

Chiropractic Sunrise Review Comments

Doug Attig	<p>I would like to strongly object to chiropractors performing sports physicals. They have no training outside the musculoskeletal system, and any "additional qualifications" they claim to have are obtained under the auspices of other chiropractors, are not evidence-based, and the educational requirements are inadequate. They will miss heart problems, diabetes, systemic disease, developmental problems and many, many others.</p> <p>I have similar objections to their performing CDL exams. They have no training to pick up on diabetes, heart disease or many other disqualifying conditions. Again, many chiropractors claim "advanced qualifications", but have obtained these from other chiropractors who are similarly under-trained.</p> <p>The State has recently added burdensome requirements to MD's in order to do CDL exams. I have stopped doing them because I do not have the time to comply, though I am trained, and have done them for many years. If my MD training is inadequate, I would submit that any chiropractor's is as well.</p> <p>Allowing the Board of Chiropractic to maintain that they are qualified to do these exams is ludicrous.</p> <p>To add these things to chiropractic practice would degrade quality of care, and both proposals should be dismissed outright.</p>
Doug Groenig	<p>I do not feel that the chiropractic scope of practice should include physical exams for commercial drivers nor for sports physicals UNLESS doctors of physical therapy are also allowed to perform them.</p>
Marc Van Driessche D.C., C.C.E.P., C.V.C.P	<p>This is in reference to the email which I received regarding the public hearing being held on August 6th, 2013 on the scope of practice change for Chiropractors to include sport physicals for junior high and high school students (which are under the WIAA regulations) and commercial driver license physicals. As you may be aware I have been a strong advocate for Chiropractors to be allowed to perform sport physicals and department of health examinations. Unfortunately, it has taken over 15 years of hard work by many people to finally see this brought forward. I have written hundreds of pages regarding this topic (which can be supplied to you by request) I have addressed this issue with the WIAA, Washington State Board of Health, Washington Chiropractic Association, and Washington Quality Assurance Commission multiple times. I feel it has been an oversight on the way the RCW code was written so that certain groups could use this as a loop hole to exclude Chiropractors from performing these tasks that are well within the scope of practice and our educational standards. Unfortunately, I cannot be there in person to testify on this matter. I have given the Washington State Chiropractic Association all of my research and communication with each of the above groups.</p> <p>It is my hope that this oversight can be corrected so that future groups cannot use these loop holes to discriminate against Chiropractors performing these tasks.</p>

	<p>I would like to take this opportunity to thank the Washington State Chiropractic Association for bringing this topic up for resolution. I hope the State Board of Health and the Quality Assurance Commission both realize how much of a problem this has caused the Washington State Chiropractic profession and the doctors that deal with these specific groups on a regular basis. It is my hope that by opening this practice act these issues will be resolved and that the Chiropractic profession and, specifically those doctors that deal with this on a regular basis, will not be discriminated any further; as I truly believe that the level of care that Chiropractors provide is beyond reproach.</p> <p>If I can be of any further assistance in this matter it would be my pleasure to help in any way possible; to assure that this injustice is corrected.</p>
<p>Tri-Cities Community Health</p> <p>Signed by Jennifer Robinson, RN, BSN, MBA</p>	<p>Tri-Cities Community Health Center, a federally qualified health center, believes that sports physicals should be completed by a medical doctor or medical clinician. Medical providers have the training, medical skills, background and experience to obtain a detailed family history of heart disease, perform the physical exam and recognize heart disease. These exams are often the only visit a child or teenager may have with their provider annually. This time affords the medical provider a chance to give the child a thorough physical exam and address important questions, especially with teenagers, including adolescent issues of drinking, smoking, drugs, sexual activity and depression. It is also a time to verify that the child is up-to-date with immunizations such as the most recent tetanus, the hepatitis B series, the chickenpox vaccine, and the measles immunization. These are not areas of expertise for a Chiropractor and are not services that a Chiropractor can deliver. The sports form is not just a piece of paper to be filled out and signed for sake of compliance for a child to participate in sports. It's successfully completed when appropriately addressing the whole patient, not solely a patient's physical well-being.</p> <p>The ideal examiner is the child's personal medical provider who already knows the child's health history and family history in depth. A family physician and/or pediatrician have the broad training to pick up potential problems in all areas that a Chiropractor doesn't have. A student may have an obvious chiropractic condition requiring an excuse from sports, however, this is very different from the comprehensive physical exam required to certify that a student is fit to participate in strenuous school athletic activities.</p> <p><u>Family Practice physicians and clinicians are qualified to complete these exams. Chiropractors and other alternative providers are not, even with special certification and training.</u></p> <p>physical exam required to certify that a student is fit to participate in strenuous school athletic activities.</p> <p><u>Family Practice physicians and clinicians are qualified to complete these exams. Chiropractors and other alternative providers are not, even with special certification</u></p>

	<u>and training</u>
<p>Nicholas Harrison PA-C A.T.,C Physician Assistant.</p>	<p>I am writing in response to the legislatures call for the DOH to review the chiropractors request to perform sports physicals and CDL physical exams. I find it worrisome that chiropractors are attempting permission to provide a service of performing these especially important exams for our young athletes and heavy equipment operators. It is inappropriate for someone of their educational background and clinical knowledge to be providing such delicate services. History and Physical exams for these two populations are more than just musculoskeletal exams. Medical history alone requires knowledge of several disease processes and medication management. Chiropractors do not possess prescription authority in their scope of practice, and many disease processes are outside of their clinical realm. For example hypertension, cardiomyopathies, depression, anxiety, and diabetes management are not in the chiropractors scope of practice. These conditions need to be identified during these physicals. The physical exam is also important in these populations. Chiropractors do not have the clinical knowledge to perform complete physical exams that include systems such as cardiopulmonary, genitourinary and HEENT.</p> <p>Every year we have athlete deaths related to cardiac history. Preventing these deaths is of utmost concern & priority. It is in our best interest that this measure does not pass as our young athletes and heavy equipment operators health and livelihoods are at stake.</p>
<p>Central Washington University Athletic Training Staff</p> <p>Kari Gage, ATC, AT/L</p> <p>Charity McCright, ATC, AT/L</p> <p>Shea Gembol,</p>	<p>As members of the National Athletic Trainers' Association and Certified/Licensed Athletic Trainers in the State of Washington we would like to express our concern about the following proposal to change the scope of practice for chiropractors to include the ability to perform physical examinations for sports physicals.</p> <p>Having worked in the athletic setting and with student-athletes for the last 11 years, we have been through countless pre-participation physicals and dealt with many injuries and illnesses. The pre-participating physical is an important aspect in ensuring our student-athletes are healthy and safe with concerns of orthopedic injuries, cardiovascular abnormalities, neurological, metabolic, psychological concerns and sickle cell trait. As a member of an NCAA sponsored institution it is a requirement for our student-athletes to have yearly exams by our team physician. It is also a requirement that incoming student-athletes have a pre-participation physical in the last six months performed by a physician. Below is the current bylaw that we have to adhere to:</p> <p>NCAA Division II Manual By Law</p> <p>17.1.5 Mandatory Medical Examination. Prior to participation in any</p>

practice, competition or out of-season conditioning activities (or, in Division I, permissible voluntary summer conditioning in basketball and football or voluntary individual workouts pursuant to the safety exception), student-athletes who are beginning their initial season of eligibility and students who are trying out for a team shall be required to undergo a medical examination or evaluation administered or supervised by a physician (e.g., family physician, team physician). The examination or evaluation must be administered within six months prior to participation in any practice, competition or out-of-season conditioning activities. In following years, an updated history of the student-athlete's medical condition shall be administered by an institutional medical staff member (e.g., sports medicine staff, team physician) to determine if additional examinations (e.g., physical, cardiovascular, neurological) are required. The updated history must be administered within six months prior to the student-athlete's participation in any practice, competition or out-of-season conditioning activities for the applicable academic year. (*Adopted: 1/8/07 effective 8/1/07, Revised: 5/23/08*)

17.1.5.1 Sickle Cell Solubility Test. The examination or evaluation of student-athletes who are beginning their initial season of eligibility and students who are trying out for a team shall include a sickle cell solubility test (SST), unless documented results of a prior test are provided to the institution or the student-athlete declines the test and signs a written release. (*Adopted: 1/14/12 effective 8/1/12*)

Our concerns as health care providers are a chiropractor's inability to have access to medical diagnostic tools in order to diagnosis certain health care concerns that can appear in a physical examination like cardiovascular abnormalities, metabolic, or blood issues that might be a determining factor to limit participation.

