses best practices in the management of finances, contracts, claims processing, payment functions and provider networks.

(n) Each coordinated care organization participates in the learning collaborative described in ORS 413.259 (3).

(o) Each coordinated care organization has a governing body that complies with ORS 414.584 and that includes:

(A) At least one member representing persons that share in the financial risk of the organization;

(B) A representative of a dental care organization selected by the coordinated care organization;

(C) The major components of the health care delivery system;

(D) At least two health care providers in active practice, including:

(i) A physician licensed under ORS chapter 677 or a nurse practitioner licensed under ORS 678.375, whose area of practice is primary care; and

(ii) A *[mental health or chemical dependency treatment]* **behavioral health** provider;

(E) At least two members from the community at large, to ensure that the organization's decision-making is consistent with the values of the members and the community; and

(F) At least two members of the community advisory council, one of whom is or was within the previous six months a recipient of medical assistance and is at least 16 years of age or a parent, guardian or primary caregiver of an individual who is or was within the previous six months a recipient of medical assistance.

(p) Each coordinated care organization's governing body establishes standards for publicizing the activities of the coordinated care organization and the organization's community advisory councils, as necessary, to keep the community informed.

(q) Each coordinated care organization publishes on a website maintained by or on behalf of the coordinated care organization, in a manner determined by the authority, a document designed to educate members about best practices, care quality expectations, screening practices, treatment options and other support resources available for members who have mental illnesses or substance use disorders.

(r) Each coordinated care organization works with the Tribal Advisory Council established in ORS 414.581 and has a dedicated tribal liaison, selected by the council, to:

(A) Facilitate a resolution of any issues that arise between the coordinated care organization and a provider of Indian health services within the area served by the coordinated care organization;

(B) Participate in the community health assessment and the development of the health improvement plan;

(C) Communicate regularly with the Tribal Advisory Council; and

(D) Be available for training by the office within the authority that is responsible for tribal affairs, any federally recognized tribe in Oregon and the urban Indian health program that is located within the area served by the coordinated care organization and operated by an urban Indian organization pursuant to 25 U.S.C. 1651.

(3) The authority shall consider the participation of area agencies and other nonprofit agencies in the configuration of coordinated care organizations.

(4) In selecting one or more coordinated care organizations to serve a geographic area, the authority shall:

(a) For members and potential members, optimize access to care and choice of providers;

(b) For providers, optimize choice in contracting with coordinated care organizations; and

(c) Allow more than one coordinated care organization to serve the geographic area if necessary to optimize access and choice under this subsection.

(5) On or before July 1, 2014, each coordinated care organization must have a formal contractual relationship with any dental care organization that serves members of the coordinated care organization in the area where they reside.

SECTION 15. ORS 656.027 is amended to read:

656.027. All workers are subject to this chapter except those nonsubject workers described in the following subsections:

(1) A worker employed as a domestic servant in or about a private home. For the purposes of this subsection "domestic servant" means any worker engaged in household domestic service by private employment contract, including, but not limited to, home health workers.

(2) A worker employed to do gardening, maintenance, repair, remodeling or similar work in or about the private home of the person employing the worker.

(3)(a) A worker whose employment is casual and either:

(A) The employment is not in the course of the trade, business or profession of the employer;

or

(B) The employment is in the course of the trade, business or profession of a nonsubject employer.

(b) For the purpose of this subsection, “casual” refers only to employments where the work in any 30-day period, without regard to the number of workers employed, involves a total labor cost of less than \$500.

(4) A person for whom a rule of liability for injury or death arising out of and in the course of employment is provided by the laws of the United States.

(5) A worker engaged in the transportation in interstate commerce of goods, persons or property for hire by rail, water, aircraft or motor vehicle, and whose employer has no fixed place of business in this state.

(6) Firefighter and police employees of any city having a population of more than 200,000 that provides a disability and retirement system by ordinance or charter.

(7)(a) Sole proprietors, except those described in paragraph (b) of this subsection. When labor or services are performed under contract, the sole proprietor must qualify as an independent contractor **to be a nonsubject worker**.

(b) Sole proprietors actively licensed under ORS 671.525 or 701.021. When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the sole proprietor must qualify as an independent contractor. Any sole proprietor licensed under ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(8) Except as provided in subsection (23) of this section, partners who are not engaged in work performed in direct connection with the construction, alteration, repair, improvement, moving or demolition of an improvement on real property or appurtenances thereto. When labor or services are performed under contract, the partnership must qualify as an independent contractor **to be a nonsubject worker**.

(9) Except as provided in subsection (25) of this section, members, including members who are managers, of limited liability companies, regardless of the nature of the work performed. However, members, including members who are managers, of limited liability companies with more than one member, while engaged in work performed in direct connection with the construction, alteration, repair, improvement, moving or demolition of an improvement on real property or appurtenances thereto, are subject workers. When labor or services are performed under contract, the limited liability company must qualify as an independent contractor **to be a nonsubject worker**.

(10) Except as provided in subsection (24) of this section, corporate officers who are directors of the corporation and who have a substantial ownership interest in the corporation, regardless of the nature of the work performed by such officers, subject to the following limitations:

(a) If the activities of the corporation are conducted on land that receives farm use tax assessment pursuant to ORS chapter 308A, corporate officer includes all individuals identified as directors in the corporate bylaws, regardless of ownership interest, and who are members of the same family, whether related by blood, marriage or adoption.

(b) If the activities of the corporation involve the commercial harvest of timber and all officers of the corporation are members of the same family and are parents, daughters or sons, daughters-in-law or sons-in-law or grandchildren, then all such officers may elect to be nonsubject workers. For all other corporations involving the commercial harvest of timber, the maximum number of exempt corporate officers for the corporation shall be whichever is the greater of the following:

(A) Two corporate officers; or

(B) One corporate officer for each 10 corporate employees.

(c) When labor or services are performed under contract, the corporation must qualify as an independent contractor **to be a nonsubject worker**.

(11) A person performing services primarily for board and lodging received from any religious, charitable or relief organization.

(12) A newspaper carrier utilized in compliance with the provisions of ORS 656.070 and 656.075.

(13) A person who has been declared an amateur athlete under the rules of the United States Olympic Committee or the Canadian Olympic Committee and who receives no remuneration for performance of services as an athlete other than board, room, rent, housing, lodging or other reasonable incidental subsistence allowance, or any amateur sports official who is certified by a recognized Oregon or national certifying authority, which requires or provides liability and accident insurance for such officials. A roster of recognized Oregon and national certifying authorities will be maintained by the Department of Consumer and Business Services, from lists of certifying organizations submitted by the Oregon School Activities Association and the Oregon Park and Recreation Society.

(14) Volunteer personnel participating in the ACTION programs, organized under the Domestic Volunteer Service Act of 1973, P.L. 93-113, known as the Foster Grandparent Program and the Senior Companion Program, whether or not the volunteers receive a stipend or nominal reimbursement for time and travel expenses.

(15) A person who has an ownership or leasehold interest in equipment and who furnishes, maintains and operates the equipment. As used in this subsection "equipment" means:

(a) A motor vehicle used in the transportation of logs, poles or piling.

(b) A motor vehicle used in the transportation of rocks, gravel, sand, dirt or asphalt concrete.

(c) A motor vehicle used in the transportation of property by a for-hire motor carrier that is required under ORS 825.100 or 825.104 to possess a certificate or permit or to be registered.

(16) A person engaged in the transportation of the public for recreational down-river boating activities on the waters of this state pursuant to a federal permit when the person furnishes the equipment necessary for the activity. As used in this subsection, "recreational down-river boating activities" means those boating activities for the purpose of recreational fishing, swimming or sightseeing utilizing a float craft with oars or paddles as the primary source of power.

(17) A person who receives no wage other than ski passes or other noncash remuneration for performing volunteer:

(a) Ski patrol activities; or

(b) Ski area program activities sponsored by a ski area operator, as defined in ORS 30.970, or by a nonprofit corporation or organization.

(18) A person 19 years of age or older who contracts with a newspaper publishing company or independent newspaper dealer or contractor to distribute newspapers to the general public and perform or undertake any necessary or attendant functions related thereto.

(19) A person performing foster parent or adult foster care duties pursuant to [ORS 412.001 to 412.161 and 412.991 or] ORS chapter [411,] 418, 430 or 443.

(20) A person performing services on a volunteer basis for a nonprofit, religious, charitable or relief organization, whether or not such person receives meals or lodging or nominal reimbursements or vouchers for meals, lodging or expenses.

(21) A person performing services under a property tax work-off program established under ORS 310.800.

(22) A person who performs service as a caddy at a golf course in an established program for the training and supervision of caddies under the direction of a person who is an employee of the golf course.

(23)(a) Partners who are actively licensed under ORS 671.525 or 701.021 and who have a substantial ownership interest in a partnership. If all partners are members of the same family and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law or grandchildren, all such partners may elect to be nonsubject workers. For all other partnerships licensed under ORS 671.510 to 671.760 or 701.021, the maximum number of exempt partners shall be whichever is the greater of the following:

(A) Two partners; or

(B) One partner for each 10 partnership employees.

(b) When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the partnership qualifies as an independent contractor. Any partnership licensed under

ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(24)(a) Corporate officers who are directors of a corporation actively licensed under ORS 671.525 or 701.021 and who have a substantial ownership interest in the corporation, regardless of the nature of the work performed. If all officers of the corporation are members of the same family and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law or grandchildren, all such officers may elect to be nonsubject workers. For all other corporations licensed under ORS 671.510 to 671.760 or 701.021, the maximum number of exempt corporate officers shall be whichever is the greater of the following:

(A) Two corporate officers; or

(B) One corporate officer for each 10 corporate employees.

(b) When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the corporation qualifies as an independent contractor. Any corporation licensed under ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(25)(a) Limited liability company members who are members of a company actively licensed under ORS 671.525 or 701.021 and who have a substantial ownership interest in the company, regardless of the nature of the work performed. If all members of the company are members of the same family and are parents, spouses, sisters, brothers, daughters or sons, daughters-in-law or sons-in-law or grandchildren, all such members may elect to be nonsubject workers. For all other companies licensed under ORS 671.510 to 671.760 or 701.021, the maximum number of exempt company members shall be whichever is the greater of the following:

(A) Two company members; or

(B) One company member for each 10 company employees.

(b) When labor or services are performed under contract for remuneration, notwithstanding ORS 656.005 (30), the company qualifies as an independent contractor. Any company licensed under ORS 671.525 or 701.021 and involved in activities subject thereto is conclusively presumed to be an independent contractor.

(26) A person serving as a referee or assistant referee in a youth or adult recreational soccer match whose services are retained on a match-by-match basis.

[*(27) A person performing language translator or interpreter services that are provided for others through an agent or broker.*]

[*(28)*] **(27)** A person who operates, and who has an ownership or leasehold interest in, a passenger motor vehicle that is operated as a taxicab or for nonemergency medical transportation. As used in this subsection:

(a) "Lease" means a contract under which the lessor provides a vehicle to a lessee for consideration.

(b) "Leasehold" includes, but is not limited to, a lease for a shift or a longer period.

(c) "Passenger motor vehicle that is operated as a taxicab" means a vehicle that:

(A) Has a passenger seating capacity that does not exceed seven persons;

(B) Is transporting persons, property or both on a route that begins or ends in Oregon; and

(C)(i) Carries passengers for hire when the destination and route traveled may be controlled by a passenger and the fare is calculated on the basis of any combination of an initial fee, distance traveled or waiting time; or

(ii) Is in use under a contract to provide specific service to a third party to transport designated passengers or to provide errand services to locations selected by the third party.

(d) "Passenger motor vehicle that is operated for nonemergency medical transportation" means a vehicle that:

(A) Has a passenger seating capacity that does not exceed seven persons;

(B) Is transporting persons, property or both on a route that begins or ends in Oregon; and

(C) Provides medical transportation services under contract with or on behalf of a mass transit or transportation district.

SECTION 16. ORS 657.046 is amended to read:

657.046. (1) As used in this chapter, "employment" does not include service performed in the operation of a passenger motor vehicle that is operated as a taxicab or a passenger motor vehicle that is operated for nonemergency medical transportation, by a person who has an ownership or leasehold interest in the passenger motor vehicle, for an entity that is operated by a board of owner-operators elected by the members of the entity.

(2) As used in this section:

(a) "Leasehold" has the meaning given that term in ORS 656.027 [(28)] **(27)**.

(b) "Passenger motor vehicle that is operated as a taxicab" means a vehicle that:

(A) Has a passenger seating capacity of at least three persons and not more than seven persons;

(B) On a route that begins or ends in Oregon, is used primarily to transport persons;

(C)(i) Carries passengers for hire when the destination and route traveled may be controlled by a passenger and the fare is calculated on the basis of any combination of an initial fee, distance traveled or waiting time; or

(ii) Is in use under a contract to provide specific service to a third party to transport designated passengers to locations selected by the third party; and

(D) Is not used more than secondarily or incidentally for errand services or to transport property, instead of or in addition to transporting passengers.

(c) "Passenger motor vehicle that is operated for nonemergency medical transportation" means a vehicle that:

(A) Has a passenger seating capacity of at least three persons and not more than seven persons;

(B) On a route that begins or ends in Oregon, is used primarily to transport persons;

(C) Provides medical transportation services under contract with or on behalf of a mass transit or transportation district; and

(D) Is not used more than secondarily or incidentally for errand services or to transport property, instead of or in addition to transporting passengers.

(3) The provisions of this section do not apply to service performed for:

(a) A nonprofit employing unit;

(b) This state;

(c) A political subdivision of this state; or

(d) An Indian tribe.

SECTION 17. ORS 657.048 is repealed.

SECTION 18. (1) Section 4 of this 2021 Act and the amendments to ORS 413.550, 413.552 and 413.556 by sections 8 to 10 of this 2021 Act become operative on September 1, 2022.

(2) Sections 2, 3 and 6 of this 2021 Act and the amendments to ORS 414.572 by section 13 of this 2021 Act become operative on July 1, 2022.

SECTION 19. Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (3), chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), for the biennium beginning July 1, 2021, for central services, state assessments and enterprise-wide costs, is increased by \$670,664 for carrying out the provisions of this 2021 Act.

SECTION 20. Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 2 (3), chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), for the biennium beginning July 1, 2021, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, tobacco tax receipts, marijuana tax receipts, beer and wine tax receipts, provider taxes and Medicare receipts, but excluding lottery funds and federal funds not described in section 2, chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), collected or received by the Oregon Health Authority, for central services, state assessments and enterprise-wide costs, is increased by \$66,812 for carrying out the provisions of this 2021 Act.

SECTION 21. Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 5 (3), chapter _____, Oregon Laws 2021 (Enrolled House

Bill 5024), for the biennium beginning July 1, 2021, as the maximum limit for payment of expenses from federal funds, excluding federal funds described in section 2, chapter _____, Oregon Laws 2021 (Enrolled House Bill 5024), collected or received by the Oregon Health Authority, for central services, state assessments and enterprise-wide costs, is increased by \$118,194 for the purpose of carrying out the provisions of this 2021 Act.

SECTION 22. This 2021 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect on its passage.

Passed by House June 17, 2021

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

.....
Tina Kotek, Speaker of House

Passed by Senate June 22, 2021

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2021

Approved:

.....M.,....., 2021

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2021

.....
Shemia Fagan, Secretary of State

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Wednesday, March 16, 2022 1:14 PM
To: PURNELL Mackenzie G * BCE
Subject: HB 2359 (2021) certified interpreter requirement
Attachments: Oregon Health Care Interpreter Program Requirements_.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

From: Lindley Lori <lori.lindley@doj.state.or.us>
Sent: Tuesday, March 15, 2022 1:33 PM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Subject: RE: HB 2359 (2021) certified interpreter requirement

Cass;
You asked me to check if other health licensing boards are passing rules regarding the new state law that requires use of certified interpreters. I checked with my fellow AAG's and no one has begun that process at this time. I note in the bill that the health professional regulatory boards can enforce the requirement as well as OHA. I have not checked with OHA's AAG as to whether OHA will be implementing rules for enforcement or not.

From review of OHA's website, they have created a registry for practitioners to search for a registered interpreter as required under the new law ; see www.hciregistry.dhosh.state.or.us
They have also created an application process for interpreters to become certified; see www.Oregon.gov/oha/OEI/Pages/HCI-Certification.aspx
They have provided this FAQ sheet that I attach above as well.

In terms of whether or not OBCE should draft specific rules; that would be up to the Board. It may be just as effective to put the OHA interpreter information on the board's website and inform the practitioners that they are required to use qualified interpreters if they use them in their practices. In addition, the Board could do a FAQ with this information in a post card or e mail blast to the licensed practitioners.

Let me know if you need additional information on this topic.

Lori Lindley
Senior Assistant Attorney General
Business Activities Section
1162 Court St NE Salem OR 97301
(503) 947-4561
(971) 208-1184
(Mon- Fri 7:00 a.m. – 4:00 p.m.)

****ATTORNEY/CLIENT PRIVILEGED COMMUNICATION****
****ATTORNEY WORK PRODUCT PRIVILEGED****
****DO NOT DISTRIBUTE****

PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Wednesday, March 30, 2022 6:26 AM
To: PURNELL Mackenzie G * BCE
Subject: HB 2359 (2021) certified interpreter requirement
Attachments: Oregon Health Care Interpreter Program Requirements_.pdf

Importance: High

From: Lindley Lori <lori.lindley@doj.state.or.us>
Sent: Thursday, March 24, 2022 4:23 PM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Subject: FW: HB 2359 (2021) certified interpreter requirement

I have been looking at this with some other AAG's and may have updated advice.

In the bill it seems that the definition of health care practitioner depends on whether the practitioner receives partial or general funding from public funds. I assume this means Medicaid/care or OHP. It appears from the law, if a health care practitioner does not receive any federal funding they are not required to use a certified interpreter. If they do receive it they are required to use a certified interpreter.

The law does say the board's shall pass rules. So, with that being said; I think it would be a good idea to discuss adding a rule about DC's following the law if applicable. I have taken the liberty to draft something below. You may want to add this to carry on in the upcoming meeting.

Add to 811-035-0015 Unprofessional conduct

(32) Failure to comply with ORS 413.550-413.558, if applicable. If the Board receives information of failure to comply with these laws, the Board may open an investigation that may result in discipline.

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
(971) 208-1184
(Mon- Fri 7:00 a.m. – 4:00 p.m.)

****ATTORNEY/CLIENT PRIVILEGED COMMUNICATION****
****ATTORNEY WORK PRODUCT PRIVILEGED****
****DO NOT DISTRIBUTE****

From: Lindley Lori
Sent: Tuesday, March 15, 2022 1:33 PM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Subject: RE: HB 2359 (2021) certified interpreter requirement

Cass;

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Lori Lindley
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****ATTORNEY WORK PRODUCT PRIVILEGED****

****DO NOT DISTRIBUTE****

Oregon Health Care Interpreter Program Requirements

Oregon's Health Care Interpreter Program includes two levels of credentialing (qualification and certification). A qualified or certified health care interpreter must meet all of the requirements listed below and provide all of the supporting documentation.

	Qualification	Certification
Requirements and documentation	<ul style="list-style-type: none"> • Must be at least 18 years of age. <ul style="list-style-type: none"> <input type="checkbox"/> Copy of an Oregon driver's license or passport • Must not be on the Medicaid Exclusion List: http://exclusions.oig.hhs.gov/. <ul style="list-style-type: none"> <input type="checkbox"/> Printout of search results. • Must pass a background check. • Must have at least 60 hours of formal health care interpreter training. <ul style="list-style-type: none"> <input type="checkbox"/> Proof of successful completion of training at OHA-approved training center or equivalent • Must have language proficiency in English and the target language (see next page for more information). <ul style="list-style-type: none"> <input type="checkbox"/> Proof of passing a language proficiency test at an approved testing center <input type="checkbox"/> Or, demonstration of having met equivalent language proficiency requirements • Must have at least 15 hours of documented interpreting experience. • \$25 qualification fee payable (by check or money order) to OHA/OEI Health Care Interpreter Program (includes registration fee) • Send completed application and check to: Health Care Interpreter Program Office of Equity and Inclusion 421 SW Oak St. Suite 750 Portland, Oregon 97204 	<ul style="list-style-type: none"> • Must be at least 18 years of age. <ul style="list-style-type: none"> <input type="checkbox"/> Copy of an Oregon driver's license or passport • Must not be on the Medicaid Exclusion List: http://exclusions.oig.hhs.gov/. <ul style="list-style-type: none"> <input type="checkbox"/> Printout of search results. • Must pass a background check. • Must have at least 60 hours of formal health care interpreter training. <ul style="list-style-type: none"> <input type="checkbox"/> Proof of successful completion of training at OHA-approved training center or equivalent • Must have at least 30 hours of documented interpreting experience. <ul style="list-style-type: none"> <input type="checkbox"/> Proof of passing certification tests from one of the following: <ul style="list-style-type: none"> • National Board of Certification for Medical Interpreters • Certification Commission for Healthcare Interpreters • Oregon Court Interpreter Certification • Federal Court Interpreter Certification exams • American Sign Language (ASL) Certification • \$25 certification fee payable (by check or money order) to OHA/OEI Health Care Interpreter Program (includes registration fee) • Send completed application and check to: Health Care Interpreter Program Office of Equity and Inclusion 421 SW Oak St. Suite 750 Portland, Oregon 97204
Valid period	Four years	Four years

*Oral certification test is available in Spanish, Mandarin, Cantonese, Russian, Korean, Arabic and Vietnamese.

Questions? Contact the Oregon Health Care Interpreter Program: hci.program@dhs.oha.state.or.us,

971-673-3328, www.oregon.gov/oha/oei, or call us to schedule an appointment in person.

Oregon Health Care Interpreter Program

Meeting the language proficiency requirements for HCI qualification and certification

Oregon Health Authority approved language proficiency testing centers include:

- [Language Line University](#) Level 2 or above ((Interagency Language Roundtable (ILR) equivalent, based on website information)).
- [Language Testing International](#) testing is based on American Council on the Teaching of Foreign Languages (ACTFL) assessment. Both the optional phone interpreter (OPI — telephonic) and OPIc (computer recording) are acceptable.
- The passing level for all language testing is advanced mid-level on the ACTFL scale.

Oral proficiency in both English and the non-English language (L2) may be demonstrated by passing any of the exams listed above (not expired) plus:

- Oregon Court Interpreter Registered status – not expired

One of the following may demonstrate oral proficiency in English:

- Bachelor, masters, doctorate or any other degree from any U.S. institution of higher education.
- Graduation from any high school in an English language speaking country where English is the primary language of instruction.
- Graduation from a higher education institution abroad where English is the primary language of instruction.
- One of the following tests (subject to change). Test results must be from no more than three years ago to be considered valid.
 - » Test of English as a Foreign Language (TOEFL): 570+ on paper; 230+ on computer version; 90+ on iBT
 - » Certificate in Advanced English (CAE), Level 4: B
 - » Certificate of Proficiency in English (CPE), Level 5: B
 - » International English Language Testing System (IELTS): 7.0+
 - » Interagency Language Roundtable (ILR): 2+
 - » Common European Framework (CEFR): B2
 - » Oral Proficiency Interview at the advanced mid-level on the ACTFL scale

One of the following may demonstrate oral proficiency in the non-English language:

- Bachelor, masters, doctorate or any other degree from an institution of higher education where instruction is primarily in the non-English language and the person submitting proof is a non-English language native speaker.
- Graduation from high school in a country where instruction is primarily in the non-English language and the person submitting proof is a native speaker of the non-English language.
- One of the following tests (subject to change). Test results must be from no more than three years ago to be considered valid:
 - » Interagency Language Round Table (ILR): 2+ from federal government testing agencies
 - » Common European Framework (CEFR): B2
 - » Oral Proficiency Interview at the advanced mid-level on the ACTFL scale

GILKER Heather * BCE

From: Jaci Bergstrom <jbergstrom@uws.edu>
Sent: Friday, February 18, 2022 10:06 AM
To: OBCE Oregon * BCE
Cc: Bill Moreau
Subject: Guide to Policy and Practice
Attachments: OBCE Cover.docx; Jaci Cost Functional-Resume-2021.docx

Good morning,

I am interested in participating on the panel for the Guide to Policy and Practice. Please find attached my cover letter and resume.

