



Arizona Association of Chiropractic Chiropractic Scope of Practice Sunrise Application

August 31, 2012

The Honorable Carl Seel, Chair, Joint Legislative Audit Committee
The Honorable Rick Murphy, Vice Chair, Joint Legislative Audit Committee
1700 West Washington
Phoenix, Arizona 85007

Dear Representative Seel and Senator Murphy,

Pursuant to ARS 32-3106 please accept this application for increased scope for chiropractic physicians under ARS 32-925. Below we, “. . . shall explain each of the . . . factors to the extent requested by the legislative committee of reference”:

Mission Statement

To protect the safety of the patient, enhance patient care, streamline the treatment for patients seeking chiropractic care, and lower healthcare costs.

1. A definition of the problem and why a change in scope of practice is necessary including the extent to which consumers need and will benefit from practitioners with this scope of practice.

Rather than seeing this as a problem that needs to be solved we suggest that a change in scope to allow for the use of natural substances, homeopathic medications and orthomolecular therapy is an opportunity for doctors of chiropractic to enhance care for

their patients. We also see this as a potential cost savings for patients (and their insurance companies). It will allow treatment without additional health care attendance. A qualified doctor of chiropractic will be able to utilize homeopathic medication and orthomolecular therapy including natural substances without the need for referral to additional health care professionals.

A doctor of chiropractic is defined in Arizona statute as a “portal of entry”¹ health care provider who is authorized to treat patients without a referral from another health care provider. Following appropriate diagnosis from a doctor of chiropractic with a Certificate of Advanced Practice, a patient could receive additional proper treatment without an additional referral.

Chiropractic today is practiced as a whole body approach to health care. Chiropractic physicians have a high degree of education and training in nutritional counseling and the use of nutraceutical supplementation. Doctors of chiropractic with advanced education and training are qualified to provide these services in order to treat patients without the need for additional referral and the added costs to the patient associated with seeing a second health care provider. As we will demonstrate later in this application, accredited educational programs have been established to train and qualify chiropractic physicians in these applications.² Treatments are individualized for each patient based on clinical findings and evidence-based medical necessity. Research has demonstrated that some homeopathic medications and orthomolecular therapy are more effectively delivered through intravenous or other injectable delivery. Based on the experience of other clinicians, we have learned that a significant percentage of patients experience enhanced benefit from these methods over oral administration.

Other states have expanded the practice scope for chiropractic physicians to allow these services to be available to their patients, and to provide enhanced health care to the citizens of those jurisdictions. Currently, New Mexico allows for advanced practice for

¹ ARS 32-925

² See Appendix A – New Mexico Chiropractic Formulary

chiropractic physicians with additional recognized education and training.³ Six states currently allow doctors of chiropractic to perform injections of nutraceuticals and/or homeopathics: Oklahoma, Utah, Alaska, Oregon, Colorado and Idaho.⁴ These practices are currently under consideration for inclusion in chiropractic practice in a number of other states.⁵ The advanced practice statute in New Mexico went into effect in 2009. Of the six states that allow injectable nutrients, Oklahoma has licensed this practice since 1981, the longest period of time.

So far as we have been able to determine, feedback from patients in these states has been positive. There have been no complaints that we are aware of that have been filed against doctors of chiropractic with advanced practice licenses. In the states with expanded practice scopes for chiropractic physicians, it has been reported that health care costs for individual patients have been reduced, patient satisfaction and efficiency has increased, and there has been noticeable improvement in clinical outcomes. In addition, allowing chiropractic physicians to provide additional services through scope expansion has resulted in increased access to health care.

We would also note that this additional authority under chiropractic scope of practice would be permissive and require education and certification beyond the existing criteria. Not all doctors of chiropractic would choose to participate in this, nor should they be required to do so.

There is a high degree of interest among doctors of chiropractic to provide additional services and enhanced health care to their patients. A 2011 survey of licensed Arizona doctors of chiropractic indicated that 46% of respondents would definitely consider seeking an advanced practice license. Extrapolating that to the total number of

³ New Mexico Administrative Code, Title 16, Chapter 4, Part 15

⁴ Oklahoma Statutes, Title 59, Chapter 161; Utah Code, Title 58, Chapter 73; Alaska Statutes, Title 8, Chapter 20; Oregon Revised Statutes, Chapter 684; Colorado Revised Statutes, Title 12, Article 33; Idaho Statutes, Title 54, Chapter 7

⁵ Alaska, Illinois, Oregon, New Jersey, Connecticut, Florida, North Carolina, Minnesota, Pennsylvania and South Carolina all are in the process of considering legislation

chiropractic physicians currently licensed and practicing in Arizona (1,800) we estimate that up to 828 chiropractic physicians might be expected to seek the advanced practice designation. It is important to note that in the same survey, 39% of chiropractic physicians responding indicated that they weren't sure whether they would seek the additional licensing.