Another major concern is history of concussions. A chiropractor is not a concussion specialist and there are concerns that this would come up in a pre-participation physical where an athlete should not be cleared to participate. A physician that performs pre-participation physicals needs to have a comprehensive understanding about all health issues that would either limit or exclude an athlete from participating.

We do appreciate and use chiropractic services quite often. We believe they can play an intricate part in returning an athlete to play after an injury. However, there are just too many issue outside of neuromuscular and musculoskeletal injures that could arise and therefore be missed during a pre-participation exam that are not in the scope of practice for a chiropractor. This is a major concern when looking at the health and safety of young athletes.

Scope of practice for Chiropractic

In 2005 the WHO published a document, *WHO guidelines on basic training and safety in chiropractic*

	<p>Chiropractic is licensed and regulated in every State (Lamm, 1995). State statutes and regulations determine the scope of clinical procedures chiropractors may legally perform in their respective jurisdictions. Providing care for musculoskeletal conditions using manipulation as a primary intervention is within the legal scope of chiropractic practice in all 50 States. The legal right to use other procedures including modalities, myofascial work, acupuncture, and nutritional therapy varies from State to State. All States currently exclude prescribing drugs and performing major surgery from chiropractic practice.</p> <p>Thank you for your time and consideration.</p>
Marla Kaufman, M.D.	<p>I am writing to express <u>strong</u> concern about the Proposal to Change Chiropractor Scope of Practice, which proposes allowing chiropractors to perform sports physicals and driver's license examinations. My concern is that chiropractors are NOT trained in providing comprehensive medical services, including cardiovascular and other internal medical conditions, that are, in fact, often the most critical component of these evaluations. The musculoskeletal portion of these examinations, while important, are only a portion of these physicals. Sudden cardiac death is the leading cause of death in exercising young athletes. There has been extensive medical work done on preventing sudden cardiac death in young athletes that is based on trained evaluation of the history and physical examination. There is also a growing recognition of the critical importance of assessing for prior head injuries and concussions in a highly structured and rigorous process, and the importance of proper evaluation and management of traumatic brain injuries is underscored by the number of investigations and lawsuits now coming out regarding recurrent football injuries starting as early as grade school and high school.</p> <p>I support multi-disciplinary approaches to health care, and believe in all specialties practicing the full scope of WHAT THEY ARE TRAINED TO DO COMPETENTLY. This does NOT extend to chiropractors providing medical services without a medical license.</p> <p>Please let me know if I can provide any more background or information about these concerns.</p>
Stan Herring, M.D.	<p>I would like to correspond with you in regard to the notice of Sunrise Review and Public Hearing – Proposal to Change Chiropractic Scope of Practice. I have</p>

reviewed the Sunrise webpage to see the proposal and the additional information related to this proposal, including the educational coursework and competency testing which is suggested for a doctor of chiropractic to pass in order to perform a pre-participation examination and make clearance decisions to participate in sport.

I am writing to express my strong concerns about changing the scope of practice to allow chiropractors to perform pre-participation physical examinations for sporting activity.

I have been involved in the practice of sports medicine for three decades. I am a professor at the University of Washington where I serve as Director of Sports Spine & Orthopedic Health for UW Medicine, and I am a team physician for the Seattle Seahawks and the Seattle Mariners, as well as a consultant to the Seattle Storm. I am a member of the NFL Head, Neck and Spine Committee, and I chair the Clinical Sports Medicine Leadership Committee for the American College of Sports Medicine. I have also served as a board member of the American College of Sports Medicine, and I am a founding member of the American Medical Society for Sports Medicine. I have published peer-reviewed articles, edited textbooks, and served on editorial review boards for journals regarding sports medicine issues. My clinical practice has been devoted to the care of active people and athletes with sports medicine-related injuries.

My experience in sports medicine has allowed me to work with a variety of different practitioners, including many of my chiropractic colleagues for whom I have much respect. I have enjoyed those working relationships as they relate to certain injuries in sport; however, I do not believe that chiropractors are trained and have the experience to assess all of the comprehensive medical, musculoskeletal and neurological conditions that are an essential part of a pre-participation physical examination. The proposed educational requirements are insufficient and are not a substitute for clinical training and experience particularly for such issues as cardiac screening, sickle cell disease, exercise induced bronchospasm, concussion, absence of a paired organ, seizure disorder, ligamentous injury to the knee, and multidirectional shoulder instability to name only a few of the areas that must be addressed as part of any pre-participation physical examination.

I have spent my career treating patients as well as advocating for the health and safety of young athletes. I will continue to enjoy the interactions I have with different healthcare professionals; however, pre-participation physical examinations are an area that should not be included in the scope of chiropractic care. Such a decision would put our young athletes at undue risk for potentially catastrophic and/or disabling consequences, and it is my personal opinion that this upcoming Sunrise Review on August 6, 2013, should not approve the proposal to

	<p>change the scope of practice for chiropractors to include the performance of pre-participation physical examinations for sports physicals.</p> <p>Thank you for your consideration, and please feel free to contact me if I can provide any further information.</p>
Jonathan Drezner, MD	<p>I am writing to express my strong concern about the Chiropractic Scope of Practice Sunrise Review previously reviewed during the 2013 legislative session as HB 1573. This proposal would allow chiropractors to perform sports physicals and driver's license examinations. ~As immediate Past-President of the American Medical Society for Sports Medicine, medical team physician for the Seattle Seahawks, and Director of the Center for Sports Cardiology at the University of Washington, this proposal is antithetical to continued efforts in the medical community to improve athlete safety on the playing field. Chiropractors are NOT trained in providing comprehensive medical services, including cardiovascular and other internal medical conditions, that are in fact the most critical component of these pre-participation evaluations. ~The musculoskeletal portion of these examinations, while important, is only a portion of these physicals. ~</p> <p>Sudden cardiac death from an underlying heart condition is the leading cause of death in exercising young athletes.~ There has been extensive medical work done on preventing sudden cardiac death in young athletes that is based on trained evaluation of the history and physical examination, proper use of non-invasive cardiovascular testing, and a solid understanding of the conditions associated with sudden cardiac death in young athletes. ~There is also a growing recognition of the critical importance of assessing for prior head injuries and concussions in a highly structured and rigorous process – the importance of which is underscored by the number of investigations and lawsuits now coming out regarding recurrent football injuries starting as early as grade school and high school.~</p> <p>I support multi-disciplinary approaches to health care, and believe in all specialties practicing the full scope of WHAT THEY ARE TRAINED TO DO COMPETENTLY. ~Chiropractors are simply NOT trained or competent to conduct a medical sports physical. I would never endorse a child receiving "heart clearance" from a chiropractor, no more than I would support someone piloting a commercial jet just because they've taken a simulator class. The assertion that chiropractors can appropriately evaluate medical conditions, especially ones that place athletes at risk for sudden death or catastrophic outcomes, is</p>