All the best,
Jaci Bergstrom

Jaci Bergstrom, DC
Clinical Supervisor
Connected Whole Health
University of Western States
8000 Tillamook St.
Portland, OR 97213
Direct Dial: (503) 847-2565
Office of Clinics: 503-271-6771
Fax (503)251-5794
Email: jbergstrom@uws.edu Web: <http://www.uws.edu>

Jaci M. Bergstrom, D.C, M.A in Mgmt

17411 NE 31st St. • Vancouver, Washington 98682 • 701.331.2130 • jbergstrom@uws.edu

OBJECTIVE

Seeking a position with the Board on the Guide to Policy and Practice to assist in the revision of the scope of practice within the field of Chiropractic for the state of Oregon.

PROFESSIONAL PROFILE

Motivated, personable business professional with multiple college degrees and a successful 5-year track record of profitable small business ownership. Diplomatic and tactful with professionals and non-professionals at all levels. Utilization of best practices for intern and personal growth.

Dedication to student growth through guidance, compassion, inclusion and instruction in chiropractic practice.

Flexible and versatile – Poised and competent with demonstrated ability to easily transcend cultural differences. Thrive in deadline-driven environments. Excellent leadership, communication and team-building skills.

KEY TALENT

- | | | |
|-------------------------|--------------------------------------|------------------------------|
| • Business Operations | • Communications Skills | • Marketing & Sales |
| • Leadership/Management | • Organizational Development | • Insurance Billing |
| • Customer Service | • Strategic & Tactical Planning | • Front-Office Operations |
| • Problem Resolution | • Functions well in team environment | • Professional Presentations |

PROFESSIONAL HISTORY

COMMUNICATION: REPORTS/PRESENTATIONS

- Communicate directly with upper management, supervisors, administration, peers and referral-based practices for the good of the student and patient.
- Author professional correspondence for patient charting.
- Design and deliver series of classes for advanced learning opportunities in rehabilitation, charting, adjustive technique and eMedley.
- Conduct one-on-one sessions with interns to discuss individual growth and expectations.
- Communicate medical concepts to patients using layman's terms to facilitate understanding and provide example to interns.
- Nutritional and exercise counseling and education regarding healthy lifestyle changes.
- Preview day panelist providing a brief video on communication and its importance.

DETAIL MASTERY & ORGANIZATION

- Management experience in all aspects of day-to-day operations as owner/practitioner of Chiropractic Concepts from 2007-2012.
- Team lead over six other clinicians providing feedback to supervisor, communication to and from faculty as well as the voice for the clinical department.
- Manage approximately 20 interns each quarter in varying capacity including, but not limited to, patient assignment, intern assessment, application of grades and organization of all necessary data for competency and successful completion of graduation requirements.

Jaci M. Bergstrom, D.C, M.A in Mgmt

17411 NE 31st St. • Vancouver, Washington 98682 • 701.331.2130 • jbergstrom@uws.edu

EMPLOYMENT HISTORY

UNIVERSITY OF WESTERN STATES NOV 2020 - PRESENT

Clinical Supervisor

UNIVERSITY OF WESTERN STATES AUG 2018-NOV 2020

Doctor of Chiropractic/Clinical Educator

CLACKAMAS INJURY REHABILITATION AND WELLNESS AUG 2014 - AUG 2018

Doctor of Chiropractic

PACIFIC HEALTH CARE FEB 2013 - JULY 2014

Doctor of Chiropractic

CHIROPRACTIC CONCEPTS MAY 2007 – MAY 2012

Owner – Doctor of Chiropractic

FIEBIGER CHIROPRACTIC MARCH 2006 – MAY 2007

Doctor of Chiropractic

CROSSROAD CHIROPRACTIC MAY 2005 – JANUARY 2006

Doctor of Chiropractic

FRELJE CHIROPRACTIC JANUARY 2002 – JULY 2004

Doctor of Chiropractic

EDUCATION

COLLEGE OF ST. SCHOLASTICA, – 2005

Master of Arts, Management

NORTHWESTERN COLLEGE OF CHIROPRACTIC – 2001

Doctor of Chiropractic ~ Licensed Acupuncturist

VALLEY CITY STATE UNIVERSITY – 1998

Bachelor of Arts, Biology

CONTINUING EDUCATION

Complete Curriculum Vitae Available

AFFILIATION

- Member of the Oregon Chiropractic Association 2014-Present
- Quality Patient Care Committee member 2020-Present
- Learning Assessment Committee- July, 2021-Present
- Curriculum Work Group- July 2021-Present
- NBCE site visit
- PTA for Harmony Elementary School September 2021-present

Jaci M. Bergstrom, D.C, M.A in Mgmt

17411 NE 31st St. • Vancouver, Washington 98682 • 701.331.2130 • jbergstrom@uws.edu



UNIVERSITY of WESTERN STATES
Health Center

8000 NE Tillamook Street | Portland, OR 97213 | www.uws.edu
Phone: 503-255-6771 | Fax: 503-251-2837

February 18, 2022

Dr. Jaci Bergstrom
17411 NE 31st Street, Vancouver, WA 98682
M: 701.331.2130 W: 503.847.2565 E: jbergstrom@uws.edu

Oregon Board of Chiropractic Examiners:

I read with interest your posting seeking members to serve on the committee for Guide to Policy and Practice (P & P) to review, research, update, modernize, and make revision recommendations to this policy as needed.

As my resume indicates, I possess 20 years of progressive chiropractic experience. My professional history includes both private practice and higher education. I have worked as an associate and business owner. At the University of Western States, I have served as the clinical educator and currently as the clinical supervisor.

My current job responsibilities include reviewing, revising and updating many aspects of our clinician assignments and processes for the clinic. Being employed by UWS, I feel we are researching and proving education insight to new chiropractors each day on standards of care for the scope of practice for the Chiropractic field. I would enjoy having input into the practice scope in the state of Oregon as we continue to develop students in the field of Chiropractic.

All the best,
Dr. Jaci Bergstrom

GILKER Heather * BCE

From: Boothby Judith <boothbyj@yahoo.com>
Sent: Monday, February 07, 2022 8:55 AM
To: OBCE Oregon * BCE; MCLEOD-SKINNER Cass * BCE
Subject: Re: [OBCE_Publication] OBCE - P&P Committee Opportunity
Attachments: Curriculum Vitae for Judith Boothby MS DC PC 2-4-2022.docx

Dear OBCE

I am interested in becoming a member of the Guide to Policy and Practice Committee of the OBCE. I have attached my CV.

I was a past member of the ETDSP committee from 1996 thru 2016

I headed the committee which wrote the ETDSP rule and got it passed by the OBCE 12/19/95

I participated in creating petition to the OBCE which established chiropractic functional neurology as standard 1/14/14

I founded the functional council of chiropractic with the OCA

Help establish chiropractors presenting case studies at the OCA convention 2012-2019

Please let me know you received my CV

Sincerely,

Judith Boothby, MS DC PC

On Thursday, February 3, 2022, 09:19:40 AM PST, OBCE Oregon * BCE <info@obce.oregon.gov> wrote:

This message is being sent to all licensees and certificate holders.

The OBCE has established a committee to review, research, update, modernize, and make revision recommendations to the Board on the Guide to Policy and Practice (P & P) and continue the work of the P & P Workgroup. The committee membership will consist of 7-9 members, with members who are active and practicing Oregon licensed DCs, those in academia, and those who are recently inactive/retired.

The specific topics to be researched, discussed, and make recommendations about include, but are not limited to:

- Allergy and Food Sensitivity Testing
- Cosmetology

- Energy Medicine Devices
- Biofeedback
- Soundwave Therapy
- Magnetic Therapy
- Breast Thermography
- Dark Field Microscopy
- Minor Surgery
- Low Level Light Therapy
- Hyperbaric Oxygen Therapy and Concentrated Oxygen
- IMEs
- Primary Care/Portal of Entry
- Death Certificates
- DOT/CTL Examinations
- Substances and Supplements
- Auriculotherapy

The P & P Committee is an advisory committee and will make recommendations to the Board as to possible revisions to the P & P. These recommendations will then be reviewed by the Board for possible further action and adoption.

To apply, please provide a cover letter and resume to info@obce.oregon.gov **no later than 5pm on Friday March 11, 2022.**

Oregon Board of Chiropractic Examiners

530 Center St NE, Suite 620

Salem, OR 97301

503-373-1573

info@obce.oregon.gov

www.oregon.gov/obce



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Curriculum Vitae for Judith Boothby MS DC PC

Work Address:

Judith Boothby MS DC PC
110 SE 16th Ave.
Portland, OR 97214

Work Phone: 503-233-0943

Home Phone: 503-231-7017

Email: boothbyj@yahoo.com

Personal Information:

Date of Birth: 7/19/57

Place of Birth: Boston, Massachusetts

Citizenship: United States

Sex: Female

Employment History:

- Oregon Chiropractic from 1986 through 2019, 2021 thru present
- Iowa Chiropractic, 2020
- Somerville, Massachusetts, Chiropractic from 5/1988 thru 6/1989
- Massachusetts General Hospital, Department of Radiology from 5/88 thru 6/89
Also worked at MGH for MIT thesis 9/79 thru 12/80. Wrote computer programs to upgrade radiation treatment planning from two to three dimensions thus preserving function and reducing morbidity.
- Lawrence Berkeley National Laboratory, Berkeley, CA consulting for 1 week 1986
- UCSF Long Hospital, San Francisco, CA, consulting for 2 weeks 1986
- Mt. Hood Community College, Gresham, OR Taught a class in in the drafting department on auto-cad and design 1983 and 1984
- Thermal Dynamics, West Lebanon, NH Employed as a mechanical engineer. Designed Plasma Welding Equipment 1981-82
- General Electric, Somersworth, NH Apprentice machinist 1976-78

License: Oregon Board of Chiropractic Examiners, license #27 2207

Education:

Western States Chiropractic College, Graduated 1986 DC Doctor of Chiropractic
Massachusetts Institute of Technology, Graduated 1981 MS in Mechanical Engineering
University of New Hampshire, Graduated 1979 BS in Mechanical Engineering
Hamburg High School, Graduated 1975

Additional training:

Functional Neurology with the Carrick Institute 2010-12

Pediatric Functional Neurology with Robert Melillo DC PhD, 9/2012-4/13

Awards:

- Voted Top Doc in Portland Monthly's Top Doctors Magazine January 2014 and 2015. Was the featured chiropractor January 2013 which was the first time chiropractic was mentioned in the Top Doctors publication.
- Chiropractor of the Year, Oregon Doctors of Chiropractic 2005 for standing up for the right of patients to receive low risk nurturing health care.
- Young Chiropractor of the Year, Chiropractic Association of Oregon 1996 for leading committee of the CAO instrumental in writing proposal to OBCE for OAR 811-015-0070 Scope of Practice Regarding Examinations, Tests, Substances, Devices and Procedures

Volunteer activities:

Current:

- Returning Veterans Project
- Camp Victory. Empowering girls who have been sexually assaulted.

Past:

- Created Functional Chiropractic Council of the OCA
- Helped to establish presenting Case Studies at the OCA convention
- Participated in creating petition to OBCE which established chiropractic functional neurology as standard on January 14, 2014
- Member OBCE -ETDSP committee from 1996 thru 2016
- Mentor for Chick Tech. Opportunities for high school girls to pursue STEM
- Children's Relief Nursery
- Council for Prostitution Alternatives
- Taught English as a second language, Rockwood library

Publications:

Judith Boothby MS DC PC, Shelly Coffman, PT DPT OCS FAAOMPT CSCS, Todd Turnbull DC. Successful Interprofessional Treatment of Juvenile Rheumatoid Arthritis: A Case Report, IMCJ Integrative Medicine: A Clinician's Journal, April/May 2017, Vol 16, No 2 <http://www.imjournal.com/index.cfm/fuseaction/Content.Main/id/92/OA-SuccessfulInterprofessionalTreatmentofJuvenileRheumatoidArthritis:ACaseReport>

Survivor Stories, Speaking Out About Cancer, Edited by Rod Schecter and Jessica Lynn Myers. Rivanna Health Publications, Charlottesville, VA 2003. Calm Down, Little Cells by Judith Boothby

Hobbies: Racing Dragon Boats, walking

GILKER Heather * BCE

From: Chris Chlebowski <chrischlebowski@yahoo.com>
Sent: Monday, February 28, 2022 11:25 AM
To: OBCE Oregon * BCE
Subject: P & P Committee application
Attachments: P&P cover letter.docx; JCC March 2022 Resume.doc

Dear Sir/Madam,

Attached you will find my resume and cover letter for consideration for a position on the P & P committee.

Sincerely,

Dr. Chris Chlebowski

c: 541: 613-3451

Dr. Chris Chlebowski
homeopath - chiropractor - naturopath
ashlandnaturalmedicine.com

CURRICULUM VITAE

DR. CHRIS CHLEBOWSKI

EDUCATION

National College of Natural Medicine <i>Doctorate of Naturopathy</i>	Portland, OR	2007 to 2011
Western States Chiropractic College <i>Doctorate of Chiropractic</i>	Portland, OR	2003 to 2007
Northern Arizona University <i>BSBA, Finance.</i>	Flagstaff, AZ	1997 to 2000

CLINICAL EXPERIENCE

Medical Director	Ashland, OR	2012 to present
Multi disciplinary clinic focused on the treatment of chronic disease. Primarily cancer, neurological disorders and chronic infections. Strong focus on classical homeopathy, herbal therapy, manual medicine, IV therapy/chelation and hyperbaric oxygen.		
Private Practice	Portland, OR	2007 to 2012
Chiropractic/naturopathic practice. Specialties include classical homeopathy, pediatrics, manual medicine, botanicals and nutrition. Focus on pediatrics and family medicine. Treatment of chronic disease as well as musculoskeletal issues.		

TEACHING EXPERIENCE

National University of Natural Medicine	Portland, OR	2018-2020
Designed curriculum for Introduction to Homeopathy course for first year naturopathic students.		
Co-taught class to 60 + students		

Ashland Institute of Massage Ashland, OR 2012- 2018

Designed curriculum for, and instructed, 18 hour course in anatomy, physiology and pathology of the neurological systems. Two concurrent classes of 15+ students per year.

Om Sweet Om Yoga Teacher training Ashland, OR 2013 – 2016

Twice a year two-day course in anatomy and holistic medicine for 30+ future yoga teachers. Helping future yoga instructors understand disease in the context of a yoga practice.

ADDITIONAL EDUCATION

New England School of Homeopathy Amherst, MA 2010 to present

Training in classical homeopathy.

International Chiropractic Pediatrics Association

Near completion of three year training in chiropractic pediatrics

PUBLICATIONS

Similimum– November. 2016. Journal of Homeopathic Academy of Naturopathic Physicians.

Townsend Letter – February 2017 issue.

NDNR - September 2018 issue. Naturopathic Treatment of Acute Disease

NDNR – October 2018. Naturopathic Treatment of Cardiovascular Disease



2-29-22

To Whom It May Concern:

Thank you for taking the time to review my resume and cover letter. I am writing in response to the posting for a position on the P & P committee to make recommendations to the Board on numerous procedures and techniques.

As you will see from my resume, I am well suited to this position as an actively practicing naturopathic and chiropractic physician who has deep clinical knowledge of many of the topics to be discussed including allergy/sensitivity testing, energy medicine devices, darkfield microscopy, breast thermography, minor surgery, hyperbaric oxygen and supplementation.

I look forward to hearing from you soon.

Sincerely,

Dr. Chris Chlebowski

GILKER Heather * BCE

From: Dennis Cozzocrea <dennis@gentlechiro.com>
Sent: Thursday, February 03, 2022 4:38 PM
To: OBCE Oregon * BCE
Subject: P&P Work Group
Attachments: SKM_C45822020316360.pdf

Attached is my letter of interest in the P&P Work Group and my CV
Thanks for your consideration,

Dennis Cozzocrea, DC
"Portland's Gentle Chiropractor"
www.gentlechiro.com
Office: Text or Call 503-512-9591
Cell: 509-945-2963



----- Forwarded message -----

From: <scanner@gentlechiro.com>
Date: Thu, Feb 3, 2022 at 4:36 PM
Subject: Message from KM_C458
To: <dennis@gentlechiro.com>



February 3, 2022

RE: Policy and Practice Work Group Application

To Whom it may concern:

I would like to be considered for the position as a member of the Policy and Practice work group that you recently sent an email regarding.

I have practiced for about 32 years and have always been interested in the procedures and therapies that would be best and safest for my patients.

I have used numerous modalities and techniques over the course of my practice. I have also submitted my curriculum vitae with this letter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dennis M. Cozzocrea".

Dennis M. Cozzocrea, DC

RECEIVED

FEB - 7 2022

OREGON BOARD OF
CHIROPRACTIC EXAMINERS

Dennis M. Cozzocrea, DC



Current Status:

I have been a Chiropractor since 1990 and in 2015 I moved to Portland. I have always been an active member of the state association in both states. I have also been a monthly contributor to the Chiropractic Political Action Committee in both states. I served on the WSCA for 4 years and currently serve on OCA board.

Education:

1990: Palmer College of Chiropractic, Davenport, IA

- ★ Achieved Research Honors and GPA 3.17
- ★ Outstanding Graduate Award
- ★ Involved in many organizations during my time at Palmer College

1983-1986: City Colleges of Chicago

Work Experience:

2015 - Present: Own and Operate Gentle Chiro in Tigard, OR (www.gentlechiro.com)

- ★ Purchased from Dr. Victoria Collins, who retired
- 2005 - 2015: Multi-disciplinary Practice: 6000 s.f. building that I owned and operated.
- ★ We went from 2 → 20 staff during the first 2 years.
 - ★ We offered a variety of integrative services.
 - ★ Services offered: MD, DC with rehab, Acupuncture, Psychologist, Massage, Esthetics, Yoga, Reflexology, Auriculotherapy, Cold Laser, Lipo-Laser, Weight loss, Whole Food Nutrition and 3 full time Nutritional Therapists

1990 - 2005: Single Doctor Chiropractic office with a moderate amount of nutrition.

Other Experience:

2009 - 2015: Taught Functional Nutrition Seminars to DC's, MD's, LaC's, Nutritionists in various locations around the U.S.

2010 - 2013: Served on ZYTO Scientific Advisory Board

2007 - 2015: Hosted a weekly radio talk show on Alternative Health for Clear Channel.

1998-2001: Served as a board member of Washington State Chiropractic Assoc.

1983 -1986: Served in the U.S. Army in Germany and also learned fluent German

References:

Lori Grassi, Washington State Chiropractic Association (WSCA) Executive Director

Doug Long, DC (Served on WSCA with me) 253-473-0300

David Butters, DC (WA Chiro PAC & WSCA) (206) 723-2820

Mark Johansen, DC, Portland, OR (503) 255-7746

DENNIS COZZOCREA, DC



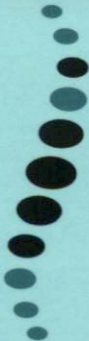
Text or Call 503.512.9591

Cell 509.945.2963

dennis@gentlechiro.com

8905 SW Nimbus | Suite 140 | Beaverton, OR | gentlechiro.com

Portland's Gentle Chiropractor





February 3, 2022

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Dennis M. Cozzocrea, DC

Dennis M. Cozzocrea, DC



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Doug Long, DC (Served on WSCA with me) 253-473-0300

David Butters, DC (WA Chiro PAC & WSCA) (206) 723-2820

Mark Johansen, DC, Portland, OR (503) 255-7746

Thomas D. Freedland, D.C.

8196 SW Hall Blvd., Suite 306

Beaverton, Oregon 97008

(503) 684-1273

Chiropractic Physician

Private practice (since 1993) located in Beaverton, Oregon, broad based practice focusing on musculoskeletal conditions resulting from injuries - including sports, work incidents, personal injury, routine activities, and degenerative changes. The office is a participating provider with most managed care organizations and Medicare. Additionally, I have provided medical/health care support for various athletic projects, including the Hood to Coast Relay and the Pacific Crest Triathlon.

I have served on the faculty of University of Western States - Chiropractic College, teaching in areas of clinical documentation and assisting with the Community Based Internship program which allowed student interns to work and observe in my office. I also teach a Continuing Education course for doctors on Clinical Documentation, Physical Examination, and HIPAA compliance.

Since 1996, I have worked with several local and national companies and law firms performing reviews and independent evaluations in Oregon, California, and Washington.

I am credentialed as a Certified Chiropractic Sports Physician (CCSP), a post-graduate program on the injuries that occur with physical activity as well as treatment and rehabilitation.

I previously served as an Assistant Professor/Director of Laboratories at Cleveland Chiropractic College, Los Angeles (1989 – 1993) with teaching emphasis in the areas of diagnosis, laboratory studies, report writing, sports injuries, and emergency care. I also coordinated campus safety, emergency response, and in-service training.

I taught clinical documentation at University of Westerns States for several years, and have been part of their preceptor/post-ceptor programs and I have supervised interns volunteering at area sporting events.

I currently serve as a member of the Peer Review Committee for the Oregon Board of Chiropractic Examiners and have served on several other Board committees since 1995.

Licensing

California State Board of Chiropractic Examiners - 19785

Oregon Board of Chiropractic Examiners - 2762

State of Washington license (Chiropractic) - CH00033624

Academic Training

B.S. - Zoology, California State University, Long Beach - January 1978
Teaching Credential - California Community Colleges,
Health Technologies and Police Sciences - December 1980
D.C. - Doctor of Chiropractic, Cleveland Chiropractic College, Los Angeles –
December 1988; Summa Cum Laude
C.C.S.P. - Certified Chiropractic Sports Physician, ACA Council /Sports Injuries - 1991
CICE - Certified Independent Medical Examiner (ABIME) - October 2001

Allied Health Care Positions

Cardiology Technician - Fountain Valley Regional Hospital and Medical Center (June 1988 to December 1989)

Paramedical Insurance Examiner - Medical Examination Data Services, LA, Ca. (August 1986 to June 1989)

Emergency Medical Technician - Bowers Ambulance Service and Dilday's Ambulance Service - Long Beach, Ca. (September 1974 to November 1977)

Law Enforcement Positions

(Retired from law enforcement after 33 years of service as both regular and reserve officer - May 18, 2011)

Reserve Police Lieutenant - Tigard Police Department. Reserve Commander overseeing Reserve Officer patrol functions and supervision, assist with in-service training and consultant on emergency medical procedures. (January 1994 to May 2011)

Deputy Sheriff (Reserve Forces/Training Officer) - Los Angeles County Sheriff's Department, Aero Bureau / NORSAT / Avalon Station. (May 1986 to November 1993)

Deputy Sheriff/Supervising Line Deputy - Los Angeles County Sheriff's Department. Experience testifying as a narcotics expert and an expert on gang activity. (April 1984 to May 1986)

Police Officer/Training Officer - Downey Police Department. Testified as an expert on gang activity, narcotics, and accident investigation. (August 1979 to April 1984)

Deputy Sheriff - Riverside County Sheriff's Department. (November 1977 to August 1979)

Current as of February 1, 2022

GILKER Heather * BCE

From: Thomas Freedland <tfreedland@aol.com>
Sent: Tuesday, March 01, 2022 11:21 AM
To: OBCE Oregon * BCE
Subject: Re: [OBCE_Publication] REMINDER: OBCE - P&P Committee Opportunity
Attachments: OBCE New committee.docx; CV TF 2 28 2022 .docx

Please see the attached letter and CV for consideration in selecting participants for this committee.

Thomas D. Freedland, D.C.
8196 SW Hall Blvd.
Suite 306
Beaverton, Oregon 97008
(503) 684-1273

In a message dated 2/28/2022 10:46:35 AM Pacific Standard Time, info@obce.oregon.gov writes:

This message is being sent to all licensees and certificate holders.

Reminder

The OBCE has established a committee to review, research, update, modernize, and make revision recommendations to the Board on the Guide to Policy and Practice (P & P) and continue the work of the P & P Workgroup. The committee membership will consist of 7-9 members, with members who are active and practicing Oregon licensed DCs, those in academia, and those who are recently inactive/retired.

The specific topics to be researched, discussed, and make recommendations about include, but are not limited to:

- Allergy and Food Sensitivity Testing
- Cosmetology
- Energy Medicine Devices
- Biofeedback
- Soundwave Therapy
- Magnetic Therapy
- Breast Thermography
- Dark Field Microscopy
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- Substances and Supplements
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To apply, please provide a cover letter and resume to info@obce.oregon.gov no later than 5pm on **Friday March 11, 2022**.