2. The extent to which the public can be confident that qualified practitioners are competent including:

(a) Evidence that the profession's regulatory board has functioned adequately in protecting the public.

The Board of Chiropractic Examiners would be in charge of overseeing and licensing chiropractic physicians to perform the additional services included in any expanded scope of practice. The Arizona Board of Chiropractic Examiners has a strong record of excellence and has had no creditable complaints filed against it. The past two audits in the sunset process have been very favorable.⁶ The chiropractic profession is committed to collaborating with other healthcare professionals to improve the quality and delivery of healthcare services to the citizens of Arizona.

The regulatory schemes and language regulating the new authority sought in expanded scope of practice would be similar to that of New Mexico's statutes. After meeting with the many stakeholders interested in the process over the past year, it is our intent to draft the legislation with a strong educational component and regulatory language agreed upon by the stakeholders and conforming it to the Arizona statutes as well as the Arizona Administrative Procedures Act.

(b) Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or endorse standards or a code of ethics.

⁶ In the 2012 Legislative Session the Arizona Board of Chiropractic Examiners sunset audit legislation (SB1007) was passed and signed by Governor Brewer on 3/13/2012

The laws governing the practice of chiropractic and the rules adopted by the Board of Chiropractic Examiners establish a clear and distinct set of standards for the determination of unprofessional and dishonorable conduct.⁷ In addition, national membership organizations such as the American Chiropractic Associations and the Arizona Association of Chiropractic have exacting standards for ethical behavior by licensed members of the profession.⁸

We suggest that the experience in New Mexico and other states (whether limited or expansive) suggests that ethical practice standards are every bit as in force for the expanded practice as it is for standard licenses. Further we offer that as more states enter into this area of expanded scope, of necessity, ethical and professional standards of conduct will evolve to match the development of these practices.

(c) Evidence that state approved educational programs provide or are willing to provide core curriculum adequate to prepare practitioners at the proposed level.

In conversations with the leadership of the Arizona Homeopathic community we have determined that it would be most effective to utilize an entity such as the **American Medical College of Homeopathy**⁹ located in central Phoenix to serve as a primary resource in the development and delivery of educational programs in providing core curriculum that would be adequate to prepare practitioners at the proposed level. They are qualified and renowned in homeopathic medicine for the instruction of chiropractic physicians seeking an advanced practice specifically for homeopathic medication,

⁷ See Arizona Administrative Code R4-7-901. Advertising of a Deceptive and Misleading Nature and R4-7-902. Unprofessional or Dishonorable Conduct

⁸ See http://www.acatoday.org/level2_css.cfm?T1ID=15&T2ID=160 for the ACA ethical standards page

⁹ The American Medical College of Homeopathy (AMCH) was established in Phoenix, Arizona, in 1999. Originally named the Desert Institute School of Classical Homeopathy, it changed its name to the American Medical College of Homeopathy in 2006. It was founded by Todd Rowe MD, MD(H), CCH, DHt, Thelma Rowe PsyD, Patrick Hesselmann CCH, HMA and Lesley Hesselmann DiHom.

orthomolecular therapy and natural substances. We expect that they would also continue to serve in the development of continuing education modules for certificate renewal purposes.

There are currently four regionally-accredited chiropractic educational institutions that teach the use of injectables, including the University of Western States (UWS), Texas Chiropractic College (TCC), Southern California University of Health Sciences (SCUHS) and National University of Health Sciences¹⁰ (NUHS). NUHS President Dr. James Winterstein and Dr. Joe Brimhall are strong advocates for the expansion of practice scope for chiropractic physicians including the use of homeopathic medications and orthomolecular. Dr. Winterstein has committed that NUHS would be pro-active in sending teachers to the state to certify and educate chiropractors on the use of injectables. Along with the four accredited chiropractic institutions, there are also independent and certified providers who educate and instruct chiropractic physicians.¹¹

Under this proposal, doctors of chiropractic who wish to receive an advanced practice designation would need to provide documentation that they have successfully completed the following education through an accredited institution approved by the Arizona Board of Chiropractic Examiners:

1. 90 clinical and didactic hours in pharmacology.
2. 100 hours in homeopathic medicine used to treat neuromuscular skeletal conditions including a minimum of 20 hours of clinical training.
3. 100 hours of additional orthomolecular therapy.