[illegible]

Welliever, Danielle M (DOH)

From: Gary Schultz <gschultz@uws.edu>
Sent: Monday, July 29, 2013 5:56 PM
To: DOH HSQA Sunrise
Cc: Joseph Brimhall; Amber Massey
Subject: Sunrise Hearing- Chiropractic scope of practice
Attachments: Attachment 1.A- 2013_CCE_ACCREDITATION_STDS.PDF; Attachment 1.B- 2013-04_CCE_Manual_of_Policies.pdf; Attachment 2.A- NBCE Parts 1-3 + PT Manual.pdf; Attachment 2.B- NBCE Part IV manual.pdf; UWS Written Comments- Sunrise Hearing 8-6-13- Chiropractic Scope of Practice.pdf

Dear Ms. Thomas,

On behalf of president Brimhall, I would like to submit the attached written comments for consideration in the chiropractic scope of practice Sunrise Hearing which is slated to occur on August 6, 2013. If you have any questions please do not hesitate to contact me or Dr. Brimhall (copied herein, along with his Executive Assistant Ms. Massey).

Thank you,

Gary Schultz, DC, DACBR
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The mission of the University of Western States is to improve the health of society and advance the science and art of integrated health care through leadership and excellence in health sciences education, service, and the enhancement of knowledge through research and scholarship



July 26, 2013

Sherry Thomas
Washington State Department of Health
Health Systems Quality Assurance
PO Box 47850
Olympia, WA 98504-7850

RE: Sunrise Hearing August 6, 2013: **Chiropractic Scope of Practice**

Dear Ms. Thomas,

This letter is written on behalf of the University of Western States (UWS) College of Chiropractic, a key stakeholder in matters of scope of practice in Washington. UWS fully supports the proposed clarification of scope of practice for chiropractic physicians in the state of Washington, with particular focus on the following issues pursuant to the Sunrise panel's deliberations.

1. Chiropractic physicians are qualified to perform these procedures by professional education, clinical training and daily practice.

Chiropractic physicians receive didactic instruction along with practical and supervised clinical training to competently, safely and effectively perform preparticipation physical examinations of k-12 students as well as US Department of Transportation (DOT) physical examinations. The doctor of chiropractic degree program at UWS requires nearly 1000 hours of formal training in all aspects of ambulatory care patient evaluation, and the analysis and employment of best practices therein. This education includes didactic and practical skills instruction in emergency procedures, physical examination of each body region and system, laboratory diagnosis, differential diagnosis, imaging, triage, evidence based practice, etc. In addition to didactic instruction and practical application, clinical practice training rotations include extensive experience in the application of these competencies on a very diverse array of patients in ambulatory care settings from all socioeconomic, ethnic, gender and age demographics.

Chiropractic physicians are eminently qualified to perform patient screening physical examinations. Additional evidence supporting this conclusion can be seen in the Council on Chiropractic Education (CCE) Standards for chiropractic programs. (**Attachment 1- 2013 CCE Standards**). CCE is the programmatic accreditor for all doctor of chiropractic degree programs in the USA, and is recognized as such by the US Department (Secretary) of Education, by licensing boards in the US and internationally and by the Council for Higher Education Accreditation. The exam blueprints for the National Board of Chiropractic Examiners (NBCE) Parts I - IV and Physiotherapy board examinations also serve as

evidence of the expectations for competency in this area of practice. (**Attachment 2- NBCE Parts I-IV test manuals**). These tests evaluate both the written and practical ability of chiropractic physicians to engage in a broad spectrum of patient types and concerns, and are required for licensure eligibility in Washington State. The procedural requirements for DOT and preparticipation physical examinations are clearly included within these preparation and examination requirements and hence, the competencies and abilities of all licensed Washington chiropractic physicians. Last, additional training is available to practitioners who desire a refresher in either of these arenas through UWS postgraduate offerings.

2. **The conduct of preparticipation physical examinations and DOT physical exams fall within the Washington scope of chiropractic as defined by law and rule.**

Under RCW 18.25.005 (3) (**bold and color emphasis added**), the definition of chiropractic includes examinations and differential diagnosis for chiropractic conditions and examination of the body for the purpose of identifying abnormalities for which referral would be appropriate:

RCW 18.25.005(3) "Chiropractic" defined:

As part of a chiropractic differential diagnosis, a chiropractor shall perform a physical examination, which may include diagnostic x-rays, to determine the appropriateness of chiropractic care or the need for referral to other health care providers. The chiropractic quality assurance commission shall provide by rule for the type and use of diagnostic and analytical devices and procedures consistent with this chapter.

This point is further emphasized under RCW 18.25.006(8) (**bold and color emphasis added**):

"Chiropractic differential diagnosis" means a diagnosis to determine the existence of a vertebral subluxation complex, articular dysfunction, or musculoskeletal disorder, and the appropriateness of chiropractic care or the need for referral to other health care providers.

Both sections obligate a chiropractic physician to engage in diagnostic procedures that would elucidate an infinite number of non-chiropractic conditions. In other words, full scope diagnosis is a requirement of chiropractic physicians as they pursue the applicability and appropriateness of chiropractic treatment options. The purpose of preparticipation physical examinations as well as DOT physical examinations is to identify findings for which a chiropractic physician would diagnose non-chiropractic conditions and refer the patient to other health care providers.

For example, the discovery of stage 1 or 2 hypertension, visual acuity deficits or uncontrolled diabetes would be expected of a competent chiropractic physician under any clinical situation, not just a DOT physical. In those circumstances, the chiropractic physician is trained to initiate an appropriate referral to another qualified health care provider regardless of the reason for the physical. Similarly, a chiropractic physician is trained to detect a cardiac bruit or an inguinal hernia, and to make an appropriate referral, whether the patient is being seen for a preparticipation physical or for another specific health concern.

Patients often don't know what their health status or diagnosis is when they go to their chiropractic physician, or to any other health care provider for that matter. The purpose of the chiropractic physician's examination is to identify the nature and cause of the patient's symptoms and findings. As such, in all cases the diagnostic investigation must be broader in its search for causes of a complaint than the treatment scope of the practitioner. This is true of all other health care practitioners, including medical specialists. For example, an orthopedic surgeon would be expected to differentiate a metastatic bone lesion from a sprain/strain, but would probably not treat the metastatic lesion, which is exactly what a chiropractic physician would be expected to do in the same situation.

3. Chiropractic physicians can provide diagnostic evaluations and opinions in the absence of an intention to treat the patient.

The belief that chiropractic physicians are not allowed to perform diagnostic evaluations in the absence of intent to provide chiropractic care is incorrect. Interpretive Statement Number: CH-12-13-12: Practice of Chiropractic - Independent Chiropractic Examinations rendered by the Chiropractic Quality Assurance Commission clarifies this issue:

"...Given the purpose of the statute and the scope of practice stated in RCW 18.25.005, the Commission interprets the definition of chiropractic to include activities which involve diagnosis or analysis, as well as activities that include care or treatment. It is not necessary that both diagnosis or analysis and care or treatment occur together to be considered the practice of chiropractic.

If a chiropractor provides diagnosis or analysis but stops short of providing care or treatment, the activities are considered the practice of chiropractic. Similarly, if a chiropractor provides care or treatment based on another chiropractor's diagnosis or analysis, the activities are considered the practice of chiropractic."