Oregon Board of Chiropractic Examiners

530 Center St NE, Suite 620

Salem, OR 97301

503-373-1573

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Thomas D. Freedland, D.C.

8196 S.W. Hall Blvd
Suite 306
Beaverton, Oregon 97008
(503) 684-1273

February 28, 2022

Cass McLeod-Skinner
Executive Director
Oregon Board of Chiropractic Examiners
530 Center St NE, Suite 620
Salem, OR 97301

Dear Director McLeod-Skinner and Members of the Board:

I am pleased that you are undertaking a review and update of the Guide to Policy and Practice. I would like to be part of this process. I was privileged to be part of the Nominal Committee that developed the Educational Manual for Evidence Based Chiropractic. As such, I am familiar with the committee approach to developing practice guidelines and recommendations.

I am currently on the Board's Peer Review Committee and previously served on the committee a little over 10 years ago. I have taught within the curriculum at University of Western States and Cleveland Chiropractic College – Los Angeles. For the last 10 years I have been teaching a continuing education class for doctors in California, Arizona, Nevada, Washington, and Oregon on the topics of Clinical Documentation, Physical Examination, Ethics, HIPAA, and Cybersecurity. These were in-person classes prior to the pandemic; for the last 2 years the presentation has been via Zoom.

After more than 30 years, I am still in active practice, and I am often asked to consult on medical-legal cases, including review of clinical records and second opinion or independent evaluations.

I have provided you with a copy of my CV. I hope you will consider allowing me to be a part of this new committee.

Respectfully,

A handwritten signature in black ink, appearing to read 'T. Freedland D.C.', written in a cursive style.

Thomas D. Freedland, D.C.
TDF:

Curriculum Vitae:

Eric C. Hubbs, DC, FCBP, CCST, CIA

President, Brain Injury Alliance of OR from 2015-2019

Currently serving as Treasurer

Board Member, Oregon Chiropractic Association From 2015-2021

Served as President from 2019-2021

State Representative, International Chiropractors Association Since 2012

State Representative, Palmer College of Chiropractic Alumni Association since 2016

Current Practice location:

180° Chiropractic

14685 SW Millikan Way

Beaverton, OR 97003 (503)644-2278

Previous Office locations:

Total Mind & Body Health

4905 SW Griffith Drive

Suite 100

Beaverton, OR 97005 (503)591-5022

Advanced Chiropractics

17955 SW Tualatin Valley Hwy.

Aloha, OR 97007 (503)591-5022

August, 2001 – April, 2013

3800 SW Cedar Hills Blvd.

Suite 230

Beaverton, OR 97005 (503) 644-4880

August, 1998 – July, 2001

Cedar Hills Chiropractics

4270 SW Cedar Hills Blvd. Beaverton, OR 97005

(503) 526-3880

September, 1995 - August, 1998

United Chiropractic

9130 Taylorsville Road Louisville, KY 40299 (502) 491-0627

May, 1986 – August, 1995

EDUCATION

1975 – 6 Study Abroad Program, Microbiology and related courses.
Albert-Ludwigs Universitaet, Freiburg, Germany

1977 BSc Zool/Microbiology University of Michigan, Ann Arbor, MI Graduate, Honors College

1977-79 Graduate School, School of Public Health majoring in Epidemiology and Public Health
University of Michigan, Ann Arbor, MI

1985 Doctor of Chiropractic, magna cum laude, Palmer College of Chiropractic, Davenport, IA

TEACHING

1975 Symposium, "Polysaccharid Antigene, Biologie und Chemie"
Albert Ludwigs Universitaet, Freiburg, Germany

1980 "Nutrition for the Dental Assistant"
Guest Lecture for Plymouth Vocational Education Center, Plymouth MI

1983 –4 Tutor in Biochemistry, Palmer College of Chiropractic, Davenport, IA

1984 Substitute lecturer in Pathology, Palmer College of Chiropractic, Davenport, IA

1984 Student Teacher in Technique, Palmer College of Chiropractic, Davenport, IA

2002 Assistant instructor of Chiropractic Biophysics, Costa Mesa, CA

2010 – 13 Teaching Assistant University of Western States College of
Chiropractic Department of Chiropractic Sciences, Portland, OR

2015 Brain Injury Alliance of OR annual Conference: "Nutritional Approaches to
Nerve Damage—managing the glutamate cascade." (1.5 hours)

2017 Brain Injury Alliance of OR annual Conference: "Alar ligament damage and headache
In Traumatic Brain Injured patients" (2 hours)

2020 and 2021 Brain Injury Alliance of OR annual Conference: "Successful management of
Cervical Dystocia in a Brain-injured patient" (1.5 hours)

FOREIGN LANGUAGES

Fluent: German, French

Medical and conversational facility: Spanish

Conversational rudiments: Portuguese

PROFESSIONAL EXPERIENCE

1977-79 Nutritional Consultant, Ann Arbor, MI

1979-81 Microbiologist, VA Medical Center, Ann Arbor, MI

1986-95 Private Practice of Chiropractic, Louisville, KY

1995 - Private Practice of Chiropractic, Portland area, OR

SIGNIFICANT POST GRADUATE EDUCATION

1985 Laboratory Nutrition - R.V. Chalam, PhD 12 hours

Scoliosis – Fred Barge, DC 12 hours

Externship Palmer Upper Cervical Specific Technique

Externship Grostic Upper Cervical Technique

1990-1992 Technical Certainty – C. J. Mertz, DC 48 hours Minor Surgery – Western States Chiropractic College 3 hours Review of Proctology – Western States Chiropractic College 3 hours

1995 Review of Ob/Gyn – Western States Chiropractic College 3 hours

1998 – 2003 Chiropractic Biophysics – Don Harrison, DC 210 hours

PROFESSIONAL LICENSES AND CERTIFICATES

1984 Certificate, National Board of Chiropractic Examiners

1984 Certificate of proficiency, SOT (low force/non force) Certificate of Merit, Chiropractic research License, Kentucky Board of Chiropractic Examiners

License, Oregon Board of Chiropractic Examiners

2003 Certification: Distinguished Fellow - Chiropractic Biophysics

2005 - 2006 120 hour Certification in the Treatment of Spinal Trauma

2009 Certification in Impulse Instrument Adjusting

2017 – 2020 Postgraduate Neurodiagnostic fundamentals

Oregon Chiropractic Association Continuing Education – Glen Zielinski, DC DACNB Instructor

GILKER Heather * BCE

From: Eric Hubbs <backdoc1955@yahoo.com>
Sent: Monday, February 28, 2022 5:58 PM
To: OBCE Oregon * BCE
Subject: Re: [OBCE_Publication] REMINDER: OBCE - P&P Committee Opportunity

Can I be on that committee?

Sent from my iPhone
Eric

On Feb 28, 2022, at 10:46 AM, OBCE Oregon * BCE <info@obce.oregon.gov> wrote:

This message is being sent to all licensees and certificate holders.

Reminder

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- Biofeedback
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- Magnetic Therapy
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GILKER Heather * BCE

From: backdoc1955@yahoo.com
Sent: Monday, February 28, 2022 6:05 PM
To: OBCE Oregon * BCE
Subject: Committee service
Attachments: Curriculum Vitae Hubbs 2022.pdf

Dear OBCE:

I would love to serve on your P&P committee. My interest stems from the desire to make sure that Chiropractic care in this state remains at the highest degree of professionalism.

Enclosed find my CV.

Sincerely,

Eric C. Hubbs, DC, CCST

GILKER Heather * BCE

From: Lisa Kouzes DC <lkouzes@gmail.com>
Sent: Thursday, February 10, 2022 1:07 PM
To: OBCE Oregon * BCE
Subject: P&P Committee
Attachments: LKouzes CV February 2022.pdf

Hi,
Please let this email serve as my cover letter. My resume is attached.

I would like to be considered for the P&P Committee because I enjoy working with the OBCE, and I am committed to patient safety and the quality of chiropractic practice. I feel I have related experience that may serve valuable to the committee.

Thank you for your consideration,
Lisa Kouzes, DC

Lisa Kouzes, DC



In the office of Balance NW
4690 SW Hall Blvd. Ste. 110
Beaverton, OR 97005
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Lisa A. L. Kouzes, DC
4690 SW Hall Blvd. Ste. 110
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P (503) 972-5601
F (503) 972-5603

Curriculum Vitae

Education

- Second year Master of Public Health (MPH) part-time student at Oregon Health Sciences University and Portland State University School of Public Health (OHSU/PSU SPH)
- Doctor of Chiropractic (DC) from the University of Western States, College of Chiropractic, 2007, summa cum laude, class valedictorian
- Bachelor of Science (BS) in Molecular, Cellular, and Developmental Biology from the University of California at Santa Cruz, 2002, magna cum laude, highest honors in the major

State Licenses

- Oregon Board of Chiropractic Examiners (2007 to present) License # 3727
- Washington State Department of Health (2010 to present) License # CH 60093960
- Arizona Board of Chiropractic Examiners (2011 to 2012) License # 8163

Private Practice

I opened my private practice in Tigard, Oregon in January 2008. As my practice grew, I founded AllPoints Integrative Health, LLC in Portland, Oregon in June 2012 and moved to a new location in Beaverton, Oregon after the birth of my second child in 2018. The tag line for AllPoints Integrative Health, LLC is *Combining East and West* to inspire partnership across all health providers involved in a patient's care. I communicate regularly with patients' primary care physicians. I continue to treat patients on a regular basis and have adopted a reduced practice volume in response to the COVID-19 pandemic.

I treat a range of musculoskeletal injuries and conditions of the spine, extremities, and jaw; and I often incorporate nutrition, exercise, and lifestyle advice. I focus primarily on manual adjustments in conjunction with soft tissue techniques such as trigger point therapy and pin and stretch. I also incorporate drop table, SOT blocks, Activator tool adjustments, and physical therapy modalities as indicated. My patients are made up of children, pregnant women, and mostly adults of all ages.



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Employment

The CHP Group (CHP) in Beaverton, Oregon

CHP is a preferred provider organization and third-party administrator that maintains a network of chiropractic physicians, naturopathic physicians, acupuncturists, and massage therapists.

Regional Medical Director (February 2020 – present)

- Clinical Quality Management (QM) Programs:
 - Develops and implements strategies designed to improve the quality and efficiency of services provided by contracted providers.
 - Advocates for the delivery of quality and cost-effective care to covered populations.
 - Assists with development and management of clinical pathways, advisories, Clinical Quality Improvement Initiatives (CQII), Chronic Condition Programs, and other components of the Company's QM programs.
- Provider Relations:
 - Assists the investigation and resolution of member and provider complaints concerning clinical, administrative, quality of care, and utilization issues.
 - Assists in network recruitment and development activities to create an effective distribution of providers.
- Credentialing:
 - Serves as Chair of Credentialing Committee
 - Participates in the development of standards for provider credentialing to assure compliance with external regulations and health plan delegation.
- Utilization Management (UM) Programs:
 - Participates with internal and external staff, medical directors, and clinician advisors in UM policy and program maintenance, development, and implementation.

University of Western States in Portland, Oregon

- Attending Physician Relief at the senior clinics, supervising and facilitating interns' evaluation and management of patients from the public (2007-2011)
- Assistant Clinician at the senior clinics, supervising and facilitating interns' evaluation and management of patients from the public (2007)
- Lab Instructor at the junior clinic, evaluating interns' history and physical examination skills (2007-2008)
- Chiropractic Technique Lab Teaching Assistant, teaching and evaluating students' physical evaluation and treatment skills (2007-2009)



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Oregon Health Authority Experience

Health Evidence Review Commission (HERC)

- Member of the Evidence-based Guidelines Subcommittee (EbSG) (November 2021 – present)

Regulatory Board Experience

Oregon Board of Chiropractic Examiners (OBCE)

- Member of the Guide to Policy and Practice Workgroup (2021)
- Board Member (terms June 2013 – May 2016 & June 2016 – May 2019)
 - Secretary (2015-2018)
 - Continuing Education Czar (2014-2019)
 - Liaison to the Examinations, Tests, Substances, Devices & Procedures (ETSDP) Committee (2014-2015)
- Member of the Administrative Rules Advisory Committee (2010-2013)
- Member of the Ethics and Jurisprudence Exam Workgroup (2009 and 2019)

Consulting Experience

I have performed independent medical evaluations, record reviews, and medico-legal consultations including trial testimony involving personal injury and malpractice cases beginning in 2008 to present. I have performed panel evaluations with a varied of specialists such as naturopathic physicians, acupuncturists, neurologists, neurosurgeons, anesthesiologists, orthopedic surgeons, internists, family physicians, and neuropsychologists.

In my final term as a senior intern at the University of Western States in 2007, I was chosen to represent the chiropractic profession as a member on the Complementary and Alternative Medicine panel at the Center for Women's Health at OHSU for patient consultations.



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Societal Memberships

Federation of Chiropractic Licensing Boards (FCLB)

The FCLB is an association of chiropractic regulatory boards of the states, provinces, commonwealths, or territories of the United States of America, Canada, Australia, and other countries.

- District I Director – (term 2021-2023)
- Chair of the Policies and Procedures Committee (July 2021 – present)
- Alternate District I Director – (term 2017-2020, extended to 2021 due to COVID-19)
- Member
 - COVID-19 Committee (2020)
 - Policy and Procedures Committee (2020-present)
- Honorary Fellow (2019 to present)
- Fellow (2013-2019)

American Chiropractic Association (ACA)

- Member (2019 to present)

American Public Health Association (APHA)

- Member (2019 to present)
 - Chiropractic Health Care
 - Integrative, Complimentary, and Traditional Health Practices
 - Health Administration

Oregon Public Health Association (OPHA)

- Member (2020 to present)



Nationwide Network of DOT Medical Examiners

Michael Megehee, DC, President
509 SW Frazer Ave. Pendleton, OR 97801
Phone: 541-276-6032 Fax: 541-276-7062
www.TeamCME.com

February 3, 2022

Oregon Board of Chiropractic Examiners
530 Center St NE, Suite 620
Salem, OR 97301

Re: Policy and Practice Committee Application

Dear OBCE Members,

Please find attached my application for an appointment to the Policy and Practice Committee. I have been in practice in Oregon from 1991 and continue to have an active Senior Doctor of Chiropractic License.

Please contact me should you have any questions.

Respectfully,

A handwritten signature in black ink, appearing to read "Michael Megehee, DC".

Michael John Megehee, DC
President

TeamCME

National Network of DOT Medical Examiners



Michael Megehee, DC, FMCSA National Registry Certified Medical Examiner, TeamCME President

Dr. Megehee was appointed by the Federal Motor Carrier Safety Administration (FMCSA) in 2005 as a member of the National Registry of Certified Medical Examiner (NRCME) Brainstorming Sessions. He was appointed as a Subject Matter Expert/ Member of the National Registry Working Integrated Product Team (WIPT) that developed the Survey instrument used to establish the basis for NRCME certification. He was subsequently appointed to the National Registry Education Team that developed the core curriculum for the accredited physician training and he assisted the National Registry Test Team to develop and write test questions for the National Registry Certification Test. He is currently a FMCSA National Registry "Champion". Dr. Megehee is an unofficial contact with the Federal Aviation Administration regarding the FAA BasicMed program for private pilots and the State Chiropractic Licensing Boards and chiropractic profession.

Dr. Megehee is a past featured speaker/instructor with the Owner Operator Independent Driver Association Driver (OOIDA) Education series and assists OOIDA with their members' medical exam concerns. He is a nationally published author and radio show guest and has traveled the U.S. training physicians regarding the DOT physical exam. He was the first Doctor of Chiropractic to be designated as a Walmart Distribution Center Medical Examiner to perform CDL physicals for Walmart drivers.

Dr. Megehee served as Vice President of the American Chiropractic Association Council on Occupational Health. He is a Post-Graduate Faculty member of the University of Western States, a Master Lifeloc Breath Alcohol Technician Trainer, and a past DATIA Certified Professional Collector Trainer having completed DATIA Advanced Drug Testing Management training. Dr. Megehee completed AAMRO's Medical Review Officer, Alcohol & Drug Testing, and Substance Abuse Evaluation training. He is a past Secretary/Member of the Oregon Board of Chiropractic Examiners, Alternate Delegate to the National Board of Chiropractic Examiners and Delegate to the Federation of Chiropractic Licensing Boards. He is past Vice President of the Safe Drivers, Safe Roads Coalition, a nonprofit organization.

Dr. Megehee founded TeamCME in 2010. As President of the nation's largest provider network of National Registry Certified Medical Examiners, he is the expert resource to over 750 TeamCME member clinics. TeamCME is a FMCSA Accredited National Registry Training Organization having provided the NRCME accredited physician training to thousands of Medical Examiners. TeamCME provides advanced medical examiner training to its members and is the only nationally recognized CME network as an OOIDA partner in providing fair, ethical Driver Helpful® DOT physical exams nationwide. TeamCME is the national distributor of SensiCardiac computerized heart auscultation for DOT physicals and the Chiropractic profession. TeamCME is the exclusive provider network for Stone Three's TruckerHearts campaign to "Save" trucker's hearts.

GILKER Heather * BCE

From: Michael Megehee <drmegehee@yahoo.com>
Sent: Thursday, February 03, 2022 12:13 PM
To: OBCE Oregon * BCE
Subject: OBCE Policy and Practice Workgroup Appointment
Attachments: Current Vitae Mike 1 page.docx; 2022 OBCE Policy and Practice Workgroup Application.doc

Please find attached a letter of interest and resume regarding my request for appointment to the Policy and Practice Workgroup.

Thank you,
Michael John Megehee, DC, NRCME
TeamCME Founder/President

Sent from [Mail](#) for Windows



This email has been checked for viruses by Avast antivirus software.
www.avast.com

GILKER Heather * BCE

From: MCLEOD-SKINNER Cass * BCE
Sent: Tuesday, February 15, 2022 3:16 PM
To: GILKER Heather * BCE
Cc: PURNELL Mackenzie G * BCE; MCLEOD-SKINNER Cass * BCE
Subject: FW: OBCE Panel
Attachments: WM_Moreau_CV_Feb_2022.doc

P&P Committee applicant.

From: Bill Moreau <bmoreau@uws.edu>
Sent: Tuesday, February 15, 2022 3:08 PM
To: MCLEOD-SKINNER Cass * BCE <Cass.MCLEOD-SKINNER@obce.oregon.gov>
Cc: Jaci Bergstrom <jbergstrom@uws.edu>; Joseph Brimhall <JBrimhall@uws.edu>
Subject: RE: OBCE Panel

Please consider me as an interested OBCE licensee panelist regarding the OBCE discussions on the scope of practice for Oregon doctors of chiropractic.

I am interested in helping to further define scope of practice for Doctor of Chiropractic in the state of Oregon with the intent of also protecting the citizens that they serve.

My curriculum vitae is attached for your review.

Additionally, my colleague Dr. Bergstrom has also expressed interest in supporting this important project.

Thank you for your considerations. Please let me know how the University and the clinicians can support the OBCE.

Bill Moreau, DC, DACBSP, FACSM

Chief Medical Officer

University of Western States

8000 NE Tillamook Street, Portland, Oregon 97213

503-847-2580 | BMoreau@uws.edu

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WILLIAM J. MOREAU, D.C., DACBSP®, FACSM

Business Address: 8000 NE Tillamook St, Portland OR 97213

Phone: 719-367-2457 **Email:** bmoreau@uws.edu

Professional Status:

University of Western States – Chief Medical Officer 2019 to present
United States Olympic Committee, Sports Medicine 2009 - 2019
United States Olympic Committee – Vice President Sports Medicine Division 2017 to 2019
Co-Chair: Summit on Sexual Abuse in Sport; Building Action Plans for Sports Medicine Providers. Pittsburgh, PA. November 2019
Pan American Sports Organization (PASO) 2018-19 Medical Commission
United States Olympic Committee – Pyeongchang Winter Games Chief Medical Officer 2018
University of Colorado, School of Medicine – Clinical Instructor 2017 to present
United States Olympic Committee – Vice President Sports Medicine Division 2017 to 2019
Founded the United States Coalition for the Prevention of Illness and Injury in Sport 2017
United States Olympic Committee – Rio Olympic Summer Games Chief Medical Officer 2016
United States Olympic Committee – Toronto Pan American Games Chief Medical Officer 2015
Professor Southern California University of Health Sciences 2015 – present
Associate Professor University of Western States 2015 - present
NFL International Think Tank on Concussion 2014 - 2018
International Olympic Committee Advanced Team Physician Course, 2018, 2016, 2014, 2011
United States Olympic Committee – Medical Director Sochi Games 2013
American College of Sports Medicine – International Relations Committee 2013 to 2019
American College of Sports Medicine – Olympic and Paralympic Sports Medicine and Sport Science Committee 2013 to 2019
Founded Fortis Cura, Inc. – MSK EBM Healthcare Company 2012
United States Olympic Committee – Medical Director London Games 2012
United States Olympic Committee – Managing Director of Sports Medicine Division 2012 to 2017
International Olympic Committee Advanced Team Physician, 2011
United States Olympic Committee – Director of Sports Medicine Clinics: Colorado Springs CO, Lake Placid NY, Chula Vista CA 2011
2011 Pan American Games Puerto Vallarta Venue Medical Director
United States Olympic Training Centers – Sports Medicine Clinics Manager: Colorado Springs CO, Lake Placid NY, Chula Vista CA 2009 to 2010
Vice-Chancellor Palmer College of Chiropractic 2008
Fortus Cura Founder 2008

Director of Moreau Chiropractic Clinic, P.C. 1981 to 2008
 Founder of distance-based education platform - DConline™ 2001 to present
 Licensed to practice Chiropractic, California, Colorado, Iowa and New York
 Board Certification as a Diplomate of American Chiropractic Board Sports
 Physicians, Diploma #8, 1994 to present
 Board Certification as a Certified Chiropractic Sports Physician,
 Certificate #1063, August 1990
 American Chiropractic Board of Sports Physicians BOD/Advisor 1994 to present
 Palmer Chiropractic College Sports Chiropractic Education Coordinator 2001-
 present
 Palmer College of Chiropractic Postgraduate faculty, 1991 to present
 Southern California University of Health Sciences Postgraduate Faculty, 1993 to
 present
 Western States Chiropractic College Postgraduate Faculty 2002 to present
 Northwestern Health Sciences University Postgraduate Instructor 1990 to 2007
 Life Chiropractic College - Postgraduate Instructor 2007
 Parker Chiropractic College Postgraduate Instructor 2006 to 2017
 Logan College of Chiropractic, Postgraduate Faculty 1993 to 1994
 Northwestern Health Sciences University Postgraduate Coordinator - Sports
 Chiropractic Education 1999 to 2002
 American Chiropractic Board of Sports Physicians – Committee chair for
 position stands 2004 to 2008
 Chiropractic Guidelines and Practice Parameters – Committee Member and
 Researcher 2004 to 2008
 Council on Chiropractic Education (CCE) Graduate and Specialty Education
 Committee 2000 to 2005
 Fellow of the International College of Chiropractors, 1995 to present
 Editorial Review Board *Journal of Chiropractic Medicine* 2007 to 2014
 Associate Editor *Journal of Sports Chiropractic and Rehabilitation* 1999 to 2002
 Associate Editor, *Chiropractic Sports Medicine* 1995 to 1999
 FICS - Federation of International Chiropractic Sports – Education
 Chairperson 1993 to 1995
 Liaison to the Iowa High School Athletic Association for the Iowa
 Chiropractic Society 1994 to 2007
 Chairperson - American Chiropractic Board of Sports Physicians "Campaign of
 Champions" 2003 to 2006
 President's Club Southern California University of Health Sciences 2010 to
 present
 President's Club University of Western States 2010 to present
 President's Club Palmer College of Chiropractic 2003 to present
 Foundation for Chiropractic Education and Research - Presidents Council 2006 to
 2008

Education:

The University of Utah School of Medicine Health Science Leadership
 Development Program. 2017
 Kellogg School of Business; Chicago, Illinois 2010-2011

Northwestern Health Sciences University; Bloomington, Minnesota. Postgraduate coursework - Diplomate of the American Chiropractic Board of Sports Physicians, 1990-1993

Northwestern Health Sciences University; Bloomington, Minnesota.