In addition to the initial educational training requirements and the current continuing education hours, Doctors of Chiropractic with a certificate of advanced practice must complete additional hours of Continuing Medical Education (CME) as follows:

¹⁰ Currently only NUHS teaches the entire AP-C which is a Master of Science Advanced Clinical Practice degree

¹¹ Dr. Michael Taylor, DC has conducted independent advanced practice classes in New Mexico and is affiliated with NUHS

Each holder of an advanced chiropractic practice certification must complete an additional 18 hours in natural substances, homeopathic medications and orthomolecular therapy.

In addition it is also important to note that the Council on Chiropractic Education ® has established educational standards for the accreditation of chiropractic education. The Council on Chiropractic Education gives schools autonomy in setting their own curriculum consistent with the individual mission of each institution. Any advanced practice legislation would not require schools to integrate homeopathic medication and orthomolecular therapy into the core curriculum of their doctor of chiropractic degree program; such advanced-practice curricula would remain elective.¹²

The American Chiropractic Physicians Credentialing Center would oversee approval of the curriculum as well as provide credentialing services. Lastly, with regard to educational training for this additional scope, the Board of Chiropractic Examiners currently has the authority to approve continuing education and other required educational obligations for chiropractors licensed in this state. We believe that the Board of Chiropractic Examiners would capably oversee this.

3. The extent to which an increase in the scope of practice may harm the public including the extent to which an increased scope of practice will restrict entry into practice and whether the proposed legislation requires registered, certified or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification and licensure if the other jurisdiction has substantially equivalent requirements for registration, certification or licensure as those in this state.

Quite to the contrary. Expansion of the scope of practice would be a benefit to the public,

¹² A list of accredited chiropractic colleges may be found at http://www.cce-usa.org/Accredited_Doctor_Chiro.html

to chiropractic physicians in Arizona as well as to chiropractic physicians in other states who move their practice to Arizona and seek to license here. Rather than restricting entry into the practice this new scope will provide the opportunity for additional authority not currently enjoyed by portal of entry chiropractors for patients who choose to see a chiropractic physician prior to seeking any other treatment.

Further we would note that existing law allows for reciprocity.¹³ Language in the enabling legislation could allow the Board of Chiropractic Examiners to authorize reciprocity under this existing authority if a chiropractor holds certification for the expanded scope from a licensing board in another state or country in which, in the opinion of the board, the licensing requirements are at least substantially equivalent to those of Arizona and the other state or country grants similar reciprocal privileges to chiropractors licensed in Arizona.

4. The cost to this state and to the general public of implementing the proposed increase in scope of practice.

Existing law already provides for regulation of certification in specialties¹⁴. By including certification in scope to allow for the use of homeopathic medications and orthomolecular therapy, the Board of Chiropractic Examiners will be able to utilize existing fee structures to defer any cost of regulation. In other words, legislation that would allow for the expansion of chiropractic scope of practice would not require the inclusion of any new or additional costs to the state.

Copy to:

The Honorable Andy Biggs, Arizona State Senate
The Honorable Rich Crandall, Arizona State Senate
The Honorable Linda Lopez, Arizona State Senate
The Honorable David Lujan, Arizona State Senate
The Honorable Steve Pierce, President, Arizona State Senate
The Honorable Tom Chabin, Arizona House of Representatives
The Honorable Justin Olson, Arizona House of Representatives
The Honorable David Stevens, Arizona House of Representatives

¹³ See ARS 32-922.01

¹⁴ See ARS 32-922.02

The Honorable Anna Tovar, Arizona House of Representatives
The Honorable Andrew Tobin, Speaker of the House, Arizona House of Representatives
The Honorable Nancy Barto, Chair, Senate Healthcare and Medical Liability Reform
Committee
The Honorable Cecil Ash, Chair, House Health and Human Service Committee
Ms. Debra Davenport, Arizona Auditor General