4. Doctors of chiropractic are trained and qualified to provide concussion evaluation and return to play assessment

The Washington scope of practice for chiropractic physicians already includes authorization to perform examinations designed to rule-in or rule-out conditions of any nature- including those which would not fall within the scope of chiropractic practice to manage (RCW 18.25.005 (3), RCW 18.25.006(8)). The 2013 CCE Accreditation Standards demonstrate the expectation that chiropractic program graduates are evaluated for competency in a broad variety of health conditions, including many for which referral to another practitioner would be the most appropriate management choice. For instance, the curricula of chiropractic programs include extensive education in the evaluation, diagnosis, differential diagnosis and management of an extensive array of orthopedic, neurological and musculoskeletal conditions. The NBCE examination batteries verify that licentiates have demonstrated competency in the evaluation, differential diagnosis, triage, management and referral of a broad variety of patient problems and conditions.

Within this universe, doctors of chiropractic are educated and trained in the evaluation, differential diagnosis and management of mild traumatic brain injury (MTBI, or concussion). This education occurs in a variety of courses including orthopedics, neurology and emergency procedures. Chiropractic physicians are required to understand and be familiar with current published guidelines on the assessment, diagnosis, differential diagnosis, management and return to play assessment for individuals who have suffered mild traumatic brain injury. This education includes didactic, practical and clinical training experiences. The table below lists courses at the University of Western States where relevant information on various aspects of mild traumatic brain injury are addressed...

Course	Lecture	Lab	Clock Hours
Neuroanatomy	6	2	88
Neurophysiology	6	0	66
Neuromusculoskeletal Diagnosis & Treatment I Lecture	6	0	66
Neuromusculoskeletal Diagnosis & Treatment I Laboratory	0	2	22
Neuromusculoskeletal Diagnosis & Treatment II Lecture	3	0	33
Neuromusculoskeletal Diagnosis & Treatment II Laboratory	0	1	11
Neuromusculoskeletal Diagnosis & Treatment III Lecture	3	0	33
Neuromusculoskeletal Diagnosis & Treatment III Laboratory	0	1	11

Emergency Care	1	0	11
Clinic Phase 3	0	1	11

Some doctors of chiropractic whose focus is on treating athletes more extensively as a specialty practice can receive advanced didactic, practical and clinical experience education in postgraduate educational curricula relating to concussion identification, management and return to play assessment. Seventy nine chiropractic physicians possessing certification at an advanced level practice in the state of Washington.

The University of Western States supports the requested clarification to unambiguously include these examinations for chiropractic physicians licensed in Washington. UWS believes the exams are in fact within the scope of chiropractic practice in WA as they are in the vast majority of other licensing jurisdictions. Prohibition from practicing the legal scope in these specific situations and from allowing licensed chiropractic physicians to provide examinations and evaluations for which they are explicitly trained appears to be discriminatory and against the best interests of the citizens of Washington.

Sincerely,


Joseph Brimhall, DC
President

cc: Leo Romero, DC Chair, Board of Trustees
Gary Schultz, DC, DACBR, Professor and Chair, Clinical Sciences Department

MEMORANDUM

DATE: July 20, 2013

TO: Sherry Thomas, Department of Health

FROM: Warren B. Howe, MD
4222 Northridge Way
Bellingham, WA 98226

CC: Sherrise Martin, DOH

SUBJ: comments regarding Chiropractic Scope of Practice Sunrise Review (HB 1573)

I am submitting these written comments about the Chiropractic Scope of Practice Sunrise Review (HB 1573), specifically regarding the proposal to change the chiropractic scope of practice to include the performance of physical examinations for sports participation and commercial driver licenses. I am opposed to the proposal.

My concerns about the proposed changes are most directly related to the proposal that chiropractors be authorized to perform preparticipation sports physical examinations, but they can be generalized to the concept of having chiropractors perform examinations for commercial driver qualification as well. They are rooted in my 40+ year career as a sports physician, during which I have performed thousands of preparticipation evaluations (PPE), have made presentations about the PPE to medical organizations and continuing medical education sessions, and contributed my comments and expertise to many professional medical groups seeking to improve the standards for performing the PPE.

In my experience, the performance of the preparticipation evaluation for sports participation is one of the most challenging responsibilities that a sports physician faces. The examination is for the purpose of detecting problems that may interfere with the participant's safe pursuit of his/her activity, including problems that may predispose the participant to the risk of death. The ability to identify those few individuals at such risk is limited, but not absent; in my career I have identified and counseled a number of athletes for whom sports activity posed an inordinate risk, perhaps prolonging their useful lives thereby. The PPE, by definition, is comprehensive. Meaningful performance of the PPE requires the examiner to integrate the subject's medical and family history with a careful physical examination and perhaps with electrocardiographic evaluations, consider the findings in the light of cardiovascular and exercise physiology and the demands of the proposed sport participation, and make decisions about participation and/or the need for further evaluation utilizing the depth and breadth of the examiner's training and experience. This is a daunting task for a well-trained primary care physician. Truth be told, not every physician is entirely competent to perform this task well, and even fewer PA's and ARNP's are, because of insufficient or too-specialized training and experience or lack of the instincts that are based on and honed by comprehensive day-to-day practice.

Chiropractors are currently authorized to perform physical examinations "to determine the appropriateness of chiropractic care."¹ That is, and remains, entirely appropriate, since such activity is based on, and complements, the chiropractor's education and ongoing experience. But chiropractors are not trained or experienced in the comprehensive evaluation required in the PPE. They are not trained in "whole-body" assessment of individuals, nor are they significantly trained or experienced in the most important aspects of cardiovascular physiology, examination, disease detection or treatment. According to the Council on Chiropractic Education (CCE), which provides accreditation of chiropractic education programs, "the neuromusculoskeletal examination is the foundation of the chiropractic approach toward evaluating the patient." CCE's accreditation standards do not mention, among other subjects critical to the PPE, evaluation or treatment of the cardiovascular system. The CCE licensure exam does not include cardiovascular evaluation in its list of required topics. Not only are chiropractors not educated in the evaluation of the cardiovascular system or detection of potential cardiovascular risks in the evaluation of patients, but their day-to-day practice does not expose them to regular and repetitive experience in evaluating patients from a cardiovascular standpoint. Chiropractors, by virtue of their training and experience, may be adequate to evaluate the musculoskeletal fitness of sports participants, but because of the narrow scope of their training and experience they are at a distinct disadvantage in evaluating the cardiovascular and metabolic fitness of such persons, thereby increasing the risk of adverse outcome or sudden death in participants they "clear."

The content and performance of the PPE is under continuing critique and modification by the medical profession. There has, for instance, been intense discussion recently about the potential role for and wisdom of including electrocardiographic (EKG) screening in the PPE to make it more effective at finding persons at potential risk of sudden cardiac death. The American Medical Society for Sports Medicine (AMSSM) has developed an excellent set of educational materials for primary care physicians to use in improving skill in interpreting athlete EKG's to detect such risk. I note that although the certification examination of the American Chiropractic Board of Sports Physicians (ACBSP) includes "electrodiagnostics" in its content guidelines, electrocardiography is not listed there (nor should it be, because chiropractors are neither trained in nor expected to perform electrocardiographic interpretation). In its recommended reading list, the ACBSP does not include a single textbook, monograph or journal article on PPE, or on cardiovascular evaluation, diagnosis or therapy, except for one ACBSP position paper on PPE dated 1998. In that position paper, the ACBSP states that its diplomates are "fully qualified to perform PPEs" and lists the "standard components of history and physical examination" (which are generally NOT part of the usual chiropractor's education and experience) as if such listing confers ability and skill in performance. The paper endorses the clearance guidelines for cardiovascular conditions established by the 26th Bethesda Conference (1994), despite the current Bethesda Conference Report being the 36th (2005). The same reading list references the Preparticipation Physical Evaluation monograph by five sports medicine organizations, 2nd edition (1997), when the current edition of that standard-setting monograph is the 4th (2010). The chiropractic profession is not up-to-date on the PPE, probably because it is not attuned, by training, practice content or tradition, to be interested in the subject, and perhaps because it naively sees it as a simple "check-list" procedure or perhaps a patient-finding, practice-building tool.