Postgraduate coursework - Certified Chiropractic Sports Physician 1989-1990

Palmer College of Chiropractic; Davenport, Iowa 1979-1981

South Dakota State University; Brookings, South Dakota 1977-1978

Iowa State University; Ames, Iowa 1976-1977

Estherville Community Schools; Estherville, Iowa 1963-1976

International Olympic Committee Related Courses:

2018 IOC Advanced Team Physician Course: Marrakech, Morocco.

2016 IOC Advanced Team Physician Course: Cape Town, South Africa

2016 5th International Consensus Conference on Concussion in Sport. 27-28 October

2016. Berlin, Germany (Concussion Consensus Meeting)

2015 IOC Advanced Team Physician Course: Doha, Qatar

2014 IOC Advanced Team Physician Course: Mandelieu, France

2011 IOC Advanced Team Physician Course: Calvi, Corsica

ACSM Related Activities:

Twenty plus years of continuous professional membership since April 1995

ACSM Conferences:

2018 ACSM Annual Meeting

2017 ACSM Annual Meeting

2016 ACSM Annual Meeting

2015 ACSM Annual Meeting

2014 ACSM Annual Meeting

2013 ACSM Annual Meeting and World Congress on Exercise is Medicine

2012 ACSM Annual Meeting and World Congress on Exercise is Medicine

2011 ACSM Annual Meeting and World Congress on Exercise is Medicine

2010 Intro to Musculoskeletal Ultrasound Post-Conference

ACSM Presentations:

2017 Annual Meeting and World Congress on Exercise is Medicine, RIO 2016 Olympic and Paralympic Sports Medicine Strategies and Lessons Learned for TOKYO. Moreau B, Bluawet C, Wilbur R, Simpson J, and Coan M.

2015 Annual Meeting, World Congress on Exercise is Medicine and World Congress on the Role of the Basic Science of Exercise Fatigue. Session Title: Inside the Games: Unique Issues in Olympic and Paralympic Sport (Olympic/Paralympic Committee)

Presentation Title: Use of Electronic Medical Record Systems to Facilitate Sports Medicine and Sport Science Research. Moreau B.

2013 ACSM Annual Meeting and World Congress on Exercise is Medicine, Manual Medicine Approaches to the Sports Medicine Patient. Ballantine S and Moreau B. Indianapolis IN

2013 ACSM Annual Meeting and World Congress on Exercise is Medicine, Manual Techniques of the Lumbar Spine and Sacroiliac Joint. Ballantine S and Moreau B. Indianapolis IN

2012 ACSM Annual Meeting and World Congress on Exercise is Medicine, The Role of Manual Therapy in Olympic Sports Medicine. Moreau B and Nabhan D. San Francisco CA

2011 ACSM Annual Meeting and World Congress on Exercise is Medicine, Role of Sports Science and Sports Medicine in the Success of Team USA at the Vancouver Winter Olympics. Wilbur R, Moreau B, Reiwalt S. Denver CO

Publications:

Moreau W., & Crockett S. (2021, June) *We Floss Our Teeth, So Why Not Floss Our Nerves?* Tennessee Chiropractic Association Journal. 40(1) 9-10.

Moreau W., Nabhan D., Khodaei M., Waterbrook A. L., & Gammons M. *Sports-related Fractures, Dislocations and Trauma: Advanced On- and Off-field Management*. Springer International Publishing 2020. doi:10.1007/978-3-030-36790-9

Zdziarski L., Pierpoint L., Taylor D., Donaldson A., Moreau W., & Nabhan D. *193 Normative Baseline SCAT5 Scores in a Population of United States Paralympic Athletes*. British Journal of Sports Medicine Mar 2020, 54 (Suppl 1) A81; DOI: 10.1136/bjsports-2020-IOCAbstracts.193.

Pierpoint L., Zdziarski L., Taylor D., Moreau W., & Nabhan D. (2020, May). *189 Normative Baseline SCAT5 scores in a Population of United States Olympic athletes*. British Journal of Sports Medicine Mar 2020, 54 (Suppl 1) A79-A80; DOI: 10.1136/bjsports-2020-IOCAbstracts.189.

Clarsen B., Bahr R., Myklebust G., Andersson S. H., Docking S. I., Drew M., Finch C. F., Fortington L. V., Harøy J., Khan K. M., Moreau W., Moore I. S., Møller M., Nabhan D., Nielsen R. O., Pasanen K., Schwellnus M., Soligard T., & Verhagen E. (2020, April). *Improved reporting of overuse injuries and health problems in sport: An update of the Oslo Sport Trauma Research Center questionnaires*. British Journal of Sports Medicine, 54(7), 390–396.

Nabhan D., Windt J., Taylor D., & Moreau W. (August, 2019). *Close Encounters of the US Kind: Illness and Injury Among US Athletes at the PyeongChang 2018 Winter Olympic Games*. Br J Sports Med 2019;0:1–7. doi:10.1136/bjsports-2018-100015.

Nabhan D., Schumacher Y., Moreau B., Bielko S., Bahr R., & Sinex J. (2019, July). *Serum ferritin distribution in elite athletes*. (Under final review) Journal of Science and Medicine in Sport.

Moreau W., Holder T., & Nabhan D. (2019, May). *Survey of Income Comparison: General Practice and Sports Certified Doctors of Chiropractic*. Journal of Chiropractic Medicine. 18(1), 42–47.

Wilkerson G., Nabhan D., Prusmack C., & Moreau W. (2018, April). *Detection of Persisting Concussion Effects on Neuromechanical Responsiveness*. Medicine & Science in Sports & Exercise, Publish Ahead of Print DOI: 10.1249/MSS.0000000000001647

Chapman R., Sinex J., Wilber R., Kendig A., Moreau W., Nabhan D., & Stray-Gundersen J. (2017, November). *Routine Screening for Iron Deficiency Is an Important Component of Athlete Care*. Med Sci Sports Exerc. 2017, 49 (11): 2364; DOI: 10.1249/MSS.0000000000001358

Moreau W. (2017, July). *The Role of Doctors of Chiropractic in the Management of Sports Related Concussion. Knowing What You Need to Know About SRC Before You Need to Know It!* Tennessee Chiropractic Association Journal.

Moreau W., Walden T. & Nabhan D. (2017, June). *Defining the elite: normative values for SCAT major components in healthy elite athletes*. Br J Sports Med 2017, 51 (11) A74; DOI: 10.1136/bjsports-2016-097270.192.

Moreau W., Walden T. & Nabhan D. (2017, June). *Defining the Paralympic athlete: normative values for scat major components in healthy Paralympic athletes*. Br J Sports Med 2017, 51 (11) A74-A75; DOI: 10.1136/bjsports-2016-097270.193.

Nabhan D., Walden T. & Moreau W. (2017, June). *Concussed Elite Athletes Have Better Tandem Gait Performance*. Br J Sports Med 2017; 51: A39.

Moreau W., Walden T. & Nabhan D. (2016, October). *Defining the elite: normative values for SCAT major components in healthy elite athletes*. Poster presented at the 5th International Consensus Conference on Concussion, Berlin, Germany.

Moreau W., Walden T. & Nabhan D. (2016, October). *Defining the Paralympic athlete: normative values for scat major components in healthy Paralympic athletes*. Poster presented at the 5th International Consensus Conference on Concussion, Berlin, Germany.

Nabhan D., Walden T. & Moreau W. (2016, October). *Concussed elite athletes have better tandem gait performance*. Poster presented at the 5th International Consensus Conference on Concussion, Berlin, Germany.

Nabhan D., Moreau W., McNamara S., Briggs K. & Philippon M. (2016, September/October). *Subspine Hip Impingement: An Unusual Cause of Hip Pain in an Elite Weightlifter*. Current Sports Medicine Reports September/October 2016 Vol. 15 - Issue 5: p 315–319.

Siedlik J., Bergeron C., Cooper M., Emmons R., Moreau W. & Nabhan, D. et al. (2016). *Advanced Treatment Monitoring for Olympic-Level Athletes Using Unsupervised Modeling Techniques*. Journal of Athletic Training, 51(1), 74–81.

Nabhan D., Walden T., Street J., Linden H. & Moreau W. (2015). *Sports injury and illness epidemiology during the 2014 Youth Olympic Games: United States Olympic Team Surveillance*. Br J Sports Med 2016;bjsports – 2015–095835.

- Moreau W., Nabhan D. & Walden T. (2015). *Sport Concussion Knowledge and Clinical Practices: A Survey of Doctors of Chiropractic With Sports Certification*. Journal of Chiropractic Medicine n.d.;0(0). Doi: 10.1016/j.jcm.2015.08.003.
- Moreau W., Nabhan D. & Roecker C. (2015). *The American Chiropractic Board of Sports Physicians Position Statement on Pre-participation Examinations: An Expert Consensus*. Journal of Chiropractic Medicine. n.d.;0(0). Doi: 10.1016/j.jcm.2015.08.004.
- Nabhan D., Moreau W. & Barylski C. (2015). *Laboratory Tests Ordered By a Chiropractic Sports Physician on Elite Athletes Over a 1-Year Period*. Journal of Chiropractic Medicine 2015;14(2):68–76. Doi: 10.1016/j.jcm.2015.04.001.
- De Luigi Arthur J., Nabhan D. & Moreau W. (2014). *Early sonographic detection of a talar dome osteochondral defect in a female wrestler*. Curr Sports Med Rep 2014;13(3):169–71. Doi: 10.1249/JSR.0000000000000051.
- Moreau W. & Nabhan D. (2013). *Development of the 2012 American Chiropractic Board of Sports Physicians position statement on concussion in athletics*. J Chiropr Med 2013;12(4):269–73. Doi: 10.1016/j.jcm.2013.07.002.
- Johnson C., Green B., Nelson R., Moreau W. & Nabhan D. (2013). *Chiropractic and Concussion in Sport: a Narrative Review of the Literature*. J Chiropr Med. 2013; 12(4) 216-229.
- Johnson C., Green B., Nelson R., Moreau W. & Nabhan D. (2012). *Chiropractic Management of Concussion in Sport: A Literature Review and Review of Current Guidelines*. Presented at the 2012 American Public Health Association Annual Meeting.
- Moreau W. & Nabhan D. (2012). *Organization and Multiple Disciplinary Work in an Olympic High Performance Centers in USA*. Rev. Med. Clin. Condes - 2012; 23(3) 337-342.
- Moreau W. & Toohey P. (2012). *The importance of Communication: Understanding the Importance of the Event to the Athlete, Coach and Others*. In James Zachazewski and David Magee, (Eds). International Olympic Committee - Sports Therapy.
- Nabhan D., Guimard B., Street J. & Moreau W. (2012, April). *Self-reporting of sports medicine services by doctors of chiropractic at United States Olympic Training Centers*. Presented at the American Chiropractic Board of Sports Physician's™ 2012 Sports Science Symposium. **Robert Reed Award for Best Abstract**.
- Guimard B., Nabhan D., Moreau W. & Street J. (2012, April). *Most commonly treated areas of chief complaint by sports medicine chiropractors for elite athletes in a multidisciplinary healthcare clinic*. Presented at the American Chiropractic Board of Sports Physician's™ 2012 Sports Science Symposium. **John Nash Award for Best Multidisciplinary Abstract**
- Guimard B., Moreau W. & Quincy R. (2012, April). *Multidisciplinary Management of an Ankle Injury with Persistent Ankle Dysfunction in an Elite Level Track Athlete: A Case Study*. Presented at the American Chiropractic Board of Sports Physician's™ 2012 Sports Science Symposium. **John N Nash Award for Best Multidisciplinary Abstract**

Moreau W. & Nabhan D. (2011). *Position Statement on Concussion in Athletics*. American Chiropractic Board of Sports Physicians™.

Nabhan D. & Moreau W. (2011, April). *Utilization of Diagnostic Imaging by Doctors of Chiropractic in an Elite Sports Medicine Clinic*. Presented at the American Chiropractic Board of Sports Physician's™ 2011 Sports Science Symposium.

Nabhan D. & Moreau W. (2011, April). *Progressive Loading in the Rehabilitation of Lower Extremity Bony Stress Injury in Elite Runners*. Presented at the American Chiropractic Board of Sports Physician's™ 2011 Sports Science Symposium.

Hatch S. & Moreau W. (2011, April). *Healthcare Provider's Perspectives Regarding the Usefulness of Orthopedic Tests*. Poster presented at the American Chiropractic Board of Sports Physician's™ 2011 Sports Science Symposium.

Moreau W., Conway K., Street J. & Nabhan D. (2010, April). *Selections of Sports Medicine Services by Athletes at Olympic Training Centers*. Presented at the American Chiropractic Board of Sports Physician's™ 2010 Sports Science. **Robert Reed Award for Best Abstract**

Barylski C., Takahashi R., Crawley J. & Moreau W. (2010, April). *Lower Leg Pain in an Elite Level Triathlete: A Case Study*. Presented at the American Chiropractic Board of Sports Physician's™ 2010 Sports Science Symposium. **John N Nash Award for Best Multidisciplinary Abstract**

Nabhan D. & Moreau W. (2010, April). *The Use of Musculoskeletal Ultrasonography in the Diagnosis of Tendinopathy in a Multidisciplinary Sports Medicine Clinic*. Poster presented at the American Chiropractic Board of Sports Physician's™ 2010 Sports Science Symposium.

Moreau W. (2009, June). *Building a Team of Champions*. Journal of Chiropractic Medicine Volume 8, Issue 2, June 2009, Pages 49-50.

Green B., Johnson C. & Moreau W. (2009, May). *Scoliosis and sports participation: A systematic review of the literature*. Accepted presentation at the World Federation of Chiropractic 10th Biennial Congress. Montreal, Quebec.

Green B., Johnson C. & Moreau W. (2009, March). *Is Physical Activity Contraindicated for Individuals with Scoliosis? A Literature Review*. Journal of Chiropractic Medicine Volume 8, Issue 1, Pages 25-37.

Moreau W. (2009, April). *A Survey Comparison of Sports Certified Chiropractors and Multiple Disciplinary Care Verses General Practice Chiropractors*. Presented at the American Chiropractic Board of Sports Physician's™ 2009 Sports Science Symposium.

Manison A., Manison J. & Moreau W. (2009, April). *Foot Pain in a Recreational Athlete*. American Chiropractic Board of Sports Physician's™ 2009 Sports Science Symposium Abstract.

Moreau W. (2008, March). *Vital Sign Alterations Associated With Beverage Intake – A Brief Case Series of two Patients*. American Chiropractic Board of Sports Physician's™ 2008 Sports Science Symposium Abstract Submission.

Moreau W. (2008, March). *Leg Pain in a Cross Country Runner*. American Chiropractic Board of Sports Physician's™ 2008 Sports Science Symposium Abstract Submission.

Moreau W. (2008, March). *Identifying Chiropractic Approaches to Manipulation in Patients with Spondylolisthesis*. American Chiropractic Board of Sports Physician's™ 2008 Sports Science Symposium Abstract Submission.

Moreau W. (2007). *The American Chiropractic Board of Sports Physician's supports the Journal of Chiropractic Medicine*. Journal of Chiropractic Medicine. 2007; 6:85-6.

Moreau W. (2007, April). *A Survey of Chiropractic Sports Certificants Regarding Publication Requirements Abstract*. Presented at the American Chiropractic Board of Sports Physician's™ 2007 Sports Science Symposium. Minneapolis, MN.

Moreau W. (2007, April). *Uncontrolled Hypertension in a 33 Year Old Runner*. Presented at the American Chiropractic Board of Sports Physician's™ 2007 Sports Science Symposium. Minneapolis, MN.

DeWitt J. & Moreau W. (2007, April). *Survey of the Emergency Service Available at High School Football Games in Ohio Abstract*. Presented at the American Chiropractic Board of Sports Physician's™ 2007 Sports Science Symposium. Minneapolis, MN.

Moreau W. & Stoos W. (2006, June). *Informed Consent – It is All about Communication*. Journal of the American Chiropractic Association May - June 2006 pp 15-18.

Moreau W. (2006, March). *A Survey of Chiropractic Practice Patterns in Concussion Assessment and Management Abstract*. Presented at the American Chiropractic Board of Sports Physician's™ 2006 Sports Science Symposium. **Leonard Schroeder Award - Best Original Research Abstract**

Moreau W. (2006, March). *Identifying Chiropractic Specialties Coverage of Sports Abstract*. Presented at the American Chiropractic Board of Sports Physician's™ 2006 Sports Science Symposium.

Moreau W. & Murdock J. (2006, March). *Complications Associated with the use of Low Intensity Laser in Patients with Discopathy Abstract*. Presented at the American Chiropractic Board of Sports Physician's™ 2006 Sports Science Symposium.

Moreau W. (2006, March). *A Survey of High School Athletes Nutritional Supplement Usage and Resources Abstract*. Presented at the American Chiropractic Board of Sports Physician's™ 2006 Sports Science Symposium.

Moreau W. (2006, February). *Mild Traumatic Brain Injuries: Evaluation and Care*. Chiropractic Products, pp 18-20, FEB 2006

Moreau W. (2005, July). *Subdural Hematoma in a High School Football Player Abstract*. Presented at the American Chiropractic Board of Sports Physician's™ 2005 Sports Science Symposium.

Moreau W. (2005, July). *Reporting Frequency of Concussion in High School Football Abstract*. Presented at the American Chiropractic Board of Sports Physician's™ 2005 Sports Science Symposium.

Moreau W. (2005, July). *Leg Weakness in a High School Football Player Abstract*. Presented at the American Chiropractic Board of Sports Physician's™ 2005 Sports Science Symposium.

Moreau W. (2005, July). *A Covenant of Trust*. Editorial - Dynamic Chiropractic July 30, 2005 Vol23 No6 pp 10.

Moreau W. (2003, February). *Content Recommendations for the Sideline Bag*. Iowa Chiropractic Society Journal FEB 2003.

Moreau W. (2002). *The Development of an Ethics Policy in a Chiropractic Specialty*. The Journal of Chiropractic Education, 2002 Vol 16, No 1.

Moreau W., Kintner L. & Ryan E. (1997). *Rehabilitation*. Chapter of the text Conservative Management of Sports Injuries by Williams and Wilkins.

Moreau W. (1994, August). *Bracing and Splinting in High School Athletics*. Guest Editorial in Chiropractic Sports Medicine, Vol 8, No 4, Aug 94 p 115.

Moreau W., Reed M. & Vitteriti, P. (1994, May). *A Round Table Discussion on Concussion*. Chiropractic Sports Medicine, Vol 8, No 2 May 94 pp 71-80.

Moreau W. & Nook B. (1993). *Therapeutic Muscle Stretching in Athletics*. Video production in cooperation with Northwestern Health Sciences University.

Moreau W. (1992, September). *The Chiropractors Role in reducing Catastrophic Football Injuries*. Dynamic Chiropractic September 24 1992, pp 13-27.

Moreau W. & Nook B. (1991, November). *Concussion in High School Football: Rulings, Sideline Evaluation, and Return Criteria*. Chiropractic Sports Medicine, Vol 5, No 4 Nov 1991 pp 98-103.

Moreau W. (1998). *Sternal Fractures and Associated Cardiovascular Insult*. ACA Journal Chiro 1988: 25 (1) pp 67-69.

Postgraduate Education Activities

Presented over 400 educational lectures nationally and internationally. The following topics are examples of the presentations; Sports medicine: prevention of injury and illness in athletics, sports related concussion.

2022

January 28, 2022 University of Western States, Denver Colorado; DACBSP Practical Skills and Sports Chiropractic

2021

December 10-11, 2021 University of Western States, Maui Hawaii; Correlative Case Studies: Spine, Hip and Knee

August 28, 2021 University of Western States, Webinar; DACBSP Concussion

July 31, 2021 University of Western States, Webinar; DACBSP Team Physician Concepts

February 27, 2021 University of Western States, Webinar; CCSP Correlative Case Studies

January 23, 2021 University of Western States, Webinar; CCSP Preparticipation Examination

2020

December 12, 2020 University of Western States, Webinar; CCSP Team Physician Concepts

October 25, 2020 Colorado Chiropractic Association, Webinar; Concussion

October 17, 2020 New Hampshire Chiropractic Association, Manchester New Hampshire; Current Trends in the Management of Sports-Related Concussions

September 26, 2020 Colorado Chiropractic Association, Webinar; Pre-participation Examination

February 29, 2020 Ohio State Chiropractic Association, Canton Ohio; The Role of Chiropractic in Olympic Sports Medicine and the Preparticipation Examination

February 14, 2020 Northwestern Health Sciences University, Minneapolis Minnesota; Current Trends in the Management of Sports Related Concussions

January 25-26, 2020 Cleveland University-Kansas City, Overland Park Kansas; DACBSP Team Physician Concepts, Concussion and the Pediatric Athlete

2019

September 21, 2019 National University of Health and Science, Denver Colorado; DACBSP Team Physician Concepts, Concussion and the Pediatric Athlete

August 24-25, 2019 National University of Health and Science, Phoenix Arizona; CCSP The Spine Concussion, and Team Physician Concepts

July 27, 2019 University of Western States, Portland Oregon; CCSP Spine, Concussion and team Physician Concepts

July 20, 2019 Southern California University of Health and Sciences, Denver Colorado; CCSP Correlative Case Studies in Sports Chiropractic

July 13, 2019 Cleveland University-Kansas City, Overland Park Kansas; CCSP Correlative Case Studies in Sports Chiropractic

May 1-3, 2019 Steadman Philippon Research Institute: Injury Prevention Symposium, Vail Colorado; Injury Prevention in Elite Sport

April 27, 2019 American Chiropractic Board of Sports Physician, Salt Lake City Utah; The Clinicians Role in Preventing and Managing Sexual Abuse in Sport

April 25, 2019 American Chiropractic Board of Sports Physician, Salt Lake City Utah; Principles Workshop: Sport Related Concussion, Spine in Sport and Medical Legal Issues in Sport

April 11, 2019 South Dakota Chiropractic Association: Super Conference; Rapid City South Dakota (via Zoom); The Role of Chiropractic in Olympic Sports

April 4, 2019 New York State Chiropractic Association, Depew New York; The Role of Chiropractic in Olympic and Paralympic Sports

March 23, 2019 North Carolina Chiropractic Association, Raleigh North Carolina; The Role of Chiropractic in Olympic and Paralympic Sports

February 7, 2019 United States Olympic Committee: Grand Rounds, Colorado Springs Colorado; Wrist Intersection vs de Quervain Tenosynovitis

2018

December 14-15, 2018 University of Western States, Kuai Hawaii; Integrated Case Studies Lumbosacral Sacroiliac, Hip and Ankle Region.