The Washington State Chiropractic Association purports to remedy the deficits in chiropractic training and experience for PPE performance by providing a "Pre-participation Examination (PPE) Course" of 18 hours length, designed "for the general practicing Doctor of Chiropractic."


¹ RCW 18.25.005(3)

The concept of compensating for a chiropractor's lack of basic training and ongoing experience related to the PPE with an 18-hour course delivered every two years would be laughable were it not so potentially dangerous. Just learning to do cardiac auscultation with any skill requires many hours of instruction followed by literally years of continuing practice and acquisition of experience in interpreting what one hears; that is just one part of the comprehensive PPE.

I am not of the opinion that chiropractors are incompetent in sports medicine. To the contrary, I find that many of them have a unique and valuable niche in the care of athletes. I have worked side-by-side with chiropractors providing athlete care at major sporting events, and appreciate their expertise and viewpoint. On many occasions I have referred athlete patients to chiropractors for therapy and been pleased with the results. What I do believe is that chiropractors, by virtue of their training, experience, and practice philosophy, are not competent to perform the comprehensive evaluation and decision-making required for a meaningful PPE, and that doing so should not be part of their scope of practice in the State of Washington.

Washington State has been a leader in promoting safe sport participation for our youth. The "Lystedt Law" regarding concussions has been a model for the rest of the country, and illustrates the seriousness with which sports safety is approached by our state. Expanding the chiropractic scope of practice to include performance of PPE's would be a major backward step from where we are at present, and has the potential to result in tragedy. I urge that the proposed modifications be rejected.

Respectfully submitted,

Handwritten signature of W. B. Hume, MD. The signature is written in dark ink and is somewhat stylized, with the first name 'W' being large and the last name 'Hume' being more compact. The 'MD' is written as a small, separate mark at the end.



Sherry Thomas, Policy Coordinator
Washington State Department of Health
Health Systems Quality Assurance
PO Box 47850
Olympia, WA 98504-7850

Dear Ms. Thomas,

I am writing to you on behalf of the Washington State Athletic Trainers' Association (WSATA) regarding the Department of Health Sunrise Review of the proposal to change the scope of practice for chiropractors to include the performance of physical examinations for sports physicals and commercial driver's licenses. Consistent with several other health care professions responsible for the health and safety of young athletes in Washington we are opposed to this bill.

As licensed athletic trainers we are charged with ensuring that athletes have been properly evaluated by appropriately trained medical professionals prior to participation in sports, to reduce the risk of exacerbating pre-existing medical conditions, injury and even death. As you may know, sudden cardiac arrest is the leading cause of death in young athletes. While this is the most imminently catastrophic statistic there are several other medical conditions that if left unidentified can lead to similar catastrophic outcomes.

The pre-participation physical exam is the main medical screening that can help identify any number of medical issues that may either need follow up evaluation by a specialist, require further monitoring or even affect specific physical activity or preclude activity based on the significant risk posed to the athlete with the identified medical condition. A pre-participation physical exam performed by the appropriately educated and trained medical professional is crucial to ensuring safe participation in physical activity and even preventing death in young athletes. Restricting or limiting an athlete from sports participation requires medically trained individuals who have competence in the recognition and treatment of potentially life threatening conditions such as: cardiomyopathy, asthma, seizures, heat illness, congenital anomalies, diabetes, ocular disorders, cancer, concussions, eating disorders and many other genetic predispositions based on family history. The evaluation, management and treatment of these conditions should be performed by trained medical professionals who can order and interpret appropriate tests and medications that will aid the athlete in the safe performance of their chosen sport or exclude them from activities that are potentially life threatening.

Physicians have very strict rules for athletic participation when it comes to the management of specific medical conditions such as asthma, diabetes, seizure disorders, etc. Is it within the chiropractors' scope of practice to prescribe the medications and develop a plan to ensure safe exertional activities for the athlete? Does a chiropractor have the extensive training to identify congenital or acquired heart conditions including arrhythmias, murmurs, and hypertension? Can a chiropractor order, interpret and treat a heart condition based on blood pressure, electrocardiogram or echocardiogram? Would a chiropractor be able to prescribe proper medication and counsel an athlete, his/her parents and coach regarding the appropriate use of inhaler medications and pre-activity priming? These are just a few of the more common medical issues young athletes face.

In February 2013, HB 1573 had a hearing in the House Health Care Committee. During that meeting, a representative to the Washington State Chiropractor's Association (WSCA) stated one reason the WSCA was fighting to become authorized to perform sports physicals was to

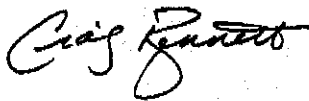
make it easier on families who have multiple members treating with a particular chiropractic clinic. We would argue that there is much more at stake here for the young athlete than whether his or her parents are able to save time. We think that all children have the right to be evaluated with a thorough, medically sound procedure administered by a thoroughly-trained medical doctor, physician's assistant or nurse practitioner.

While we understand that the revised language in the bill creates the desire only to allow chiropractors who have completed additional credentialing programs in the Certified Chiropractic Sports Physician (CCSP) and/or the Diplomate American Board of Chiropractic Physicians (DABCSP) it is imperative that the Department of Health closely evaluate the quality and detail of these credentials as it relates to the principles of pre-participation physical exams as more than just a musculoskeletal exam. Medical Doctors, Doctors of Osteopathic Medicine, Physician Assistants and Advanced Nurse Practitioners undergo hundreds if not thousands of hours of clinical training dedicated to the recognition of cardiovascular and other systemic anomalies that require further evaluation and testing before participating in potentially harmful activities. You will not find this same level of specific education or dedicated training in the CCSP or DABCSP credentials.

The pre-participation physical exam for sports is a very specialized screening process that we should be looking to make more rigorous and detailed rather than looking to accept a minimal standard of care out of desire to be included in a process. Expanding the chiropractic scope of practice to include the examination, management and treatment of athletes in the pre-participation physical exam will result in potential harm to our student athletes. If this bill is passed and we expand the scope of practice of the chiropractic profession in our state, we are allowing this profession to recognize, diagnose, treat and clear athletes with potentially life threatening conditions, that they do not actively see or treat and therefore will do more harm than good.

We appreciate your time and thorough evaluation of this process and we welcome the opportunity to participate in the proceedings as necessary.

Respectfully,



Craig Bennett
President
Washington State Athletic Trainers' Association.



The Association of Washington Healthcare Plans

August 2, 2013

Submitted via Electronic Mail to sunrise@doh.wa.gov

The Honorable John Wiesman, DrPH, MPH
Secretary of Health
Washington State Department of Health
Health Systems Quality Assurance
PO Box 47850
Olympia, WA 98504-7850

Re: Chiropractic Scope of Practice Sunrise Review

Dear Secretary Wiesman,

On behalf of Association of Washington Healthcare Plan (AWHP) member healthcare plans, thank you for the opportunity to provide input as part of the Department of Health's (DOH) sunrise review of the House Bill 1573 proposal to expand chiropractors' scope of practice to include performance of physical examinations for sports physicals and commercial driver's licenses.