November 30, 2018 Summit on Sexual Abuse in Sport: Building Action Plans for Sports Medicine Providers, Pittsburgh Pennsylvania; Preventing Abuse through Implementing Standards of Care in Atypical Settings

October 19, 2018 Georgia Chiropractic Association, Atlanta Georgia; The Role of Chiropractic and Athlete Care

September 21, 2018 New York Chiropractic College: Homecoming, Seneca Falls New York, The Role of Chiropractic in Sports

September 7, 2018 American Chiropractic Association, Milwaukee Wisconsin; Current Trends in Sports Related Concussion

July 10, 2018 NCAA Sport Science Institute Summit on Pain Management in College Athletes, Indianapolis Indiana; United States Olympic Committee Opiate Use Reduction Strategies

June 28, 2018 National Athletic Trainers' Association, New Orleans Louisiana; The Epidemiology of Olympic and Paralympic Games Injuries and Illness: What you need to Know

May 28, 2018 Cleveland University-Kansas City, Overland Park Kansas; CCSP The Spine, Concussion and Team Physician Concepts

May 4, 2018 Steadman Philippon Research Institute, Vail Colorado; US Coalition Research Projects

May 4, 2018 Steadman Philippon Research Institute, Vail Colorado; State of Concussion Screening

April 14, 2018 American Chiropractic Board of Sports Physician, San Diego California; Keynote Lecture: The Future of Chiropractic Sports Medicine

April 14, 2018 American Chiropractic Board of Sports Physician, San Diego California; Beating Bugs with Technology: Infectious Disease in the Sport Setting

April 13, 2018 American Chiropractic Board of Sports Physician, San Diego California; Tactical Sports Medicine Panel with Joe Dulla, Fernando Montes, Joe Horrigan and Bill Moreau (moderator)

April 12, 2018 American Chiropractic Board of Sports Physician, San Diego California; Principles Workshop: Sport Related Concussion, Spine in Sport and Medical Legal Issues in Sport

March 24, 2018 Southern California University of Health and Sciences, Boston Massachusetts; DACBSP Team Physician Concepts, Concussion and the Pediatric Athlete

March 17-18, 2018 Southern California University of Health and Sciences, Nashville Tennessee; CCSP The Spine, Concussion and Team Physician Concepts

2017

December 15-16, 2017 University of Western States, Maui Hawaii; Chiropractic Management of the Patient with Complex Cervical Spine Issues and Clinical Update on the Evaluation and Management of Sports Related Concussion

September 16, 2017 Kentucky Chiropractic Association, Lexington Kentucky; Telling the Story of the Efficacy of Chiropractic Care

September 9-10, 2017 Southern California University of Health and Sciences, Salt Lake City Utah; CCSP The Spine, Concussion and Team Physician Concepts

August 26, 2017 Colorado Chiropractic Association, Colorado Springs Colorado; Pre-participation Examination

August 19, 2017 Tennessee Chiropractic Association Southern Chiropractic Conference, Nashville Tennessee; Building an Olympic Champion: The Difference of a Heartbeat

August 1, 2017 UR Medicine, Rochester New York; The Olympic Ideal: How Athletes Prepare and Compete in the World Games

July 15, 2017 Southern California University of Health and Sciences, Denver Colorado; DACBSP Advanced Case Correlations

June 23, 2017 University of Western States, Portland Oregon; Graduation Commencement Keynote

June 22, 2017 South Carolina Chiropractic Association Annual Conference, Myrtle Beach South Carolina; Building an Olympic Champion: The Difference of a Heartbeat

June 10, 2017 Southern California University of Health and Sciences, Whittier California; DACBSP Team Physician Concepts, Concussion, and the Pediatric Athlete

May 20, 2017 Wyoming Chiropractic Association, Jackson Hole Wyoming; The Preparticipation Examination and The Role of Chiropractic in Olympic Sports Medicine

May 19, 2017 Wyoming Chiropractic Association, Jackson Hole Wyoming; Concussion Update: Current Concept in the Management of Concussion

May 3-5, 2017 Federal Chiropractic Licensing Board, Orlando Florida; Legislative Challenges Around Preparticipation Physical Examination and Concussion

April 22, 2017 American Chiropractic Board of Sports Physicians Symposium, Colorado Springs Colorado; Practice Management Mentoring

April 21, 2017 American Chiropractic Board of Sports Physicians Symposium, Colorado Springs Colorado; Get in the Game: How You Can Help Team USA

April 20, 2017 American Chiropractic Board of Sports Physicians Symposium, Colorado Springs Colorado; Sports Chiropractic Principles and Practice Workshop: Spine, Concussion, and Concepts of a Sports Physician

April 8, 2017 Wisconsin Chiropractic Association, Madison Wisconsin; Concussion, Evaluation & Management

April 1-2, 2017 Cleveland University-Kansas City, Overland Park Kansas; CCSP The Spine, Concussion, and Team Physician Concepts

March 18, 2017 5th World Conference on Prevention of Injury and Illness in Sport: International Olympic Committee Team Physician Meeting, Monte Carlo Monaco; Get hip with injury by providing a correct hip screening examination.

March 16, 2017 5th World Conference on Prevention of Injury and Illness in Sport: International Olympic Committee Team Physician Meeting, Monte Carlo Monaco; Beating Bugs with Technology

March 16, 2017 5th World Conference on Prevention of Injury and Illness in Sport: International Olympic Committee Team Physician Meeting, Monte Carlo Monaco; The Past, Present, and Future of Medical Records in the Prevention Injury and Illness in Athletes: The Team USA Model

March 16, 2017 5th World Conference on Prevention of Injury and Illness in Sport: International Olympic Committee Team Physician Meeting, Monte Carlo Monaco; Unique Aspects of the Periodic Health Evaluation for Injury and Illness Prevention in Paralympic Athletes: A Case-Based Discussion

March 16, 2017 5th World Conference on Prevention of Injury and Illness in Sport: International Olympic Committee Team Physician Meeting, Monte Carlo Monaco; Upper Extremity Examarama

March 10, 2017 Minnesota Chiropractic Association, Minneapolis Minnesota; Meeting the Challenges of Sports Medicine with Chiropractic

March 3, 2017 Nebraska Chiropractic Physician Association, Omaha Nebraska; Building an Olympic Champion: The Difference of a Heartbeat

February 18, 2017 Joint Commission on Sports Medicine, Columbus Ohio; If You Have a Body, You Are an Athlete: Inclusion of All People in Sport.

February 11-12, 2017 Life Chiropractic College West, Hayward California; CCSP The Spine, Concussion and Team Physician Concepts

January 28, 2017 Steadman Philippon Research Institute, Conference on the Prevention of Injury & Illness in Sport, Vail Colorado; Injury and Illness during the 2016 Rio Olympic and Paralympic Games

January 27, 2017 Steadman Philippon Research Institute, Conference on the Prevention of Injury & Illness in Sport, Vail Colorado; USOC Injury Surveillance Program

January 21-22, 2017 University of Western States, Portland Oregon; CCSP Correlative Case Studies in Sports Chiropractic

2016

December 9-10, 2016 University of Western States, Maui Hawaii; Integrative Sacroiliac Joint and Lower Extremity Care Strategies

December 8, 2016 American College of Sports Medicine: Advanced Team Physician Course, San Diego California; Preparing the Medical Team for the Olympic Games

December 8, 2016 American College of Sports Medicine: Advanced Team Physician Course, San Diego California; Review of Rio Olympics: What Did We Learn?

December 8, 2016 American College of Sports Medicine: Advanced Team Physician Course, San Diego California; The Making of an Olympic Champion: the Difference of a Heartbeat

November 11, 2016 Congress of Chiropractic State Association, Phoenix Arizona; Controversies in Concussion: Where are we now?

November 11, 2016 Congress of Chiropractic State Association, Phoenix Arizona; Telling the Story of the Effectiveness of Chiropractic Care for Third Party Payers

October 21-22, 2016 Washington State Chiropractic Association, Seattle Washington; Building an Olympic Champion: The Difference of a Heartbeat

October 7, 2016 Illinois Chiropractic Society Annual Convention, Naperville Illinois; Evidenced Based Practice

September 24, 2016 Southern California University of Health and Sciences Integrative Conference; Whittier California; Innovate: Learning from the Past

September 23, 2016 Student American Chiropractic Association, Portland Oregon; Innovate: Learning from the Past

June 25, 2016 Southern California University of Health and Sciences, Denver Colorado; CCSP The Spine, Concussion, and Team Physician Concepts

May 14-15, 2016 University of Western States, Portland Oregon; CCSP Correlative Case Studies in Sports Chiropractic

April 28-30, 2016 University of Western States, Orlando Florida; Annual Symposium

March 12, 2016 Southern California University of Health and Sciences, Newport Beach California; DACBSP The Advanced Case Correlation

February 27-28, 2016 Southern California University of Health and Sciences, Marina Del Rey California; CCSP The Spine, Concussion, and Team Physician Concepts

February 24, 2016 United States Senate Hearing, Washington D.C.; Senate Hearing: Zika Virus

February 20, 2016 Ohio Chiropractic Association, Akron Ohio; Concussion Protocol and Sports Injury

February 6-7, 2016 Southern California University of Health and Sciences, Cleveland Ohio; DACBSP Team Physician Concepts, Concussion, and the Pediatric Athlete

January 30-31, 2016 Southern California University of Health and Sciences, Mesa Arizona; CCSP Correlative Case Studies in Sports Chiropractic

January 23-24, 2016 Parker University, Dallas Texas; CCSP Correlative Case Studies in Sports Chiropractic

January 15-17, 2016 Southern California University of Health and Sciences, Anchorage Alaska; CCSP Chiropractic Management of the Extremities Pt II, Correlative Case Studies in Sports Chiropractic, and Preparticipation Examination

2015

November 13, 2015 Congress of Chiropractic State Association, Charleston South Carolina; Advances in Legislation that Support an Increasing Role for the Doctor of Chiropractic

November 13, 2015 Congress of Chiropractic State Association, Charleston South Carolina; Building an Olympic Champion: Difference of a Heartbeat

October 24-25, 2015 NFL – International Sports Concussion Research Think Tank, London England; Concussion Research and Education

October 15-16, 2015 International Olympic Committee, Lausanne Switzerland; International Federation Medical Commission Chairperson Meeting: USOC Experience with Electronic Medical Records

September 30, 2015 GE Mind and the Machines, San Francisco California; Asset Performance Management: The Power of Performance

September 26-27, 2015 Palmer College of Chiropractic, Pittsburgh Pennsylvania; The Spine, Concussion and Team Physician Concepts

September 19, 2015 Chiropractic Association of France: Pediatric Symposium, Paris France; Assessment and Management of Concussion in the Adolescent and Pediatric Population

September 11, 2015 International Research Centre for Prevention and Protection of the Athlete Health Symposium, Wonju South Korea; National Olympic Committee's Expectation to 2018 PyeongChang Medical Service

September 10, 2015 International Research Centre for Prevention and Protection of the Athlete Health Symposium, Seoul South Korea; Medical Support for National Team Athlete, US

August 25, 2015 University of California Los Angeles 22nd Annual VA/UCLA Physical Medicine and Rehabilitation Research Day, Los Angeles California; Managing Musculoskeletal Injuries

August 22, 2015 Southern California University of Health Sciences, Newport Beach California; Concepts of the Team Physician and the Preparticipation Examination

May 3-7, 2015 International Olympic Committee, Qatar Saudi Arabia; Team Physician Meeting

April 29-30, 2015 Centricity Live, Orlando Florida; Team USA and Actionable Analytics

April 24, 2015 Chiropractic Sports Science Symposium, Anaheim California; Current Trends in Pre-Hospital Care of the Spine Injured Athlete

April 23, 2015 Chiropractic Sports Science Symposium, Anaheim California; Principles Workshop: Spine – Pathology, History, Physical Exam, and Management

April 23, 2015 Chiropractic Sports Science Symposium, Anaheim California; Principles Workshop: Concussion – Mechanism of Injury, Pathophysiology, History, and Physical Exam

April 21-25, 2015 ACBSP, Los Angeles California; Annual Symposium

April 15-17, 2015 United States Olympic Committee, Toronto Canada; PanAm Sports Medicine Congress

March 30-31, 2015 FNIH Sports and Health Research Program, Washington D.C.; Stakeholders Board Meeting

March 19-20, 2015 Association of Chiropractic Colleges Educational Conference, Research Agenda Conference, Las Vegas Nevada; Interprofessional Collaboration: Exploring a New World of Possibilities for the Chiropractic Profession

March 7, 2015 George Mason University, Manassas Virginia; CCSP Advanced Correlated Studies

February 28, 2015 Southern California University of Health Sciences, Newport Beach California; CCSP Team Physician Concepts

February 7-8, 2015 Palmer College of Chiropractic, Colorado Springs Colorado; CCSP Advanced Correlated Studies

January 31, 2015 Parker University Symposium, Las Vegas Nevada; Chiropractic Care in Olympic Medicine

January 21-22, 2015 2015 Youth Sport Safety Governing Bodies Meeting, New York New York

January 16-17, 2015 Inter-Association Task Force for Appropriate Care of the Spine Injured Athlete Participant, Pensacola Florida

2014

December 11-13, 2014 University of Western States, Kauai Hawaii; Integrative Spine and Hip Care Strategies

November 7, 2014 American College of Cardiology – Colorado Chapter, Broadmoor Hotel Colorado Springs Colorado; Building an Olympic Champion: The Difference of a Heartbeat

October 8, 2014 PASSO, Colorado Springs Colorado; Medical Aspects of High Performance

October 4-5, 2014 Wisconsin Chiropractic Society Annual Meeting, Madison Wisconsin; Concussion and Chiropractic Care of the Patient with Spinal Pathology

September 27-28, 2014 Southern California University of Health Sciences, Newport Beach California; CCSP Team Physician Concepts

September 19, 2014 International Olympic Committee, Lausanne Switzerland; Post Sochi Anti-Doping Debrief

September 12-13, 2014 AIUM Conference, Colorado Springs Colorado; Musculoskeletal Upper Extremity

September 9-11, 2014 Sports Analytics Innovation Summit, San Francisco California; Big Data Drives Big Changes in Olympic Sports Medicine

September 6-7, 2014 Palmer College of Chiropractic, George Mason University Manassas Virginia; CCSP Team Physician Concepts

August 24-25, 2014 NFL – International Sports Concussion Research Think Tank, New York New York; Concussion Research and Education

August 23, 2014 Southern California University of Health Sciences, George Mason University Manassas Virginia; Team Physician Concepts, Concussion and the Pediatric Athletic

August 4, 2014 Southern California University of Health Sciences, Newport Beach California; DACBSP Advanced Case Correlation

August 2, 2014 Department of Defense – First Special Forces Group, Seattle Washington; Techniques of Manual Medicine

July 24-25, 2014 American Medical Society for Sports Medicine, Boulder Colorado; Emergency Action Plans and Preparing for Disasters

June 7, 2014 Palmer College of Chiropractic, Davenport Iowa; The Spine and Concussion in Sports

May 4-7, 2014 Centricity Conference, Denver Colorado; GE Healthcare's IT Education Conference

May 2, 2014 Palmer College of Chiropractic, Port Orange Florida; Homecoming Key Note Speaker

April 22-26, 2014 ACBSP, Orlando Florida; Annual Symposium

April 11, 2014 International Olympic Committee World Conference: Prevention of Injury and Illness in Sport, Monaco France; Point of Ultrasound Technology Empowering Elite Athlete Care

April 10-16, 2014 International Olympic Committee, Monaco and Madelieu France; Advanced Team Physician Course

March 29-31, 2014 AIUM Conference/Lecture, Las Vegas Nevada; Keeping Olympic Athletes in the Game: the Role of Diagnostic Ultrasound

January 18-19, 2014 University of Western States; Portland Oregon; CCSP Team Physician Concepts

January 4-5, 2014 Southern California University of Health Sciences, Newport Beach California; CCSP Team Physician Concepts

2013

December 13-16, 2013 University of Western States, Oahu Hawaii; Clinical Management and Diagnosis of the Cervical Spine

October 29, 2013 Washington High School Athletic Association, Washington DC; Consussion

October 12, 2013 University of Western States, Portland Oregon; Annual Symposium

October 4-5, 2013 Northeast Seminars, Chicago Illinois; Diagnosis and Manual Therapy for Musculoskeletal Pathology

September 28-29, 2013 Northeast Seminars, New York City New York; Diagnosis and Manual Therapy for Musculoskeletal Pathology

September 7-8, 2013 Palmer College of Chiropractic, Atlanta Georgia; CCSP Team Physician Concepts

August 23-24, 2013 Palmer College of Chiropractic, Davenport Iowa; DACBSP Advanced Case Correlation

August 11, 2013 Southern California University of Health Sciences, Newport Beach California; CCSP Correlative Case Studies

August 10, 2013 Palmer College of Chiropractic, Davenport Iowa; Homecoming Key Note Speaker

August 1-4, 2013 Academy Sports Dentistry, Philadelphia Pennsylvania; Lecture

May 28-June 1, 2013 ACSM, Indianapolis Indiana; Annual Conference

May 3, 2013 Palmer College of Chiropractic, San Jose California; Homecoming Key Note Speaker

April 16-21, 2013 ACBSP, Colorado Springs Colorado; Annual Symposium

March 16-17, 2013 University of Western States, Portland Oregon; CCSP Team Physician Concepts

March 23-24, 2013 Southern California University of Health Sciences, Newport Beach California; CCSP Team Physician Concepts

March 7-10, 2013 American Osteopathic Academy of Sports Medicine, Colorado Springs Colorado; Annual Meeting

February 21-24, 2013 JCSM, Point Clear Alabama; Annual Conference

February 16-17, 2013 Parker College of Chiropractic, Dallas Texas; CCSP Correlative Case Studies

February 2-3, 2013 Palmer College of Chiropractic, Port Orange Florida; CCSP Team Physician Concepts

January 5-6, 2013 Southern California University of Health Sciences, Newport Beach California; DACBSP Team Physician Concepts, Concussion and the Pediatric Athlete

2012

December 15, 2012 Southern California University of Health Sciences, Whittier California; Graduation Key Note Speaker

December 8-10, 2012 University of Western States, Maui Hawaii; The Spine: A Clinical and Radiological Evaluation

November 11, 2012 Olympic Training Center, Colorado Springs Colorado; Pediatrics Conference

November 3-4, 2012 Palmer College of Chiropractic, Puerto Rico; CCSP Team Physician Concepts

October 27-28, 2012 United States Olympic Committee, Colorado Springs Colorado; Introduction to Neuropsychology and Concussion

October 20-21, 2012 Palmer College of Chiropractic, Columbus Ohio; CCSP Team Physician Concepts

October 13-14, 2012 Palmer College of Chiropractic, Davenport Iowa; DACBSP Advanced Correlative Case Studies

September 22-23, 2012 Southern California University of Health Sciences, Newport Beach California; CCSP Team Physician Concepts

September 8-9, 2012 Southern California University of Health Sciences, Newport Beach California; DACBSP Team Physician Concepts, Concussion and the Pediatric Athlete

August 25-26, 2012 Southern California University of Health Science, Newport Beach California; DACBSP Advanced Correlative Case Studies

June 9-10, 2012 University of Western States, Portland Oregon; CCSP Team Physician Concepts

May 18, 2012 Palmer College of Chiropractic, San Jose California; Palmer Homecoming Keynote Speaker

April 23-28, 2012 University of Western States, Portland Oregon; ACBSP Annual Symposium

April 4-8, 2012 ACSM, Indianapolis Indiana; Annual Symposium

March 30-31, 2012 Parker College, Dallas Texas; CCSP Team Physician Concepts

March 24-25, 2012 The Biomechanical Movement Matrix, Toledo Ohio; Lecture

March 9-10, 2012 University of Western States, Portland Oregon; CCSP Team Physician Concepts

February 2-4, 2012 JCSM, Portland Oregon; Annual Meeting

January 14-15, 2012 Palmer College of Chiropractic, Davenport Iowa; CCSP Taping and Bracing

2011

December 3-5, 2011 University of Western States, Honolulu Hawaii; Radiology and Pediatrics Conference

November 12-13, 2011 Palmer College of Chiropractic, Raleigh North Carolina; CCSP Correlative Case Studies

October 1-2, 2011 Palmer College of Chiropractic, San Jose California; CCSP Team Physician Concepts

September 24-25, 2011 Southern California University of Health Science, Philadelphia Pennsylvania; DACBSP Advanced Correlative Case Studies

September 10-11, 2011 Southern California University of Health Sciences, Newport Beach California; CCSP Correlative Case Studies

August 13, 2011 Palmer College of Chiropractic, Davenport Iowa; Homecoming Key Note Speaker

July 28, 2011 Pan American Sports Medicine Congress, Guadalajara Mexico; Chiropractic Science Applied in the Multiple Disciplinary Management of Sports Medicine

July 23, 2011 United States Olympic Committee, Colorado Springs Colorado; Concussion Symposium

June 25-26, 2011 University Western States, Portland Oregon; Annual Symposium

June 11-12, 2011 Southern California University of Health Sciences, Whittier California; Correlative Case Studies CCSP

April 30-May 1, 2011 Palmer College of Chiropractic, Port Orange Florida; DACBSP Team Physician Concepts, Concussion and the Pediatric Athlete

April 16-17 2011 Palmer College of Chiropractic, Davenport Iowa; DACBSP Lower Extremity #2 Orthopedic

March 31- April 11, 2011 International Olympic Committee, Corsica and Monaco France; Advanced Team Physician Course

March 26-27, 2011 Southern California Health Sciences University, Philadelphia Pennsylvania; ACBSP Team Physician Concepts, Concussion and the Pediatric Athlete

March 19-20, 2011 University of Western States, Portland Oregon; CCSP Correlative Case Studies

March 12-13, 2011 Palmer College of Chiropractic, Davenport Iowa; DACBSP Lower Extremity Orthopedic

February 24-26, 2011 Joint Commission on Sports Medicine Annual Conference, Philadelphia Pennsylvania

February 19-20, 2011 Southern California University of Health Sciences, Colorado Springs Colorado; CCSP Kick-Off Team Physician Concepts

February 12-13, 2011 Southern California University of Health Sciences, Whittier California; DACBSP Advanced Correlative Studies

2010

November 13-14, 2010 Palmer College of Chiropractic, Lansing Michigan; CCSP Taping/Bracing

October 23-24, 2010 University of Western States, Portland Oregon; CCSP Team Physician Concepts

October 16-17, 2010 Palmer College of Chiropractic, Lansing Michigan; CCSP Kick-Off Team Physician Concepts

October 2-3, 2010 Palmer College of Chiropractic, Port Orange Florida; CCSP Kick-Off Team Physician Concepts

2009

November 14-15, 2009 Parker College of Chiropractic and the United States Olympic Training Center, Colorado Springs Colorado; Concepts of a Team Physician and the Spine in Sport

November 6-7, 2009 Parker College of Chiropractic, Dallas Texas; Special Considerations in Sports Chiropractic and Correlative Studies

October 24-25, 2009 Palmer College of Chiropractic, Dulles Virginia; Concepts of a Team Physician and the Spine in Sports

September 26-27, 2009 Palmer College of Chiropractic, San Jose California; Concepts of a Team Physician and the Spine in Sports

August 29-30, 2009 Western States Chiropractic College, Portland Oregon; Concepts of a Team Physician and the Spine in Sports

August 22 - 23, 2009 Parker College of Chiropractic, Dallas Texas; Concepts of a Team Physician and the Spine in Sports

June 13 - 14, 2009 Western States Chiropractic College, Portland Oregon; Correlative Case Studies

May 16, 2009 Kansas Chiropractic Association, Wichita Kansas; Spine in Sports and Management of Mild Traumatic Head Injury

April 29 - May 1, 2009 Palmer College, Puerto Vallarta Mexico; Sports Chiropractic the Lower Extremity and Spine in Sports

April 15-18, 2009 American Chiropractic Board of Sports Physicians, La Jolla California; Sports Science Symposium, Concepts of a Team Physician

April 4-5, 2009 Western States Chiropractic College, Portland Oregon; Chiropractic Management of the Lower Extremity

March 06, 2009 Palmer College of Chiropractic West, San Jose California; Commencement Speech: The One and the Many

February 28-29, 2009 Parker Chiropractic College, Dallas Texas; Spinal injuries in Athletics and Managing Mild Traumatic Brain Injury

February 21, 2009 Palmer College of Chiropractic, Port Orange Florida; Chiropractic Management of Lumbar Injuries in Sport

February 20, 2009 Palmer College of Chiropractic, Port Orange Florida; Defining Chiropractic

February 7-8, 2009 Palmer College of Chiropractic, Davenport Iowa; Assessment and Management of Mild Traumatic Brain Injury, Advanced Applications of Athletic Taping

January 24-25, 2009 Western States Chiropractic College, Portland Oregon; Applications of Taping and Bracing CCSP

2008

December 13-14, 2008 Palmer College of Chiropractic, Columbus Ohio; Applications of Taping and Bracing

October 25-26, 2008 Palmer College of Chiropractic, Port Orange Florida; CCSP Taping and Bracing

October 9-11, 2008 Palmer College of Chiropractic, San Jose California; Palmer Homecoming: Destination Success

September 27-28, 2008 Palmer College of Chiropractic, Columbus Ohio; CCSP Kick-Off

September 20-21, 2008 Palmer College of Chiropractic, Port Orange Florida; CCSP Kick-Off

September 6-7, 2008 Western States Chiropractic College, Portland Oregon; CCSP Kick-Off

August 7-9, 2008 Palmer College of Chiropractic, Davenport Iowa; Destination Success, Professional Boundaries and Ethics, Part I and Part II

May 15-17, 2008 ACBSP, Fort Lauderdale Florida; Concepts of a Team Physician and Medical Aspects of a Sports Physician

April 26-27, 2008 Palmer College of Chiropractic, Davenport Iowa; Cardiology of the Athletic Heart and the Pediatric Athlete

April 12-13, 2008 Palmer College of Chiropractic, Davenport Iowa; License Renewal Series, Chiropractic Care and Imaging of the Patient with Lumbar Spine Pathology

March 29, 2008 Palmer College of Chiropractic, Davenport Iowa; Destination Success, The Cornerstones to Long Term Success in Chiropractic Practice

March 20, 2008 Palmer College of Chiropractic, Iowa Chiropractic Society, and Iowa Communications Network (ICN), Davenport Iowa; Core Stabilization.