AWHP is an alliance of our state's fifteen largest Health Maintenance Organizations (HMO), Health Care Service Contractors (HCSC), and Disability insurers. Its diverse membership is comprised of local, regional, and national healthcare plans serving the needs of consumers, employers and public purchasers. Together, AWHP member healthcare plans provide health care coverage to over 4 million residents of Washington State.

We have significant concerns with the proposal to expand the scope of practice for licensed chiropractors and hope the following comments will be of assistance during your review.

Patient Safety

Our first and foremost concern with the proposed scope of practice expansion is patient safety. Chiropractors are not currently allowed to perform physical examinations for sports physicals and commercial driver's licenses and lack appropriate training in non-muscular/skeleton health issues. The current sports examination form includes a number of questions directly related to cardiovascular and cardiopulmonary systems and other vital organ functions not within the scope of chiropractic training. Chiropractic training does not include detailed medical history, physical exams, and diagnosis of vital health concerns such as cardiovascular issues and pulmonary risks. Pharmacy management is also an important component of sports physicals and commercial driver's license examinations; however chiropractors are not trained in pharmacology and cannot prescribe controlled medications.

Based on these patient safety concerns, AWHP healthcare plans are opposed to the proposed scope expansion.

Cost & Duplication

Also of concern is cost and duplication. If chiropractors' scope of practice is expanded to allow them to perform a portion of the sports examination, students may then also need to visit a medical doctor for the remainder of the examination involving the brain, cardiovascular system, pulmonary system, and prescribed medications. This could result in creating two claims for the exams and increasing healthcare costs. We are unaware of any unmet access needs requiring such an arrangement.

Problematic HB 1537 Proposal Title

The proposed HB 1537 expansion of chiropractors' scope of practice is titled *"Clarifying the prohibitions against discriminating against licensed chiropractors."* We are puzzled as to how it could be considered discriminatory to not allow chiropractors to perform services outside their licensure and scope of practice. It is our understanding physicians are licensed to perform physical examinations, while chiropractors are not. To frame this as being discriminatory appears misleading. We believe the proposed change constitutes a benefit mandate.

Again, we hope this input is helpful and thank you for the opportunity to provide comments for your consideration. Please do not hesitate to contact me with any questions or to discuss.

Sincerely,



Sydney Smith Zvara

Executive Director

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WASHINGTON STATE NURSES ASSOCIATION

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Sherry Thomas
Washington State Department of Health
Health Systems Quality Assurance
PO Box 47850
Olympia, WA 98504-7850

Dear Ms. Thomas,

On behalf of the Washington State Nurses Association (WSNA) and its 17,000 registered nurse and advanced practice nurses, we are submitting comments on the Sunrise Review to expand a chiropractor's scope of practice to allow for the authority to perform sports physicals and commercial driver's license exams. Thank you for the opportunity to share our comments. We look forward to working with you as the Department of Health moves forward with this proposal.

The WSNA has concerns expanding the scope of practice for licensed chiropractors to include the performance of sports physical exams.

Advanced practice registered nurses, physicians, osteopathic physicians, and physician assistants complete training that covers a broader array of medical issues in greater depth than the training completed by chiropractors.

Pediatric patients (defined as up to age 21), are often the most challenging population to capture for screening and preventive exams. Sports physical exams are necessary because many individuals may have undetected health conditions and only a specially trained provider is able to identify potential health concerns before the individual engages in a high risk activity like sports.

ARNP training, like physicians, naturopaths, osteopathic physicians, and physician assistants include identifying and treatment of a much wider range of medical conditions. They can examine, diagnose, and treat health conditions related to cardiac, pulmonary, or neurologic deficiencies. In addition, they have more in depth knowledge about pharmacology.

Expanding the chiropractic scope of practice does not assure care coordination with primary care providers like nurse practitioners who have the training and education to diagnose a broader range of health concerns. Eighteen hours of class time proposed by the WA State Chiropractic Association would be sufficient to prepare a chiropractor to perform an exam as well and as extensively as an ARNP. The WSCA does not demonstrate that the additional training proposed by the statutory change would sufficiently prepare doctors of chiropractic to perform exams of the same caliber as physicians.

Therefore allowing Chiropractors to perform sports physicals would not alleviate preventing harm to young athletes that want to participate in sports.

If there is a shortage of providers to provide physical examinations, efforts should focus on increasing the supply of providers that already have the broad training to perform the exam.

Sincerely,

Sofia Aragon, JD, RN
Senior Governmental Advisor
Washington State Nurses Association

August 2, 2013

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Sherry Thomas
Washington State Department of Health
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PO Box 47850
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Re: Chiropractic Scope of Practice

Dear Ms. Thomas,

On behalf of the Washington State Medical Association (WSMA) and its 9,800 physician and physician assistant members, we are submitting comments on the Sunrise Review to expand a chiropractor's scope of practice to allow for the authority to perform sports physicals and commercial driver's license exams. Thank you for the opportunity to share our comments. We look forward to working with you as the Department of Health (Department) moves forward with this proposal.

The WSMA is opposed to expanding the scope of practice for licensed chiropractors to include the performance of sports physical exams and commercial driver's license physical exams. Please see the analysis below supporting our position.

(1) Defining the problem and why regulation is necessary:

The WSMA disagrees with the fundamental premise of the Washington State Chiropractic Association (WSCA) which states that the selection of health care providers allowed to perform sports physical examinations and to meet the federal Department of Transportation (DOT) requirements for commercial driver's licenses is arbitrary.

The decision to limit who may perform these exams, and specifically, to exclude doctors of chiropractic, is well founded and based on the fact that physicians, osteopathic physicians, physician assistants, and advance practice registered nurses complete training that covers a broader array of medical issues in greater depth than the training completed by chiropractors. This is discussed in greater detail below.

Regarding commercial driver's license exams: The WSCA includes a reference to the National Registry of Certified Medical Examiners (registry) and states that the federal DOT allows for doctors of chiropractic to become certified medical examiners should they become registered via the registry. What WSCA does not include is that the registry requires individuals to be "licensed, certified, or registered in accordance with applicable State laws and regulations to perform physical

examination” before they are eligible to become a Certified Medical Examiner.¹ Washington State has no record of allowing doctors of chiropractic to perform commercial driver’s license exams.

Second, the request to apply the standards laid out in the federal law² does not conclude that the training and core competencies for performing commercial driver’s license exams will be sufficient.³ Also, as noted in the WSCA application, a majority of states do not allow doctors of chiropractic to perform commercial driver’s license exams, and the registry will not accept the application for certification to become a medical examiner.

Regarding sports physical exams: When the WSCA identifies that nearly half of the states authorize doctors of chiropractic to perform sports physical exams, it fails to analyze these states’ laws, or explain the standards by which doctors of chiropractic in these states become certified to perform examinations. In light of this absence, the argument that Washington should change its laws simply because such action would align it with other states is unsupported and unpersuasive.

Regarding a demand for services: While we do not dispute that there is a significant demand for performing commercial driver’s license exams and sports physical exams, it is not clear that the demand for these services requires an expansion of a doctor of chiropractic scope of practice, nor does it imply that the demand for these services should be met by a doctor of chiropractic performing the services. The WSCA fails to present any evidence which substantiates its claim that there is an unmet need for health care professionals to perform sports and commercial driver’s license examination. Furthermore, athletic activity and commercial driving can pose health risks, particularly to individuals who have unidentified health conditions. These examinations are required because a proper medical examination can identify potentially dangerous conditions and ultimately prevent injury or death. In light of this concern, increasing the availability of these exams by allowing chiropractors to perform them, at the cost of quality, is not beneficial to the public if it puts individuals at risk of injury. The very purpose of requiring exams is to ensure that physicians identify conditions that an individual may not be aware they have,

Regarding additional expense: The WSMA was not able to substantiate the WSCA’s claims that the restriction on doctors of chiropractic from providing these types of exams delays healthcare services and creates additional expense for patients because of the shortage of primary care physicians. We could identify no data or cited resources that are referenced in this claim. We are therefore highly concerned that it could not be substantiated. More importantly, if we assume that there is indeed a shortage of providers to provide physical examinations, it does not require an expansion of the doctor of chiropractic scope practice. In fact, there are other options to make sports physical examinations and commercial driver’s license exams more accessible to the general public.

1(a) The nature of the potential harm to the public if the health profession is not regulated, and the extent to which there is a threat to public health and safety.

We strongly dispute the claim that allowing doctors of chiropractic to perform these types of exams would not create additional risk to the public. The WSCA stated that because doctors of chiropractic are regulated under RCW 18.25.005, which defines the practice of chiropractic, they therefore pose no additional risk to the public in performing these exams. We are unclear as to how the definitions found in RCW 18.25.005 are sufficient to justify this claim. Moreover, the claim that the current regulatory scope of practice does not include recent advances in education for chiropractors fails to substantiate the

¹ See: https://nationalregistry.fmcsa.dot.gov/NRPublicUI/documents/Medical_Examiner-trifold_final_version_for_website.pdf.

² Motor Carrier Safety Improvement Act of 1999 (49 U.S.C. 113).

³ Please refer to the section below comparing education of a physician to that of a doctor of chiropractic.

conclusion that allowing doctors of chiropractic to perform physical exams would not pose additional risks to patient and public safety.

1(b) The extent to which consumers need and will benefit from a method of regulation identifying competent practitioners, indicating typical employers, if any, of practitioners in the health profession.

We disagree with the claim that consumers will benefit by seeing greater access to “qualified healthcare providers” (doctors of chiropractic with an expanded scope of practice) who can provide sports and commercial driver’s license exams. We argue that, even with additional training and certification, doctors of chiropractic lack the training, experience and knowledge to ensure complete and comprehensive sports and commercial driver’s license exams. Consequently, allowing doctors of chiropractic to perform these exams would endanger patients by increasing the risk that dangerous health conditions will be unidentified or misdiagnosed.

Regarding training and education: The WSMA believes that allowing doctors of chiropractic to perform these exams could harm or endanger public health, safety, and welfare by increasing the possibility that patient conditions will go unidentified or misdiagnosed. This is, in part, because doctors of chiropractic do not complete the extensive schooling and clinical programs physicians complete. The uniquely rigorous training physicians complete teaches them to identify and diagnose a much wider range of medical conditions than other medical professionals (for example, examining and identifying heart and lung conditions that would prevent an individual from safely participating in school sport programs). Unlike doctors of chiropractic, physicians complete extensive training with relevant medical specialties such as cardiology, neurology, pulmonology, neurology, orthopedics, pharmacology and emergency medicine. Furthermore, doctors of chiropractic lack the knowledge of pharmacology and medications which the other health care professionals possess, and which is necessary to safely and completely perform a sports or commercial driver’s license examination.

It is doubtful that the 18 hours of class time proposed by the WSCA would be sufficient to prepare a chiropractor to perform an exam as well and as extensively as a physician, and a multiple choice style test, no matter how intense, would be a poor way to measure a chiropractor’s ability to perform a physical examination on an actual patient in order to successfully identify problematic health issues. The WSCA does not, and we believe cannot, demonstrate that the additional training proposed by the statutory change would sufficiently prepare doctors of chiropractic to perform exams of the same caliber as physicians.

Included below is information regarding training that doctors of chiropractic undergo as opposed to the training required of a physician. The comparison illustrates the disparity in preparation that we believe leaves doctors of chiropractic unprepared to perform adequate physical exams. This lack of training is one reason why the WSCA’s request to expand the scope of practice for doctors of chiropractic places the public in danger: such an expansion will increase the likelihood that a patient’s dangerous medical condition will be misdiagnosed or unidentified. For example, the WSMA is concerned that doctors of chiropractic will not have sufficient skill and experience to identify potentially problematic heart murmurs, and that their lack of training and experience in pharmacology and prescription medicines will leave them insufficiently prepared to evaluate an applicant for a commercial driver’s license who might be on multiple medications.

According to the American Medical Association, medical and osteopathic school students “must cover all organ systems, and include the important aspects of preventative, acute, chronic, continuing,

rehabilitative, and end-of-life care.”⁴ Medical student education prepares students to “enter any field of graduate medical education,” and includes “content and clinical experiences related to each phase of the human lifecycle,” such that physicians can competently “assist patients in addressing health related issues involving all organ systems.”⁵ Generally, standards required for chiropractic education do not require education in individual courses.⁶ Chiropractic education does not require students to complete a residency.⁷

Regarding physicians’ and chiropractors’ orthopedic education and training, please see the comparison below:⁸

ORTHOPEDIC SURGEONS’ EDUCATION AND TRAINING	SPORTS MEDICINE PHYSICIANS’ EDUCATION AND TRAINING	CHIROPRACTORS’ EDUCATION AND TRAINING
<ul style="list-style-type: none"> -Four years of medical or osteopathic medical education -Five years of graduate medical education -Covers all organ and other systems in the human body -Differential diagnostic and pharmacologic applications integrated into every level of training 	<ul style="list-style-type: none"> -Four years of medical or osteopathic medical education -Four to five years of graduate medical education -Covers all organ and other systems in the human body -Differential diagnostic and neurologic applications integrated into every level of training 	<ul style="list-style-type: none"> -Four years of chiropractic college -Basic sciences with neurology included in clinical sciences - Focus on spinal manipulation

⁴ Liaison Committee on Medical Education (LCME). Functions and Structure of a Medical School. Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree. May 2012.

⁵ *Id.*

⁶ CCE. Standards for Doctor of Chiropractic Programs and Requirements for Institutional Status. January 2007. Curriculum in doctor of chiropractic programs must include course work on the following subjects, *though not necessarily in individual courses for each subject [emphasis added]*: anatomy; biochemistry; physiology; microbiology; pathology; public health; physical, clinical and laboratory diagnosis; gynecology; obstetrics; pediatrics; geriatrics; dermatology; otolaryngology; diagnostic imaging procedures; psychology; nutrition/dietetics; biomechanics; orthopedics; neurology; first aid and emergency procedures; spinal analysis; principles and practice of chiropractic; clinical decision making; adjustive techniques; research methods and procedures; and professional practice ethics.

⁷ See attached publication. American Medical Association, Advocacy Resource Center. *Issue Brief: Chiropractic*, at 6 (2012).

⁸ *Id.* at 5.

Regarding physicians' and chiropractors' neurologic training, please see the comparison below:⁹

NEUROLOGISTS' EDUCATION AND TRAINING	PHYSIATRISTS' EDUCATION AND TRAINING	CHIROPRACTORS' EDUCATION AND TRAINING
<ul style="list-style-type: none"> -Four years of medical or osteopathic medical education -Five to seven years of graduate medical education -Covers all organ and other systems in the human body -Differential diagnostic and neurologic applications integrated into every level of training 	<ul style="list-style-type: none"> -Four years of medical or osteopathic medical education -Four years of graduate medical education -Covers all organ and other systems in the human body -Differential diagnostic and neurologic applications integrated into every level of training 	<ul style="list-style-type: none"> -Four years of chiropractic college -Basic sciences with neurology included in clinical sciences - Focus on spinal manipulation

Regarding physicians' and chiropractors' radiologic training, please see the comparison below:¹⁰

RADIOLOGISTS' EDUCATION AND TRAINING	CHIROPRACTORS' EDUCATION AND TRAINING
<ul style="list-style-type: none"> -Four years of medical or osteopathic medical education -At least five years of graduate medical education -Covers all organ and other systems in the human body 	<ul style="list-style-type: none"> -Four years of chiropractic college -Basic sciences with imaging included in clinical sciences program -Focus on spinal manipulation

⁹ *Id.* at 7-9.