March 1-2, 2008 Parker Chiropractic College, Dallas Texas; Taping and Bracing in Chiropractic Practice

February 23-28, 2008 Palmer College of Chiropractic, Western Caribbean Cruise; A Healthy Tomorrow

February 2-3, 2008 Palmer College of Chiropractic, San Jose California; Taping and Bracing in Chiropractic Practice

February 2-3, 2008 Palmer College of Chiropractic, Port Orange Florida; Taping and Bracing in Chiropractic Practice

November 8-9, 2007 Northwestern Health Sciences University, Bloomington Minnesota; Taping and Bracing in Chiropractic Practice

2007

November 17-18, 2007 Palmer College of Chiropractic, San Jose California; Concepts of the Team Physician and The Spine in Sports

September 22-23, 2007 Parker Chiropractic College, Dallas Texas; Concepts of the Team Physician and The Spine in Sports.

September 15-16, 2007 Palmer College of Chiropractic, Port Orange Florida; Concepts of the Team Physician and The Spine in Sports

August 18-19, 2007 Palmer College of Chiropractic and Colorado Chiropractic Association, Denver Colorado; Applications of Taping and Bracing in Chiropractic.

August 10, 2007 Palmer College of Chiropractic, Davenport Iowa; Working With Your Spouse: The Good, The Bad And The Ugly

June 23-24, 2007 Western State Chiropractic College, Portland Oregon; Chiropractic Management of Lower Extremity Injuries

June 9-10, 2007 Life Chiropractic College, Atlanta Georgia; Chiropractic Care of Special Populations

May 19-20, 2007 Palmer College of Chiropractic, Columbia South Carolina; Applications of Taping and Bracing in Chiropractic

April 21-22, 2007 Palmer College of Chiropractic and Colorado Chiropractic Association, Denver Colorado; Concepts of the Team Physician and The Spine in Sports

April 12, 2007 ACBSP, Minneapolis Minnesota; Concepts of a Team Physician, Medical Legal Aspects of Sports Medicine

March 24-25, 2007 Palmer College of Chiropractic, Columbia South Carolina; Concepts of the Team Physician and The Spine in Sports

March 10-11, 2007 Western State Chiropractic College, Portland Oregon; Taping and Bracing in Chiropractic Care

February 10-11, 2007 Palmer College of Chiropractic, Davenport Iowa; Chiropractic Care for the Patient with Spinal Pathology

January 27-28, 2007 Parker Chiropractic College, Dallas Texas; Taping and Bracing in Chiropractic Care

January 20-21 2007 Western State Chiropractic College, Portland Oregon; Chiropractic Management of Upper Extremity Injuries

January 18, 2007 Palmer Florida, Port Orange Florida; Homecoming: Sports Chiropractic

2006

December 9-10, 2006 Northwestern Health Sciences University, Bloomington Minnesota; Taping and Bracing in Chiropractic Practice

October 14-15, 2006 Western States Chiropractic College, Portland Oregon; Concepts of the Team Physician and The Spine in Sports

September 23-24, 2006 Palmer Institute for Professional Advancement, Dallas Texas; Advanced Clinical Correlations

August 19-20, 2006 Palmer College of Chiropractic, Raleigh North Carolina; Taping and Bracing in Chiropractic Care

June 24-25, 2006 Parker Chiropractic College, Dallas Texas; Taping and Bracing in Chiropractic Care

June 10-11, 2006 Palmer College of Chiropractic, Davenport Iowa; Applications of Taping and Bracing in Chiropractic

May 6-7, 2006 Palmer College of Chiropractic, Raleigh North Carolina; Concepts of the Team Physician and The Spine in Sports

April 9, 2006 Palmer Institute for Professional Advancement, Woodland Hills California; Care for the Patient with Spinal Pathology

April 8, 2006 Palmer Institute for Professional Advancement, Irvine California; Care for the Patient with Spinal Pathology

March 23, 2006 ACBSP, Francisco California; Concepts of a Team Physician, Medical Legal Aspects of Sports Medicine

March 11-12, 2006 Palmer College of Chiropractic, Davenport Iowa; Concepts of the Team Physician and The Spine in Sports

March 5, 2006 Palmer Institute for Professional Advancement, Fresno California; Care for the Patient with Spinal Pathology

March 4, 2006 Palmer Institute for Professional Advancement, Bakersfield California; Care for the Patient with Spinal Pathology

February 18-19, 2006 Palmer Institute for Professional Advancement, San Jose California; Taping and Bracing in Chiropractic Care

January 26-28, 2006 Colorado Chiropractic Association, Breckenridge Colorado; Chiropractic Care of the Extremities

January 21, 2006 Northwestern Health Sciences University, Bloomington Minnesota; Medical Legal Issues and Case Studies

January 14-15, 2006 Palmer Institute for Professional Advancement, Dallas Texas; The Pediatric Athlete and the Preparticipation Examination

2005

December 10, 2005 Northwestern Health Sciences University, Bloomington Minnesota; Chiropractic Keys to Extremity Care

November 5-6, 2005 Northwestern Health Sciences University, Bloomington Minnesota; CCSP The Spine in Sports

October 15-16, 2005 Palmer Institute for Professional Advancement, San Jose California; CCSP The Spine in Sports

August 12, 2005 Palmer Institute for Professional Advancement, Lyceum, Davenport Iowa; Chiropractic Care of the Athlete

August 11, 2005 Palmer Institute for Professional Advancement, Lyceum, Davenport Iowa; Ethics in Chiropractic Practice

May 13, 2005 ACBSP Symposium, Hollywood Florida; Principles Workshop

April 21, 2005 Palmer Institute for Professional Advancement, ICN Class; Risk Management in Chiropractic

April 15-16, 2005 Iowa Chiropractic Society Annual Convention, Des Moines Iowa; Pre-participation Examinations and Traumatic Brain Injuries

April 9-10, 2005 Palmer Institute for Professional Advancement, Raleigh North Carolina; CCSP Kick-Off

April 2-3, 2005 Western States Chiropractic College, Portland Oregon; CCSP Program

2004

December 3-4, 2004 Pro-Sport Rodeo Annual Convention, Las Vegas Nevada; Upper Extremity Injuries

November 13-14, 2004 Western State Chiropractic College, Portland Oregon; CCSP Program

August 12, 2004 Palmer Institute for Professional Advancement, ICN Class; Ethics in Chiropractic Practice

August 14-15, 2004 Western States Chiropractic College, Portland Oregon; CCSP Program

May 15, 2004 Northwestern Health Sciences University, Bloomington Minnesota; Taping and Bracing

April 3-4, 2004 Palmer Institute for Professional Advancement, Port Orange Florida; Concepts of a Sports Physician and the Spine in Sports CCSP Program;

March 12, 2004 American Chiropractic Board of Sports Physicians Annual Symposium, Las Vegas Nevada; Concepts of a Team Physician

March 20-21, 2004 Palmer Institute for Professional Advancement, Phoenix Arizona; Concepts of a Team Physician and the Spine in Sports CCSP Program

March 27-28, 2004 Palmer Institute for Professional Advancement, Indianapolis Indiana; CCSP Concepts of a Team Physician and the Spine in Sports

January 24-25, 2004 Palmer Institute for Professional Advancement, Chicago Illinois; DACBSP Advanced Team Physician Skills, Advanced Taping, Bracing and Splint Fabrication

2003

September 13-14, 2003 Palmer Institute for Professional Advancement, Davenport Iowa; CCSP Clinical Considerations in Sports Chiropractic

August 9, 2003 Palmer Institute for Professional Advancement, Davenport Iowa; Clinical Ethics

April 26-27, 2003 Palmer Institute for Professional Advancement, Richmond Virginia; CCSP Concepts of a Team Physician

April 12-13, 2003 Palmer Institute for Professional Advancement, Davenport Iowa; CCSP Concepts of a Team Physician

March 29-30, 2003 Palmer Institute for Professional Advancement, Chicago Illinois; Sports Diplomat, The Pediatric Athlete

March 14, 2003 ACBSP, Baltimore Maryland; Concepts of a Team Physician

March 1-2, 2003 Northwestern Health Sciences University, Bloomington Minnesota; Certified Chiropractic Sports Physician Course, Taping

January 25-26, 2003 Palmer Institute for Professional Advancement and California Compendium, San Jose California; Extremity Injury in Sport

2002

December 6-8, 2002 Palmer Institute for Professional Advancement and Virginia Compendium, Richmond Virginia; Extremity Injury in Sport

November 9, 2002 Iowa Chiropractic Society and Palmer College Sports Chiropractic Compendium, Des Moines Iowa; Chiropractic and the Athlete

May 5-6, 2002 ACBSP 2002 Chiropractic Sports Sciences Symposium, Dallas Texas; Medical Legal Issues in Chiropractic and Concussion

April 13, 2002 Palmer Institute for Professional Advancement, Lansing Michigan; Concepts of a Team Physician

April 6, 2002 Palmer Institute for Professional Advancement, Greensboro North Carolina; Concepts of a Team Physician

March 14, 2002 Association of Chiropractic Colleges, New Orleans Louisiana; The Development of an Ethics Policy in a Chiropractic Specialty

March 2, 2002 Northwestern Health Sciences University, Bloomington Minnesota; Certified Chiropractic Sports Physician Course, Taping

2001

October 20-21, 2001 Northwestern Health Sciences University, Bloomington Minnesota; CCSP The Spine and Team Physician Concepts

September 22-23, 2001 Northwestern Health Sciences University, Bloomington Minnesota; CCSP Case Studies

July 21-22, 2001 Western States Chiropractic College, Portland Oregon; CCSP Case Studies

July 7-8, 2001 Western States Chiropractic College, Portland Oregon; CCSP Pre-participation Examination and Environmental Issues

June 23-24, 2001 Western States Chiropractic College, Portland Oregon; CCSP Taping and Bracing and Medical Legal Issues

May 19-20, 2001 Palmer Institute for Professional Advancement, Pittsburgh Pennsylvania; CCSP Team Physician Concepts

May 5-6, 2001 Palmer Institute for Professional Advancement, Madison Wisconsin; Rehabilitation in Athletic Injuries

April 28-29, 2001 Northwestern Health Sciences University, Bloomington Minnesota; Taping and Bracing

April 21-22, 2001 Western States Chiropractic College, Portland Oregon; CCSP The Upper Extremity

April 7-8, 2001 Palmer Institute for Professional Advancement, Davenport Iowa; CCSP Team Physician Concepts

March 24-25, 2001 Western States Chiropractic College, Portland Oregon; CCSP Exercise Physiology

March 17-18, 2001 Palmer Institute for Professional Advancement, Davenport Iowa; CCSP Workshop

February 10—11, 2001 Western States Chiropractic College, Portland Oregon; CCSP Soft Tissue Care

February 17, 2001 Northwestern Chiropractic College, Bloomington Minnesota; CCSP Program

January 13-14, 2001 Western States Chiropractic College, Portland Oregon; CCSP Team Physician Concepts

2000

December 02, 2000 Northwestern Chiropractic College, Bloomington Minnesota; Chiropractic Sports Care

November 18, 2000 Northwestern Chiropractic College, Bloomington Minnesota; Chiropractic Sports Care

October 14, 2000 Northwestern Chiropractic College, Bloomington Minnesota; Chiropractic Sports Care

July 22, 2000 Federation of Chiropractic Sports (FICS), Mexico City Mexico; The Spine and Wrist in Sports

June 3-4, 2000 Western States Chiropractic College, Portland Oregon; CCSP Program

January 25-26, 2000 Palmer Institute for Professional Advancement, San Jose California; CCSP Spine in Sports

1999

December 10-12, 1999 Northwestern Health Sciences University, Fort Lauderdale Florida; CCSP Spinal Injuries in Athletics

July 30- August 1, 1999 Los Angeles Chiropractic of Chiropractic, Los Angeles California; Concepts of a Team Physician

June 26-27, 1999 Northwestern Health Sciences University, Seattle Washington; DACBSP Case Studies in Sports Chiropractic

May 22-23, 1999 Northwestern Health Sciences University, Seattle Washington; DACBSP Critical Review of Literature

April 17-18, 1999 Northwestern Health Sciences University, Seattle Washington; DACBSP Pre-participation Examination

March 20-21, 1999 Northwestern Health Sciences University, Bloomington Minnesota; Taping and Bracing: Hands on Session

February 25-28, 1999 Northwestern Health Sciences University, Winter Park Colorado; Conservative Management of Upper Extremity Injuries

1998

August 15, 1998 Iowa Chiropractic Sports Council, Ames Iowa; Concepts of a Team Physician

May 16-17, 1998 Northwestern Health Sciences University, Omaha Nebraska; CCSP Program

May 2, 1998 Board Review Class, Bloomington Minnesota; Principles Workshop for Sports Physicians

April 25-26, 1998 Northwestern Health Sciences University, Dallas Texas; Taping and Bracing

April 18-19, 1998 Northwestern Health Sciences University, Omaha Nebraska; CCSP Taping and Bracing

March 19-22, 1998 Northwestern Health Sciences University, Mexico City Mexico; Spinal Athletic Injuries and Taping and Bracing

February 27-28, 1998 Northwestern Health Sciences University, Omaha Nebraska; CCSP Program

January 31 - February 1, 1998 Northwestern Health Sciences University, Omaha Nebraska; CCSP Program

January 17-18, 1998 Northwestern Health Sciences University, Bloomington Minnesota; Chiropractic Orthopedics Program Taping and Bracing

1997

October 18-19, 1997 Northwestern Health Sciences University, Seattle Washington; CCSP Program

June 21-22, 1997 Northwestern Health Sciences University, Calgary Canada; Rehabilitation of Upper Extremity Injuries

May 31-June 1, 1997 Northwestern Health Sciences University, Denver Colorado; Protective Equipment in Athletics

May 22-25, 1997 Florida State Chiropractic Association, Del Ray Florida; Pre-participation Examination

March 1-2, 1997 Northwestern Health Sciences University, Denver Colorado; Pediatric Considerations in Athletics

February 13-16, 1997 Northwestern Health Sciences University, Banff Canada; Extremity Manipulation

January 31-February 5, 1997 Northwestern Health Sciences University, Mexico City Mexico; Spinal and Head Injuries in Athletics

1996

December 8-9, 1996 Northwestern Health Sciences University, Appleton Wisconsin; Taping and Bracing

June 29-30, 1996 Northwestern Health Sciences University, Seattle Washington; CCSP Program

June 21-23, 1996 Northwestern Health Sciences University, Vancouver Canada; Upper Extremity Injuries in Athletics

May 31-June 1, 1996 Northwestern Health Sciences University, Kansas City Missouri; CCSP Program

May 4-5, 1996 Northwestern Health Sciences University, Kansas City Missouri; CCSP Program

April 20-21, 1996 Palmer Institute for Professional Advancement, Pittsburgh Pennsylvania; Spinal Injuries in Athletics

April 12-14, 1996 Northwestern Health Sciences University, Seattle Washington; CCSP Program

February 14-18, 1996 Northwestern Health Sciences University, Banff Canada; Conservative Management of Upper Extremity Injuries

January 20-21, 1996 Northwestern Health Sciences University, Seattle Washington; CCSP Program

January 13-14, 1996 Northwestern Health Sciences University, Kansas City Missouri; CCSP Program

1995

November 4-5, 1995 Northwestern Health Sciences University, Kansas City Missouri; CCSP Taping and Spine Injuries

October 28-29, 1995 DACBSP, Bloomington Minnesota; Equipment and Technology in Athletics

October 21-22, 1995 Northwestern Health Sciences University, Bloomington Minnesota; CCSP Program

October 7-8, 1995 Kansas Chiropractic Association Fall Convention, Wichita Kansas; Exercise Prescriptions

September 13, 1995 Chiropractic Centennial Foundation, Davenport Iowa; Impingement Syndrome

September 12, 1995 Federation of International Chiropractic Sportive Symposium, Davenport, Iowa; Sideline Care

July 29-30, 1995 Northwestern Health Sciences University, Bloomington Minnesota; Taping and Bracing

July 21-22, 1995 American Chiropractic Association Sports Council Annual Convention, Denver Colorado; Splinting and Bracing

July 5-8, 1995 Chiropractic Centennial Foundation, Washington D.C.; Coordinator of Sports Program

June 10-11, 1995 Northwestern Health Sciences University, Wichita Kansas; Taping and Supports

June 3-4, 1995 Northwestern Health Sciences University, Denver Colorado; Clinical Considerations in the Injured Athlete

May 11-14, 1995 Anglo-European Chiropractic College, Bournemouth England; Injuries to the Upper Extremity

May 8-9 1995 Northwestern Health Sciences University, Bloomington Minnesota; Bachelor of Sciences Program Field Management of Athletic Injuries;

April 29-30, 1995 Northwestern Health Sciences University, Bloomington Minnesota; Bachelor of Sciences Program Field Management of Athletic Injuries;

April 8-9, 1995 Northwestern Health Sciences University, Phoenix Arizona; Taping and Bracing

April 1-2, 1995 Northwestern Health Sciences University, Bloomington Minnesota; DACBSP Advanced Splinting and Bracing

March 25-26, 1995 Palmer Institute for Professional Advancement, Davenport Iowa; Head and Neck Injuries in Athletics

March 3-5, 1995 Northwestern Health Sciences University, Puerto Vallarta Mexico; Second Annual Latin American Chiropractic Congress

February 24-26, 1995 Northwestern Health Sciences University, Banff Canada; Management of Upper Extremity Injuries

February 11-12, 1995 Northwestern Health Sciences University, Wichita Kansas; Management of Upper Extremity Injuries

January 21-22, 1995 Northwestern Health Sciences University, Wichita Kansas; Anterior Knee and Medical/Legal Aspects

1994

December 18-19, 1994 Northwestern Health Sciences University, Wichita Kansas; Extremity Adjusting

December 10-11, 1994 Northwestern Health Sciences University, Milwaukee Wisconsin; Taping and Bracing

November 25-27, 1994 Anglo-European Chiropractic College, Bournemouth England; Spinal Injuries and Extremity Adjusting

November 19-20, 1994 Northwestern Health Sciences University, Denver Colorado; Diplomat of the Chiropractic Sports Physician Course

November 11-12, 1994 Northwestern Health Sciences University, Milwaukee Wisconsin; Extremity Adjusting

October 15-16, 1994 Northwestern Health Sciences University, Seattle Washington; CCSP Taping and Spine Injuries

October 8-9, 1994 Los Angeles College of Chiropractic, San Francisco California; CCSP Team Physician Concepts

September 24-25, 1994 Northwestern Health Sciences University, Denver Colorado; DACBSP Equipment and Technology

August 20, 1994 Iowa Chiropractic Society, Des Moines Iowa; Bracing and Splinting

July 7-17, 1994 Federation International Chiropractic Sportive, Hamilton Island Australia; Hands on Seminar

June 11-12, 1994 Logan College of Chiropractic, Phoenix Arizona; Knee Injuries

May 21, 1994 Northwestern Health Sciences University, Nashville Tennessee; Athletic Taping and Supports

April 14-16, 1994 Palmer Institute for Professional Advancement, Puerto Vallarta Mexico; Spinal Injuries in Athletics

April 9, 1994 Palmer Institute for Professional Advancement, Jacksonville Florida; Concepts of a Sports Physician

February 19-20, 1994 Northwestern Health Sciences University, Nashville Tennessee; Medical Legal Aspects in Sports and Anterior Knee Injuries

January 15-16, 1994 Los Angeles College of Chiropractic, Los Angeles California; Concepts of a Team Physician

1993

December 18-19, 1993 Northwestern Health Sciences University, Bloomington Minnesota; Athletic Taping and Supports

December 11-12, 1993 Logan College of Chiropractic, Columbia South Carolina; Assessment and Management of Cervical and Thoracic Injuries in Athletics

October 2-3, 1993 Northwestern Health Sciences University, Nashville Tennessee; CCSP Assessment and Management of Cervical and Thoracic Injuries in Athletics

September 11-12, 1993 Los Angeles College of Chiropractic, San Jose California; Concepts of a Team Physician

July 17-18, 1993 Logan College of Chiropractic, Fort Lauderdale Florida; Knee Injuries in Athletics CCSP

May 29-30, 1993 Northwestern Health Sciences University, Denver Colorado; Athletic Taping and Supports CCSP

May 15-16, 1993 Federation International Chiropractic Sportive, London England; American Football and Basketball Injuries

May 7-8, 1993 Northwestern Health Sciences University, Bloomington Minnesota; Medical Legal Aspects in Sports

April 14-15, 1993 Northwestern Health Sciences University, Denver Colorado; Extremity Adjusting CCSP

March 6-7, 1993 Northwestern Health Sciences University, Denver Colorado; Anterior Knee Injuries

February 6, 1993 Northwestern Health Sciences University, Bloomington Minnesota; Homecoming: The Doctor of Chiropractic Role in Athletics, the Diagnosis and Treatment of Elbow Injuries, The Doctor of Chiropractic Role in Prevention of Catastrophic Head and Neck Injuries in Football

January 9-10, 1993 Northwestern Health Sciences University, Denver Colorado; CCSP Assessment and Management of Upper Extremity Athletic Injuries

1992

November 12, 1992 Iowa High School Athletic Directors, Storm Lake Iowa; Prevention and On the Field Treatment of Head Injuries

October 24-25, 1992 Northwestern Health Sciences University, Denver Colorado; CCSP Assessment and Management of Cervical and Thoracic Injuries in Athletics

June 27-28, 1992 Iowa Chiropractic Sports Society, Cedar Rapids Iowa; Chiropractors as Sports Physicians; Hand and Finger Injuries in Golf, Baseball, and Tennis

May 30-31, 1992 Northwestern Health Sciences University, Bozeman Montana; CCSP Athletic Taping and Supports

April 11, 1992 Cornbelt Conference Coaches Sports Medicine Clinic, Ruthven Iowa; Field Management of the Spine Injured Athlete

March 28, 1992 Iowa Chiropractic Society, Okoboji Iowa; Athletic Injuries of the Hand and Finger

January 11-12, 1992 Northwestern Health Sciences University, Bozeman Montana; CCSP
Assessment and Management of Upper Extremity Athletic Injuries

1991

December 11-14, 1991 Palmer Health Sciences University, Steamboat Springs Colorado;
Assessment and Management of Cervical Spine Injuries in Athletics

October 5-6, 1991 Northwestern Health Sciences University, Bozeman Montana; CCSP
Assessment and Management of Cervical and Thoracic Injuries in Athletics

September 12, 1991 Northwest Iowa Coaches and Officials Association, Spencer Iowa; Head
Injuries in High School Football

June 8, 1991 Iowa State University, Ames Iowa; Concussion in High School Football: Rulings,
Sideline Evaluation and Return Criteria

April 10-21, 1991 Northwestern Health Sciences University, Appleton Wisconsin; Taping, Supports
and Lab

March 11-12, 1991 Caribbean Chiropractic Symposium, Barbados West Indies; Epidemiology,
Assessment and Management of Cervical Spine Injuries in Athletics

1990

October 27-28, 1990 Northwestern Health Sciences University, Appleton Wisconsin; CCSP
Assessment and Management of Cervical, Thoracic, Head, and Visceral Injuries

Miscellaneous

1986 – 1995 Iowa Lakes Community College, Estherville Iowa; Coaches Certification Class

1987, 1991 Estherville Junior and Senior High School and Algona Garrigan High School Football
Teams, Estherville and Algona Iowa; Preventing Head and Neck Injuries in Football

1999 – 2002 Northwestern Health Sciences University, Bloomington, Minnesota; Sports Care
Bachelor of Science Program

Professional Activities, Awards and Recognitions:

- 2020 Chairman for University of Western States COVID-19 Clinical Standards Work Group
- 2017 American Chiropractic Board of Sports Physicians Torch Award
- 2017 Doctor of Laws Degree from University of Western States
- Inter-Association Task Force for Appropriate Care of the Spine-Injured Athlete 2014
- 2013 Colorado Chiropractic Association Sports Chiropractor of the Year
- Lead author of the American Chiropractic Board of Sports Physician's Concussion Registry 2013
- American College of Sport Medicine - Olympic and Paralympic Issues in Sports Medicine Committee 2013
- American College of Sport Medicine - International Relations Committee 2013
- 2012 USA Department of Health and Human Services - Consumer Health IT Summit featured speaker
- 2012 Robert C. Reed award for Best Abstract
- 2012 John Nash award for Best Multiple Disciplinary Abstract

- 2012 American Chiropractic Board of Sports Physician's Presidential Award
 - 2011 International Olympic Committee – Advanced Team Physician Course
 - 2011 John Nash award for Best Multiple Disciplinary Abstract
 - 2010 American Chiropractic Board of Sports Physician's Lifetime Achievement Award
 - 2010 Robert Reed Award for Best Abstract ACBSP
 - 2010 John N Nash Award for Best Multidisciplinary Abstract ACBSP
 - 2009 Colorado Chiropractic Association Sports Chiropractor of the Year
 - 2006 Leonard Schroder Award for Best Abstract
 - 2006 American Chiropractic Board of Sports Physician's Presidential Sports Chiropractor of the Year
 - 2004 Iowa High School Athletic Directors Association Sports Medicine Specialist.
 - 2003 Iowa High School Athletic Association Sports Medicine Specialist of the year.
 - 2003 Iowa High School Athletic Directors - Sports Physician of the Year
 - 2000 Certificate of Recognition State of Iowa House of Representatives
 - 2000 American Chiropractic Association Council on Sports Injuries and Physical Fitness Sports Chiropractor of the Year
-

Curriculum Vitae

Kristopher Bryan Peterson, DC DABCI BCN FICT Board Eligible in
Neurology

PO Box 211 Hermiston, OR 97838

1-541-567-6277

College

1974-1975 Walla Walla University, College Place, WA
1975 Blue Mountain Community College (One quarter)
Pendleton, OR

1975-1976 University of Oregon, Eugene, OR
Honor Roll- Academic achievement

1976-1979 University of Western States
Completed four-year academic curriculum in three
Teaching assistant two years in gross anatomy labs

Sept, 1979 Graduated Cum Laude Doctor of Chiropractic (DC)

Chiropractic Practice

February 1980 Received license #1525 for the state of Oregon

May 12, 1980 began practice in Hermiston, OR

Continuing education:

In addition to meeting yearly CE for relicensure:

1990 completed 100-hour course in clinical nutrition (CCN)

1994-1996 completed 300-hour course in diagnosis and management
of internal disorders

1997 successfully passed diplomate examination (Diplomate of
American Board of Chiropractic Internists- DABCI)

2000 Certified in Clinical Thermography

2000- Present Neurofeedback EEG training and practice (Addendum)

2008-Present Board Certified BCN

2009 to 2013 600 hours of education in Chiropractic Neurology from
Carrick Institute of Post Graduate Education. Board Eligible

1) 150 Hours in Childhood Developmental Disorders

2) 300 Hours in General Neurology

3) 100 Hours in Movement Disorders
4) 150 Hours in Neuro Chemistry
2016/2017 Functional Neurology IAFNR
2016 16 hours Vestibular system
2017 16 hours Hypokinetic Movement Disorders
2012-2013 300-hour Fellowship in Integrative Cancer Therapy. Offered by
American Academy of Anti-Aging Medicine
September, 2013 Passed Fellowship Examination
June 2018 Passed CDC Heads up concussion online class for physicians

Research publications- Peer reviewed indexed journals

1995 Peterson KB. Two cases of spinal manipulation performed while the patient contemplated an associated stress event: the effect of the manipulation/contemplation on the serum cholesterol levels in the hypercholesterolemic subjects. Chiro Tech 1995;7:55-59.

1996 Peterson KB. A preliminary inquiry into manual muscle testing response in phobic and control subjects exposed to threatening stimuli. J Manipulative Physiol Ther 1996;19:310-316.

1997 Peterson KB. The effects of spinal manipulation on the intensity of emotional arousal in phobic subjects exposed to a threat stimulus: a randomized, controlled, double-blind clinical trial. J Manipulative Physiol Ther 1997;20:602-606.

2012 Peterson KB, Peterson CD. A case series evaluating the accuracy of manual muscle testing in predicting fetal sex. J Chiro Med 2012 Mar;11(1):1-6.

Professional Activities:

1987-1997 Board member Lassen Foundation, a research granting foundation, funding diet and nutritional research

1995-1997 Research Director ONE Foundation, a non profit organization that funds research into the emotional aspect of healing

Recognition and Lectures

1995 Commencement address UWS graduation
1997 “The four F’s of defense” Eagle’s Symposium: Golden, CO
1998 Doctor of the Year Award in recognition of research (ONE Foundation)
1999 “Pavlov and emotional arousal” (Eastern Washington Mental Health Therapist Association quarterly meeting)
2006 “Diagnosis and management of osteoporosis” Summer Symposium Council on Diagnosis and Internal Disorders Park City, UT
2008 “Biomarkers for cardiovascular risk analysis” (Summer Symposium Council on Diagnosis and Internal Disorders: Cincinnati Ohio)
2008 “Exploring the edge of perception: early results of a completed double blind research project” Eagles: San Diego, CA
2012 Fetal Sex paper delivered at Eagles, Half Moon Bay, CA.
2016 Eastern Washington Adoptive Mothers Support Group lecture: Brain development and attachment.
2018 Lecture at National Symposium on Cardiovascular health. “Early diagnosis of CVD” In Las Vegas, NV CDID.

Membership

American Chiropractic Association
Oregon Chiropractic Association
Council on Family Practice
International Association of Functional Neurology and Rehabilitation
International Society for Neurofeedback Research (SNR)

GILKER Heather * BCE

From: Kris Peterson <kpeter555@gmail.com>
Sent: Monday, February 28, 2022 1:37 PM
To: OBCE Oregon * BCE
Subject: Application for P&P Committee
Attachments: Curriculum Vitae.doc

Dear OBCE,

I am applying for the P&P committee.

I have been in continuous practice in a small town in Eastern Oregon since I passed the boards in 1980.

I bring not only over 40 years of experience but also a background in research publication and a wide range of professional education and certifications. I was previously a member of the thermography committee that met many years ago.

I have attached my CV.

Sincerely

Kristopher B Peterson, DC DABCI

GILKER Heather * BCE

From: Kathryn Ross <kaross@uws.edu>
Sent: Wednesday, March 09, 2022 9:26 PM
To: OBCE Oregon * BCE
Subject: P&P Committee Application
Attachments: K Ross cover letter P&P committee.docx; K Ross CV 3-22.doc

Hello,

I am interested in applying to be a part of the P&P committee for the OBCE.
I am attaching my resume and cover letter to this email. Please don't hesitate to contact me if you have any questions.
Looking forward to hearing from you soon.

Take care,

Kat Ross

Kathryn Ross, DC, CCSP

Attending Clinician/Clinical Educator, Campus Health Center
Health Centers of UWS

8000 NE Tillamook Street
Portland, Oregon 97213

Office phone # [\(503\) 847-2572](tel:5038472572)

Fax # [\(503\) 251-2837](tel:5032512837)

Email: kaross@uws.edu Web: <http://www.uws.edu>

UWS mission - To advance the science and art of integrated health care through excellence in education and patient care.

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Kathryn Ross DC, CCSP

14301 NE Alton Court, Portland, OR 97230 | 503-719-2178 | KaRoss@Uws.edu

March 7th, 2022

Oregon Board of Chiropractic Examiners
530 Center St NE, Suite 620
Salem, OR 97301

Dear Oregon Board of Chiropractic Examiners:

I am submitting my letter of interest in applying for the P & P advisory committee. I have over 10 years of experience as a practicing chiropractor and over 5 years of experience as a clinician and assistant professor at the University of Western States. With my experience in the field in combination with my education, I feel that I have a well-rounded background for this position.

I am most interested in a position on the P&P advisory committee because I genuinely enjoy researching and reviewing policies- so much so that my major for my undergraduate degree was in political science. I now focus my time and energy to help guide chiropractic interns to provide the most evidence-based and effective treatments for patients. Being able to help provide input to the board on different policies and procedures will meld my interests and I'd love to have the opportunity to give back and help move the profession forward in the state of Oregon.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathryn Ross', with a long horizontal flourish extending to the right.

Kathryn Ross, DC

KATHRYN M. ROSS, DC, CCSP

14301 NE Alton Court. • Portland, OR 97230 • (503) 719-2178 • KaRoss@uws.edu

EDUCATION

DOCTOR OF CHIROPRACTIC, CUM LAUDE (2009)

University of Western State

Portland, OR

Related Skills and Course Work: diversified adjusting, extremity adjusting, drop table, flexion-distraction, trigger point, pelvic blocking, McKenzie and Cox protocols, radiographic positioning and interpretation, PT modalities, rehabilitation protocols: spinal and all extremities

CERTIFIED CHIROPRACTIC SPORTS PHYSICIAN (CCSP®) (2020)

Portland, OR

Completed a minimum of 100 hours of post doctoral education in specialized sports medicine topics and passed a board examination.

BACHELOR OF ARTS (2006)

Gustavus Adolphus College

St. Peter, MN

Major: Political Science

Chiropractic Internship (2004) with Dr. Kevin Hardesty

PROFESSIONAL EXPERIENCE

UNIVERSITY OF WESTERN STATES

PORTLAND, OR

Clinical Educator and Assistant Professor, Dept of Clinical Education November 2016-Present

Responsible for supervising chiropractic interns in the Campus Health Center

Clinically examine, diagnose, treat and manage patient care for patients of all ages, with a focus on youth athletes

Head supervising clinician for off-site events including compassion clinics & migrant farm camps

Participate in formative and summative evaluations of clinical skills competencies

Instruct students and create daily case conferences using latest evidence for evaluation and treatment of patients

Serve on curriculum committee tasked to review curricular changes and updates, as well as the pre-clinical task force meeting working to create a bridge between pre-clinical and clinical skills departments

ENERGY IN MOTION CHIROPRACTIC, LLC.

PORTLAND, OR

Co-Owner, Located within Bloom Natural Health Care

January 2010-present

Clinically examine, diagnose, treat and manage patient care for patients of all ages, with

a focus on youth athletes until 2017

Self-employed chiropractor working in conjunction with other healthcare providers to offer an integrative approach to optimizing the patient's state of health until 2017

Scheduled patient's appointments, verified insurance benefits, performed insurance billing and patient collections

Currently mainly work on implementation of internal and external marketing programs for practice development and patient education as well as hiring, training, and managing front office staff

NORTHPOINTE GYMNASTICS

VANCOUVER, WA

Girls Competitive Team Coach

Oct 2020-current

TOP FLYTE GYMNASTICS

TROUTDALE, OR

Girls Competitive Team Director and Head Optional Team Coach

2009-April 2019

Managed 70+ team families yearly including: practice and competition scheduling, developing a competitive budget, communicating using an online application as well email and holding parent meetings

Management of competitive coaching staff: scheduling, education, holding meetings and trainings

Programmed training schedules for all competitive athletes

Design and order competitive uniforms for athletes and coaches

Development of warm-up routines, prehab, and conditioning plans focused on periodization and most recent research

Provide onsite medical care at Top Flyte hosted events

UNIVERSITY OF WESTERN STATES

PORTLAND, OR

Teaching Assistant, Clinic Phase 1-3

2010-2012

CERTIFICATIONS, ADDITIONAL ORGANIZATIONS & COURSES

- Fascial Movement Taping Level 1 & 2 Certified Rocktape provider
- Graston Certification (*Module 1*)
- Webster Technique Certification
- Gyrotonic Foundation Courses Certification
- Sports Medicine Intern (University of Western States 2008-09)
- USA Gymnastics professional member, Safesport certified
- CPR/AED/First Aid certification - current

* Letters of reference available upon request.



CHARLES ALFRED SIMPSON, D.C., D.A.B.C.O.

3990 SW Lafollett Road

Cornelius, OR 97113

503-367-0872

casimpsondc@gmail.com

PERSONAL BACKGROUND:

Born: December 16, 1947

Colfax, Washington

EDUCATIONAL BACKGROUND:

1996	Certified Managed Care Executive, American Association of Health Plans
1990	Diplomate, American Board of Chiropractic Orthopedists
1978	Doctor of Chiropractic, University of Western States, Portland, Oregon
1970	Bachelor of Arts, Anthropology & English, Washington State University, Pullman, Washington

PROFESSIONAL BACKGROUND:

2019-	ACA Committee for Equity, Diversity, and Inclusion
2015-2022	Councilor, Council on Chiropractic Education
2006-2015	Fellow, Academy of Site Team Visitors, Council on Chiropractic Education
2015-	Senior Clinical Advisor, The CHP Group
2004-2015	Medical Director, Vice President, The CHP Group, Inc.
1996-2003	Member, Oregon Board of Chiropractic Examiners
2007-2018	Member Oregon Chiropractic Association
1991-2007	Member, Chiropractic Association of Oregon (CAO)
1994-	Member, American College Medical Quality
1991-	Fellow, Academy of Chiropractic Orthopedists
1989-	Member, American Chiropractic Association

CHIROPRACTIC LICENSE:

1978-	Oregon	#1421
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CLINICAL AND CONSULTING PRACTICE:

1984-	Chiropractic consultant, Cornelius, OR
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1980-2003 Private practice, Cornelius, OR

1979-1980 Private practice, Salem, OR

RECENT PLATFORM & WEBINAR PRESENTATIONS:

- Cultural Competence for the Therapeutic Alliance 2021 The CHP Group
- Disparities in Chronic Pain Treatment ACA Webinar 2020
- Ethics and Evidence for Integrative Health Clinicians 2019 The CHP Group
- Ethics and Evidence 2018 ACA NCLC
- Ethics and Evidence Based Practice for Chiropractic Consultants ACCC/CFS/WHG Conference 2017
- Cultural Competence for Integrative Health Care Providers The CHP Group 2017
- Ethics and Professional Boundaries for Integrative Health Care Providers The CHP Group 2017
- Evidence Based Record Keeping for Chiropractic Practice The CHP Group 2016
- Evidence Based Treatment of WAD, Association of Chiropractic Consultants, 2015
- Integrative Medicine Treatment of Chronic Pain, Association of Chiropractic Consultants, 2015
- The Opioid Epidemic and Integrative Medicine, Oregon Association Of Health Underwriters, 2015
- ICD-10 Coding for CAM Practitioners 2013-15
- Electronic Medical Records for CAM Practitioners 2010

PUBLICATIONS:

Chapter co-author. "Standards of Practice in Third-Party Relations" in Chiropractic Standards of Practice and Quality of Care, Herbert J. Vear, D.C., Editor, Aspen Publications 1992.

"Integrating Chiropractic in Managed Care." Managed Care Quarterly. 1996; 4(1), 50-58.

Pursuing integration: a model of integrated delivery of complementary and alternative medicine. Topics in Clinical Chiropractic 2001; 8(2): 1-8.

Contributing author to 5 chapters in Integrating Complementary Medicine into Health Systems, Nancy Faass, Editor, Aspen Publishers, 2001.

Chapter author, "Complementary Medicine in Chronic Pain Treatment." Phys Med Rehabil Clin N Am; 17 (2006) 451-472.

Chapter author. "Complementary Medicine" in *Bonica's Management of Pain 4th Edition*. (2009)

Consultant on Complementary Medicine for the Substance Abuse and Mental Health Services Administration. *Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders. Treatment Improvement Protocol (TIP) Series 54*. HHS Publication No. (SMA) 12-4671. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

Chapter author, "Complementary Medicine in Chronic Pain Treatment." Phys Med Rehabil Clin N Am; May 2015 Volume 26, Issue 2, Pages 321–347.

Chapter author. "Integrative Health" in *Bonica's Management of Pain, 5th Edition*. 2018

Revised February 2022

GILKER Heather * BCE

From: C Simpson <casimpsondc@gmail.com>
Sent: Monday, February 28, 2022 2:06 PM
To: OBCE Oregon * BCE
Subject: P&P Committee Application
Attachments: P&P Cover letter.pdf; C Simpson CV Complete 2.2022 photo.pdf

Dear OBCE

Please see attached cover letter and CV.

Thank you for considering my application.

--

Charles A. Simpson, DC, DABCO

Pronouns: he, his

Charles A. Simpson, Dc
3990 SW Lafollett Rd
Cornelius, OR 97113

Oregon Board of Chiropractic Examiners
530 Center St NE, Suite 620
Salem, OR 97301

Re: P & P Committee

Dear OBCE,

Attached is my current CV for your consideration. I am applying to help the committee's work as mentioned in your recent email. I believe that I have the experience, history with the profession, and understanding of the purpose of the P&P Guide to contribute to this work.

Thank you.

Charles A. Simpson

Att: Curriculum vitae

Dr. Christopher Stewart, DC

16005 NW Skyline Blvd
Portland, Oregon 97231
Dr.Christopher.Stewart.DC@gmail.com
(503) 891-1389

March 3, 2022

Oregon Board of Chiropractic Examiners
530 Center Street NE
Suite 620
Salem, OR 97301

Hello,

I am writing to express interest in OBCE's Policy & Practice Committee. I am an actively licensed Oregon DC and PhD student attending Saybrook University. I practice out of a small clinic in Oak Grove, Oregon. I am also in the beginning stages of writing my dissertation.

As an Oregon Chiropractor, I enjoy one of the most liberal scopes of practice within the United States. I very much appreciate that the OBCE is forming this committee, and that it is concerned with nurturing the chiropractic profession in Oregon to be the most informed and evidence-based.

What I bring to the committee will be the insight of a chiropractic physician who has practiced in various clinical formats, with various modalities, in two states – as well as the insights gained from my studies as a Mind-Body Medicine PhD student focused on the biopsychosocial model of healthcare. I am confident that this insight and my experience navigating research literature will be an asset to the committee.

I appreciate your consideration.

Warmly,

A handwritten signature in dark ink, appearing to read 'Chris Stewart', with a stylized flourish at the end.

Christopher Stewart, DC



Dr. Christopher Stewart, DC

Contact

16005 NW Skyline Blvd
Portland, OR 97231

(503) 891-1389

Dr.Christopher.Stewart.DC@gmail.com

Profile

As a chiropractic physician and PhD student in Mind-Body Medicine, I am an evidence-based practitioner and lifelong learner who embraces academia and research. I am passionate about helping my patients feel better and better understand the holistic inter-connections within our bodies, and to the external world.

Education & Research

PhD in Mind-body Medicine (in progress)

Saybrook University | August 2018 - present

Doctor of Chiropractic Medicine

University of Western States | September 2017

BS in Human Anatomy

University of Western States | March 2016

BA in Psychology

University of Western States | May 2013

Perception, Action & Cognition in Mediated, Artificial, & Natural Environments Lab

Research Assistant; Advisor: Dr. Igor Dolgov
New Mexico State University | September 2011 - May 2013

Additional Training

- Mind-Body Medicine
- Digital Radiography
- Clinical Hypnosis
- Pain Management
- Nutrition
- Functional Medicine
- Ayurvedic Medicine
- Energy Medicine
- Business Management
- Cultural Competency
- Ethics
- Sexual Harassment
- Domestic Violence
- Creative Writing

Licensure & Certifications

Oregon DC Lic #5857 | 10/2017 - Present

Arizona DC Lic #8870 | 12/2019 - 12/2020

Arizona PMMTP certification #5426 | 12/2019 - 12/2020

Career Path

Chiropractic Physician and Owner

Acorn Wellness, Oak Grove, OR | April 2021 - Present

Chiropractic Physician

The Joint Corp, Tempe, AZ | January 2020 - April 2020

Chiropractic Physician and Owner/Partner

Mind & Body Wellness of Beaverton, Beaverton, OR | October 2018 - July 2019

Chiropractic Physician

The Wellness Center PDX, Portland, OR | September 2017 - September 2018

Chiropractic Intern

The Wellness Center PDX, Portland, OR | July 2017 - September 2017

Student Tutor - Gross Anatomy Lab I-IV; Clinical Microbiology

University of Western States, Portland, OR | September 2015 - December 2017

GILKER Heather * BCE

From: Christopher Stewart <dr.christopher.stewart.dc@gmail.com>
Sent: Thursday, March 03, 2022 5:26 PM
To: OBCE Oregon * BCE
Subject: Policy and Practice Committee
Attachments: Dr_Stewart_Resume.pdf

Hello,

Attached are my resume and cover letter for your consideration.

Thank you,

Christopher Stewart, DC

Scott Roland Swanson DC

2010 Golden Gate Avenue
San Francisco, CA 94115
(415) 218-7780
drscottswanson@gmail.com

Summary: Seasoned and skilled chiropractor in numerous settings, able to adapt to various business structures and models. Experienced in multiple modalities and care coordination. Focused on emerging and consistent developments in chiropractic theory and application, providing leadership and mentoring at the practical and organizational level. Proficient in organizational and legal process adherence and organizational clinical teamwork to achieve and deliver measurable best-in-class care. Major focus on patient communication and satisfaction.

Skills: Communicates effectively and closely with primary medical staff and ancillary health professionals to coordinate care for the management of musculoskeletal conditions. Uses evidence-based outcomes to measure and evaluate effectiveness, necessity, efficacy, and quality of services provided and modify services as needed. Provides full scope of chiropractic skills including physical examination, diagnosis, and treatment of the spine and extremities. Determines best practices and approaches using diagnostic tests, performing and interpreting radiographs, spinal manipulations, extremity manipulation, soft tissue manipulation, rehabilitative exercise, and use of therapeutic taping, ultrasound, laser, shockwave, and electronic muscle stimulation modalities. Proficient with EMR software including Epic and Nextgen; experienced with FOTO outcome measures software.

EXPERIENCE:

April 2021 - Current

Associate Professor: Palmer College of Chiropractic West, 90 East Tasman Drive, San Jose, CA 95134.

Developing and delivering lesson plans, lecturing, and teaching labs in multiple areas of expertise; including cervical spine and upper extremity evaluation and management, chiropractic analysis and technique, marketing, business, and life skills. Developing and preparing students at the doctoral level as clinicians providing best-in-class care. Supervising, advising, and mentoring teaching assistants. Participating in faculty and departmental meetings, including driving process and practice improvements based on industry and practical experience. Managing virtual and in-person instruction.

November 2016 to December 2020

Chiropractor: Premise Health PG&E Health Center, 77 Beale Street 3rd Floor, San Francisco, California 94105

Access, treat and manage care for PG&E employees onsite. Collaborate with primary care MD, physical therapist, acupuncture, EAP, and health coach to manage patient conditions. Responsible for the set up of equipment in the physical medicine area and ordering of equipment during the opening of the clinic. Facilitate team-building activities once per quarter. Established onsite physical medicine “quick screen” program and other marketing events such as back care webinars and employee newsletter articles. Evaluated clinic’s adherence to metrics on Quality Management and Improvement section of AAAHC accreditation document.

Selected for Premise Champion program. A company-wide program to recognize leaders in service lines. Responsibilities include being a site-level mentor, a mentor to newly opened sites (Warner Media NY), assisting the clinical support team with streamlining policies and procedures, and attending and presenting at monthly champion calls.

October 2004 to November 2019

Chiropractor; Private Practice, 155 Valencia St., San Francisco California 94103.

Management of chiropractic facilities with employees. Responsible for all aspects of the office including insurance billing, community-based health education, and health promotion. Responsible for all aspects of delivering and coordinating patient care.

September 2007 to October 2017

Chiropractor; US Healthworks Medical Group, 2850 Seventh Street Berkeley, California 94170.

Uses appropriate evidence-based treatment/disease management protocols and works with the primary care team and other medical ancillary services to coordinate care all aspects of evaluating, diagnosing, and treating patients after a referral from medical doctor, performing routine manipulative procedures of the spine, managing neuro-musculoskeletal conditions and extremity conditions related to spinal pathology. Communicate regularly with medical staff and other ancillary providers (acupuncture, physical therapist, physician assistants) regarding patient treatment plans and progress.

Routinely prepares documentation to meet established standards of the medical treatment facility.

January 2003 to August 2004

Chiropractic Associate, Graham Rehabilitation and Wellness Center, 816 First Avenue, Seattle WA, 98104.

Responsible for physical examinations and co-treatment of patients with neuromusculoskeletal disorders with a primary doctor. Take and analyze radiographs. Assist in Management and supervision of employees and other business office operations.

FORMAL EDUCATION:

Doctor of Chiropractic Degree, Palmer College of Chiropractic West, San Jose, California, June 2002

B.S. Degree in Psychology, Portland State University, Portland Oregon, June 1998

LICENSES/CERTIFICATES:

Valid Active License, Board of Chiropractic Examiners State of California

American Heart Association CPR Certified

Valid Inactive License, Oregon Board of Chiropractic Examiners

Radiography Operator and Supervisor License, State of California Department of Health Services

Certified Chiropractic Extremity Practitioner, Council on Extremity Adjusting

AWARDS:

Palmer College of Chiropractic West, Service Award, June 2002

California Chiropractic Association, Service Award

GILKER Heather * BCE

From: Scott R. Swanson <drscottswanson@gmail.com>
Sent: Tuesday, February 15, 2022 1:38 PM
To: OBCE Oregon * BCE
Subject: Application for committee
Attachments: CV2021 (2).pdf

Scott Swanson DC
2010 Golden Gate Avenue
San Francisco CA, 94115
drscottswanson@gmail.com

Dear Oregon Board of Chiropractic Examiners,

I am an experienced and dedicated chiropractor who has been practicing in various settings since 2002. I would like to express interest in joining your committee reviewing evidence for procedures and techniques. I apologize I cannot seem to find the email listing the exact name of the committee. I believe my current position in academia gives me unique strengths and resources to be a valuable member of the committee.

My CV, which is enclosed, contains additional information about my experience and skills. I can be reached via my cell phone 415-218-7780 or email.

Thank you for your time and consideration.

Scott Swanson DC

Susan M. Yazvac, DC, DACBR

smyazvac@gmail.com

+1.386.481.8657

PROFESSIONAL HISTORY

2018 - 2020	Vice President, Council on Diagnostic Imaging (CDI)
2008 - 2019	Associate Professor, Palmer College of Chiropractic-Florida
2006 - 2008	Assistant Lecturer, Anglo-European Chiropractic College, Bournemouth, England
1987 - 2006	NW Radiological Consulting; private practice; Portland, Oregon
2000 - 2003	Private clinical practice - proctology
2000 - 2006	EPIC Imaging East & West, Portland, Oregon
2003	Radiological Consultant to Olympia Open MRI Center, Lacey, Washington
1988 – 2006	Supervisor NE Clinic, Joseph A. Cimino DC, PC, & Associates, Portland, Oregon
1997 – 2000	Outpatient Radiology Center, Portland, Oregon
1998 – 2000	Body Imaging Radiology Center, Portland, Oregon
1993 – 1997	Past President / President, Oregon X-Ray Council – providing continuing education in radiology
1993 – 1997	Oregon Board of Chiropractic Examiners – exam committee
1992 – 1993	Assistant Professor, Radiology, Western States Chiropractic College, Portland, Oregon
1985 – 1986	Assistant Professor, Radiology, Western States Chiropractic College, Portland, Oregon
1983 – 1985	Radiology Resident, Western States Chiropractic College, Portland, Oregon
1981 – 1983	Private Chiropractic Practice, Hermitage, Pennsylvania

CURRENT / RECENT PROFESSIONAL EXPERIENCE augmented

**VICE-PRESIDENT of the COUNCIL ON DIAGNOSTIC IMAGING
AMERICAN CHIROPRACTIC ASSOCIATION**

2018-2020

- Represented CDI at the National Chiropractic Leadership Conference: focused on the profession meeting the highest standards of evidence based practice
- Updated and designed the www.CDItoday.org website
- Updated bylaws
- Create agendas for monthly meetings and preside as director of meetings
- Co-organize annual conferences

Susan M. Yazvac, DC, DACBR
smyazvac@gmail.com
+1.386.481.8657

ASSOCIATE PROFESSOR

2008-2019

PALMER COLLEGE OF CHIROPRACTIC FLORIDA 4777 CITY CENTER PARKWAY, PORT ORANGE, FL 32129

- Responsible for the development of the radiology program and courses
- Lead professor of musculoskeletal radiology
- Challenged and motivated students through in-depth lectures and discussions
- Taught, supervised and evaluated students for radiology interpretation competency
- Created and published a series of radiology books for student use
- Developed and taught courses and seminars in radiology
- Developed and delivered National Board Chiropractic Examination reviews
- Developed and delivered Objective Structured Clinical Exams (OSCE) reviews

ASSISTANT LECTURER

2006-2008

ANGLO-EUROPEAN CHIROPRACTIC COLLEGE

BOURNEMOUTH, ENGLAND

- Lead lecturer Investigative Imaging I
- Assistant lecturer Investigative Imaging II
- Supervised clinical experience in reading practicum and student teaching
- Clinical radiologist
- Clinical chiropractic tutor
- Coordinated candidate assessment
- Participated on the exam committee to create OSCEs for clinical entrance and exit exams

POSTGRADUATE LECTURING

2019	Council on Diagnostic Imaging, Phoenix, Arizona
2018	Council on Diagnostic Imaging, Cincinnati, Ohio
2017	Council on Diagnostic Imaging, Tampa, Florida
2016	Council on Diagnostic Imaging, Cincinnati, Ohio
2015	Council on Diagnostic Imaging, Portland, Oregon
2009 -current	National Board Reviews, Port Orange, Florida
2008	Palmer Chiropractic College Florida – Homecoming, Port Orange, Florida
2007	British Chiropractic Association Annual Conference, Bournemouth, UK
2003	In-Phase Radiology Seminar, Portland, Oregon
1983 -1997	Oregon X-Ray Council, Oregon
1989	Oregon Chiropractic Physician Association, Portland, Oregon
1988	Chiropractic Society of Oregon, Portland, Oregon
1990, 1989	Clark County Chiropractic Association, Vancouver, Washington
1983	American College of Chiropractic Radiology Symposium

Susan M. Yazvac, DC, DACBR
smayazvac@gmail.com
+1.386.481.8657

LEADERSHIP and COMMITTEE POSITIONS

- ☐ National Chiropractic Leadership Conference / Council on Diagnostic Imaging
- ☐ Acting President, ACA Council on Diagnostic Imaging
- ☐ Academic Standing Committee, Palmer College of Chiropractic-Florida
- ☐ Curriculum Management Committee, Palmer College of Chiropractic-Florida
- ☐ Development of radiology curriculum, Palmer College of Chiropractic-Florida

EDUCATIONAL BACKGROUND

2017	Certification Herbal Medicine, Chestnut School of Medicine
2000	Certification Minor Surgery, Proctology
1987	Diplomate, American Chiropractic Board of Radiology
1985	Radiology Resident, Western States Chiropractic College, Portland, Oregon
1981	Doctor of Chiropractic, Palmer College of Chiropractic, Davenport, Iowa
1978	Pre-Medical Associate Degree, Youngstown State University, Youngstown, Ohio

PAST PROFESSIONAL AFFILIATIONS

- ☐ American Chiropractic Association
- ☐ Council on Diagnostic Imaging
- ☐ American Chiropractic Board of Radiology
- ☐ British Chiropractic Council

GILKER Heather * BCE

From: Susan Yazvac <smyazvac@gmail.com>
Sent: Monday, February 21, 2022 8:03 PM
To: OBCE Oregon * BCE
Subject: Application P&P Committee.Dr Yazvac
Attachments: OBCE.P&PCommittee.Yazvac.pdf; 2022 CV.Yazvac.pdf

Attached are my cover letter and CV as requested for the application for participation in the P & P Committee.

Thank you for your consideration.
Dr. Yazvac

Oregon Board of Chiropractic Examiners

I am applying to participate in the Policy & Practice Committee in an advisory capacity.

I have an active Oregon license since 1984. I practiced as a radiologist at several medical facilities in the Portland area as well as my private radiology consulting practice. My private chiropractic practice also provided proctological services.

In addition, I have had many years in academia at the University of Western States, the Anglo-European Chiropractic College, and Palmer College of Chiropractic - Florida.

Attached is my CV for your consideration.

It would be an honor to serve the board during this process.

Regards,

Susan M. Yazvac, DC, DACBR

Chien-Ching Yu

17226 Tualatin St,
Lake Oswego, OR 97035

T: 971-506-5734
chienchingyu@gmail.com

Education

- | | |
|-----------|---|
| 1995-2002 | Doctor of Medicine
China Medical University-Taichung city, Taiwan |
| 2013-2017 | Doctor of Chiropractic, summa cum laude
University of Western States-Portland, OR |

Experience

- | | |
|--------------|--|
| 2004-2005 | Veteran General Hospital Taipei, Taiwan
Surgical residentship <ul style="list-style-type: none">• General surgical residentship, cardiology surgery, and plastic surgery residentship |
| 2006-2009 | Chung-Shan Medical University Hospital Taichung city, Taiwan
Physical Medicine & Rehabilitation residentship <ul style="list-style-type: none">*clinical rehabilitation care*electrophysiology test(NCV & EMG),muscular sonography, Exercise test, pulmonary function test |
| 2009-2010 | Bodhi Hospital Taichung, Taiwan
Director of Department of Physical Medicine & Rehabilitation |
| 2010-2010 | Cheng Ching Rehabilitation Hospital. Taichung, Taiwan
Director of Department of Physical Medicine & Rehabilitation |
| 2010-2013 | Lin Shin Hospital Taichung, Taiwan
Attending Physician, Department of Physical Medicine & Rehabilitation |
| 2017-2018 | Dynamic Chiropractic & Sports Rehab Portland, U.S.A.
The Owner |
| 2018-present | Dr. Yu Integrative Chiropractic, P.C.
The Owner |
| 2020-present | Reviewer of American Journal of Physical Medicine & Rehabilitation |

Membership

- American Academy of Physical Medicine and Rehabilitation
- Association of Academic Physiatrists
- Taiwan Academy of Physical Medicine and Rehabilitation
- Taiwan Society of Ultrasound in Medicine
- Taiwan Pain Society

Publication

- **Yu Chien-Ching**, Shih Ying-Ju, Tsai Su-Ju. Femoral nerve injury following transfemoral angiography: A case report. Tw J Phys Med Rehabil 2008;36(4): 227-34

Conferences

- Speaker of The American Academy of Physical Medicine and Rehabilitation Annual Assembly 2020
Session: Transforming Alternative to Integrative through Team-Based Chronic Pain Care
Thursday November 12, 2020 8:00 AM – 11:00 AM

GILKER Heather * BCE

From: yu chienching <chienchingyu@gmail.com>
Sent: Thursday, March 10, 2022 8:33 PM
To: OBCE Oregon * BCE
Subject: P&P Committee Opportunity
Attachments: Oregon Chien-Ching Yu's Cover Letter.pdf; Dr. Chien-Ching Yu's resume-OR.pdf

Hello,

I am interested in the P&P committee opportunity. The attachments are the cover letter and my resume. Please let me know if you have any questions. Thank you.

Regards,
Dr. Chien Ching Yu



www.dryuintegrativechiropractic.com

<https://www.facebook.com/DrYuIntegrativeChiro/>

39355 California St, Ste 110, Fremont, CA 94538 | (510) 766-2618

4145 SW Watson Ave, Ste 350, Beaverton, OR 97005 | (971) 319-5695

Confidential Communication:

This email message and any attachments are intended only for the addressee. This email and any attachments may be privileged, confidential, and protected from disclosure. If you are not the intended recipient, any dissemination, distribution, or copying is expressly prohibited. If you received this email message in error, please notify the sender immediately by replying to this email message or by telephone.

Chien-Ching Yu, D.C., M.D.

17226 Tualatin St., Lake Oswego, OR

(971)506-5734

chienchingyu@gmail.com

To Whom It May Concern,

I am writing to you to express my interest in the position of a member of a committee established by the OBCE to review, research, update, modernize, and make revision recommendations to the Board. What interested me in this position was the opportunity to work with other chiropractors to do evidence based research to update the Policy & Practice.

I have been practicing at my own clinics in the Oregon and California for the past four years. In my practice, I always search update research to support my diagnoses, treatment skills, and using physical modalities.

My double degrees and background as a physiatrist in Taiwan and a chiropractor in US have taught me how to quickly and accurately diagnose and treat patients with evidence based medicine. To stay informed and keep my practice up to date, I frequently read papers from recent medical journals. I work using a problem-oriented and patient-centered approach with evidence-based intervention.

In addition to the clinical jobs, I was invited to be a speaker at the American Academy of Physical Medicine and Rehabilitation Annual Assembly last year where I spoke about team-based care for jaw pain. I have also been a reviewer of the American Journal of Physical Medicine & Rehabilitation since 2020. I would embrace the opportunity to be a team member promoting chiropractic health care.

Thank you for your time and consideration and I look forward to speaking with you in the near future.

Sincerely,

Chien-Ching Yu, D.C., M.D,

Curriculum Vitae

Name: DEAN A. CLARK D.C.
Chiropractic Physician

Date of Revision 3/22/2022

Address: Professional:

Comprehensive Pain Clinic of Portland
6915 S. Macadam Ave. Suite 102
Portland, OR. 97219
Tel: 503/244-3389
Fax: 503/244-4855

Date and Place of Birth: March 7, 1952
Portland, Oregon

EDUCATIONAL EXPERIENCE

1970-75 Washington State University- Pullman, Washington B.A. Business Administration.

1975-78 Oregon State University, Corvallis, OR. Post-graduate Business School, Pre-Chiropractic Sciences.

1980-83 Western States Chiropractic College, Portland, OR. Doctor of Chiropractic

1995- American Chiropractic Association, Certified Chiropractic Sports Physician.

2004- American Chiropractic Association, Board Certified Infrared Imaging

Currently licensed in Oregon, Washington and California

NATIONAL PROFESSIONAL AFFILIATION

2008-2009 National President of American Chiropractic Association Board of Infrared Imaging

2010- Present National Secretary-Treasurer of ACA Board of Infrared Imaging

Currently the only Chiropractic Physician in the U.S. who is certified by the Oregon State Board Of Chiropractic Examiners to read and evaluate Breast Thermal Imaging. (no one else has this Distinction in the U.S. with a Chiropractic Board)

ATHLETIC EXPERIENCE

1971, 72, 73 Cross-country team member, PAC-10 Champions. NCAA Championships placed 2nd, 3rd, 4th respectively

1972 6th place PAC-10 Championship- Steeplechase

1973 PAC-10 Championships 2nd place Steeplechase, 3rd place in Three-mile.

NCAA All American 3rd place Steeplechase National Collegiate Championships Baton Rouge, LA.

6th place in Steeplechase AAU Championships (6th ranked in U.S.)

Best performance times:

Mile: 4:06

5,000 meter 13:59

Steeplechase 8:42

WORK EXPERIENCE

1975-78 Head Cross-country Coach, Assistant Track Coach, Oregon State University, Corvallis, Oregon.

1978-80 Head Cross-country Coach, Assistant Track Coach, Stanford University, Stanford, California.

1980-82 Western States Chiropractic College, Portland, Oregon, Assistant Clinical Director

1982-85 Jennings Lodge Sports Clinic, Private Chiropractic practice. Milwaukie, Oregon

1985-89 Portland State University, Team Chiropractic Physician (Football, Baseball, Track) Portland, Oregon.

1985-86 Post-graduate Faculty Member of Los Angeles Chiropractic College teaching classes in sports injuries.

1990-present Team Chiropractor to several local colleges and high schools in the greater Portland, Oregon area.

1990-present Founder of River West Chiropractic Clinic private practice specializing in athletic injuries and family Chiropractic specialties.

1994-present Founder of Macadam Massage Center. Employ 5-8 Licensed Massage Therapists which specialize in injury repair and other massage techniques.

2002-08 Faculty member Western States Chiropractic College, Clinical Sciences

1998- present Nike Hospitality Center offering Chiropractic services to the elite Nike athletes.

Team Chiropractor for Track and Field Teams:

Washington State University, University of Washington, Lewis and Clark College, Portland, OR

ADDITIONAL EXPERIENCE AND HONORS

1992- Meet Chiropractor U.S. Olympic Trials, Eugene, OR.

1996- Meet Chiropractor NCAA Championships, Eugene, OR.

1995- U.S.A Track Team Chiropractor for World Indoor Championships, Barcelona, Spain.

1997- Member of Partners for Health, a venture between a local hospital and a select number of Chiropractic Physicians to work cooperatively in health care.

1998- U.S.A Track Team Chiropractor for World Junior Championships, Annecy, France.

2000 Olympic Team Chiropractic Physician Sydney, Australia.

2001- Meet Chiropractor U.S. National Track and Field Championships- Eugene OR.

2002 and 2003 Meet Chiropractor U.S. National Track and Field Championships- Stanford CA.

2002 NFL Pre-season Physicals Tampa Bay, Florida

2008 U.S. Olympic Trials Eugene, Oregon, Chiropractor Nike Hospitality Center

2008 Olympic Team Chiropractic Physician Pre Olympic Camp Dalian, China

2012 Olympic Team Trials Eugene, Oregon Chiropractor Nike Hospitality Center

2012 Olympic Team Chiropractor Nike High Performance Center London, England

2016 Olympic Team Chiropractor Nike High Performance Center, Rio de Janeiro, Brazil

Author

Photonic Stimulator Manual – Clinical manual for Physicians

Infrared Imaging Manual -- History, Science and Applications

It's a Gut Feeling: Book nearly complete on the Effects of Organ Referred Pain

Research Studies

2006 Energy study of the effect of Lifewave Nanotechnology Patches

2009 Pain Study of the effect of LifeWave Icewave pain patch

2010 Measuring the Effects of the LifeWave Patch on an Equine Population

Published Research

2011 Co-Author with Dr. Lauren DeRock, DVM, Dean Clark, D.C.

Infrared Thermal Imaging Quantifies the Efficacy of IceWave Patches in Musculoskeletal Pain Relief in Horses

Journal of the American Holistic Veterinary Medical Association, Volume 30, No:1

Author

Photonic Stimulator Manual – Clinical manual for Physicians

Infrared Imaging Manual -- History, Science and Applications

Clinical Investigation of the Lifewave Nanotechnology Energy Patch: A pilot study
Submitted for

Publication: February, 2006. Journal of Alternative and Complementary Medicine.

Current Research:

Book publication on the subject of organ referred pain with the use of infrared imaging.

Pain studies conducted in 2005, 2007, 2009 on LifeWave Icewave nanotechnology patches.

Product Creator

Bolt Energy Tape

A drug free product interrupting pain pathways and reducing pain and also improves athletic abilities and recovery.

Currently sold on Amazon and the product website: bolttape.com

GILKER Heather * BCE

From: Dean Clark <jocdoc777@gmail.com>
Sent: Thursday, March 24, 2022 2:22 PM
To: OBCE Oregon * BCE
Subject: P and P Committee Application
Attachments: CV Dean clark 3-22-22.doc; Letter to the board for committee 3-24-22.doc

I am submitting late, my apologies. I was out of town when the deadline ended. Please accept my application for consideration.

Sincerely,
Dean Clark, D.C.

Please see attached.



Dean Clark, D.C. CCSP, ACCII
6915 S. Macadam Ave. Suite 102
Portland, OR 97219-3264
Phone: (503) 244.3389, FAX (503) 244-4855
Email: jocdoc777@gmail.com

March 24, 2022

To Whom it May Concern:

I am late in applying for this position, but wanted to throw my hat in the ring just in case you were looking for diversity and another interested Chiropractor who has 43 years experience in the profession.

I have had the privilege of being selected for 4 Olympic Team Medical Staff's. I maintain a full time practice and have spent my career in Portland for the duration of my private practice of 42 years. I think the profession has taken the attitude of restriction for the sake of control, rather than looking at the methods, science and training of each individual or technology.

I would like the opportunity to serve the profession as a member of this committee.

Sincerely,

Dean Clark, D.C. ACCII, CPCP

PURNELL Mackenzie G * BCE

From: COMMENT Public * BCE
Sent: Friday, March 04, 2022 8:11 AM
To: COMMENT Public * BCE
Subject: [OBCE_Publication] OHA Mask Update

From: Dan Lujan <freeze0082003@yahoo.com>
Sent: Monday, February 14, 2022 2:36 PM
To: OBCE Oregon * BCE <info@obce.oregon.gov>
Subject: Re: [OBCE_Publication] OHA Mask Update

OBCE,

Is there any way you, the OBCE, could reach out to the OHA and explain that people with COVID do not come to our offices for COVID care? During the previous OHA briefing, it was stated that "health care settings will wear masks because they treat covid patients." We do not treat COVID patients.

Patients will want to come into our offices without masks and it will put a rift between our chiropractic clinics and our patients. Chiropractors have suffered enough over the last two years to now have to endure this conflict.

So as our leaders, could you help all the chiropractors in the state? Individual chiropractors will be ignored but if the OBCE were to contact the OHA it would mean significantly more.

Thank you,
Dan

On Monday, February 14, 2022, 02:21:57 PM PST, OBCE Oregon * BCE <info@obce.oregon.gov> wrote:

This message is being sent to all licensees and certificate holders.

Please find the latest [Mask Requirement FAQ](#) from the Oregon Health Authority (OHA) regarding its mask requirements. It has no current plans to lift mask requirements in health care settings under OAR [333-019-1011](#). Chiropractic offices are considered health care settings.

If you have questions regarding these requirements, please contact the OHA at COVID.19@dhsosha.state.or.us.

Thank you,

Oregon Board of Chiropractic Examiners

530 Center St NE, Suite 620

Salem, OR 97301

503-373-1573

info@obce.oregon.gov

www.oregon.gov/obce



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PURNELL Mackenzie G * BCE

From: COMMENT Public * BCE
Sent: Friday, March 04, 2022 8:13 AM
To: COMMENT Public * BCE
Subject: [OBCE_Publication] OHA Mask Update

From: Neal <arcace@gmail.com>
Sent: Monday, February 14, 2022 2:33 PM
To: OBCE Oregon * BCE <info@obce.oregon.gov>
Cc: OBCE Oregon * BCE <info@obce.oregon.gov>
Subject: Re: [OBCE_Publication] OHA Mask Update

What year is this document for? The linked document (le3898M.pdf) indicates it was issued for February 2021, and then makes a reference to March 31, 2022. Thereafter references to Months/Days without the relevant year are made. It then references dates in 2020. Please correct & clarify the dates in the document and reissue it.

Neal Stumpf DC

On Mon, Feb 14, 2022 at 2:21 PM OBCE Oregon * BCE <info@obce.oregon.gov> wrote:

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Please find the latest [Mask Requirement FAQ](#) from the Oregon Health Authority (OHA) regarding its mask requirements. It has no current plans to lift mask requirements in health care settings under OAR [333-019-1011](#). Chiropractic offices are considered health care settings.

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PURNELL Mackenzie G * BCE

From: COMMENT Public * BCE
Sent: Friday, March 04, 2022 8:18 AM
To: COMMENT Public * BCE
Subject: [OBCE_Publication] OHA Mask Update

From: joseph medlin <spinefixerpx@gmail.com>
Sent: Wednesday, February 16, 2022 8:30 AM
To: OBCE Oregon * BCE <info@obce.oregon.gov>
Subject: Re: [OBCE_Publication] OHA Mask Update

Insanity

On Mon, Feb 14, 2022 at 2:21 PM OBCE Oregon * BCE <info@obce.oregon.gov> wrote:

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If you have questions regarding these requirements, please contact the OHA at COVID.19@dhsosha.state.or.us.

Thank you,

Oregon Board of Chiropractic Examiners

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PURNELL Mackenzie G * BCE

From: PURNELL Mackenzie G * BCE
Sent: Wednesday, March 16, 2022 1:26 PM
To: PURNELL Mackenzie G * BCE
Subject: OBCE response

From: Minga Guerrero <7mguerrero@gmail.com>
Sent: Sunday, March 13, 2022 1:47 PM
To: OBCE Oregon * BCE <info@obce.oregon.gov>
Subject: Questions for Oregon Delegate to FCLB

Oregon FCLB Delegate, Board members and Executive Director,

I wonder if someone could please send my email to the current FCLB OR delegate please? I would very much appreciate a conversation about this issue.

I have some questions I'd like to ask so that I might get an idea as to how the FCLB is handling chiropractors who disseminate false, misleading or erroneous Covid-19 information; information that could potentially derail or endanger public health. Specifically, has this topic been discussed among chiropractic board members across the US or internationally?

I've seen other medical licensing boards take this matter seriously and wondered what the OBCE stance is in relation to national and international chiropractic standards?

<https://www.webmd.com/lung/news/20210826/docs-spreading-false-covid-info-lose-licenses>

Thank you,
Minga Guerrero DC