¹⁰ *Id.* at 9-10.

Regarding physicians' and chiropractors' pharmacologic training, please see the comparison below:¹¹

PHYSICIANS' PHARMACOLOGIC EDUCATION AND TRAINING	CHIROPRACTORS' EDUCATION AND TRAINING
<ul style="list-style-type: none"> -Begins in medical or osteopathic medical school; continues through residency -Emphasis on clinical application of pharmacologic interventions -Covers all organ and other systems in the human body - Differential diagnostic and pharmacologic applications integrated into every level of training 	<ul style="list-style-type: none"> -Limited to didactic overview during chiropractic education -No residency requirement of clinical application

In sum, a doctor of chiropractic is not required to complete or undergo the level of subsequent training that medical and osteopathic medical students receive.¹²

1(c) The extent of autonomy a practitioner has, as indicated by: (i) The extent to which the health profession calls for independent judgment and the extent of skill or experience required in making the independent judgment; and (ii) The extent to which practitioners are supervised:

Please see the comment above. We disagree with the claim that proposed updates to the scope of practice will benefit the public by "providing a mechanism whereby the public can be assured participating licensed doctors of chiropractic providing...[these exams]..." will receive adequate training in regards to the new services they provide. The additional training for chiropractors proposed by the WSCA fails to adequately prepare doctors of chiropractic for the wide array of medical issues a patient may have. Even with the proposed additional training, doctors of chiropractic lack the range of exposure and depth of knowledge necessary to perform a comprehensive and complete examination.

(2) The efforts made to address the problem: (a) Voluntary efforts, if any, by members of the health profession to: (i) Establish a code of ethics; or (ii) Help resolve disputes between health practitioners and consumers; and (b) Recourse to and the extent of use of applicable law and whether it could be strengthened to control the problem:

WSCA's comments fail to address the requirement to identify how the expansion of the doctor of chiropractic scope of practice will "help to resolve disputes between health practitioners and consumers." "Clarifying" current law, as WSCA proposes, does nothing to further an ethical code or resolve disputes between health care professionals and patients; indeed, it creates additional confusion for patients regarding which health care professions are best trained to perform these important examinations.

¹¹ *Id.*

¹² *Id.*

(3) The alternatives considered: (a) Voluntary efforts, if any, by members of the health profession to: (a) Regulation of business employers or practitioners rather than employee practitioners; (b) Regulation of the program or service rather than the individual practitioners; (c) Registration of all practitioners; (d) Certification of all practitioners; (e) Other alternatives; (f) Why the use of the alternatives specified in this subsection would not be adequate to protect the public interest; and (g) Why licensing would serve to protect the public interest.

The WSMA finds no support for WSCA's implication that updating the standards as proposed in HB 1573 would "serve the public interest by allowing specially trained doctors of chiropractic to perform services in high public demand."¹³ Furthermore, HB 1573 is silent on any reference related to public demand of the services of physical exams.

We also disagree with WSCA's claim that their proposal will "serve as a quality assurance measure by identifying a subgroup of the profession with special training."¹⁴ The fact that a doctor of chiropractic would receive some additional training does not by itself makes him or her qualified to perform comprehensive and complete physical exams. Furthermore, the WSCA's proposal to provide consumers with an easily accessible list of providers, which would implicitly assure the public that these providers are qualified to perform medical exams, does not in itself show that doctors of chiropractic should be allowed to perform these exams or that their scope of practice should be expanded.

(4) The benefit to the public if regulation is granted.

The WSMA disagrees with WSCA's claim that consumers will benefit from "updated standards." There is no basis on which to presume that expanding the doctor of chiropractic scope of practice to include the performance of these types of exams will be in the public's best interest. The transition and limited amount of additional education will be insufficient to provide complete comprehensive physical exams. WSCA presents no evidence to support their claim, or explain why the training will be sufficient, other than to repeatedly assert the notably unsupported claim that it will be. We believe that the amount of training, education, and expertise proposed by the WSCA would not adequately prepare doctors of chiropractic to perform complete and comprehensive exams.

We do not disagree with WSCA's statement that "primary care medicine is an underserved need in healthcare." However, the fact that the public could benefit from increased access to primary care services does not support the claim that a doctor of chiropractic should have an expanded scope of practice to allow for the performance of sports and commercial driver's license exams with only a very limited amount of additional training.

Lastly, the claim that there are only 24 total providers listed in the registry as available to perform examinations for commercial driver's is disingenuous, since the federal requirements for certification do not become effective until May 2014. This is a new program, and physicians and other qualified health care professionals need time to become familiar with the new requirements. This in no way demonstrates that the public demand is greater than the availability, such that it would necessitate an increase in the number of providers.

¹³ Washington State Chiropractic Association, *Applicant Report Cover Sheet and Outline Washington State Department of Health Sunrise Review*, pg. 4. Accessed July 30, 2013 at: <http://www.doh.wa.gov/Portals/1/Documents/2000/ChiroAppRptAndAppendAandB.pdf>.

¹⁴ *Id.*

(4)(a) The extent to which the incidence of specific problems present in the unregulated health.

We have no comment on this section.

(4)(b) Whether the public can identify qualified practitioners.

We agree that the Department of Health has a navigable and searchable website that lists practitioners by name and license number for the purposes of public identification of qualified providers. However, for the reasons stated in previous sections, we disagree that chiropractors should have an expanded scope of practice to allow for sports and commercial driver's license physical exams, and therefore we believe they should not be listed as being qualified for such on any public website.

(4)(c) The extent to which the public can be confident that qualified practitioners are competent.

The WSCA references the amount of education required to become a doctor of chiropractic. We do not disagree with the amount of training required to become a doctor of chiropractic. However, as we state above, we disagree that the training of a doctor of chiropractic is sufficient to perform complete comprehensive physical exams, even with the proposed additional pre-certification training. We also disagree that the scope of practice for a doctor of chiropractic should be expanded to allow for the performance of sports and commercial driver's license physical exams.

(4)(c)(i) Whether the proposed regulatory entity would be a board composed of members of the profession and public members, or a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of registration, certification, or licensure, including the composition of the board and the number of public members, if any; the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension, and nonrenewal of registrations, certificates, or licenses; the promulgation of rules and canons of ethics; the conduct of inspections; the receipt of complaints and disciplinary action taken against practitioners; and how fees would be levied and collected to cover the expenses of administering and operating the regulatory system.

We have no comment on this section.

(4)(c)(ii) If there is a grandfather clause, whether such practitioners will be required to meet the prerequisite qualifications established by the regulatory entity at a later date.

We have no comment on this section.

(4)(c)(iii) The nature of the standards proposed for registration, certification, or licensure as compared with the standards of other jurisdictions.

We have no comment on the section.

(4)(c)(iv) Whether the regulatory entity would be authorized to enter into reciprocity agreements with other jurisdictions.

We have no comment on this section.

(4)(c)(v) The nature and duration of any training including, but not limited to, whether the training includes a substantial amount of supervised field experience; whether training programs exist in this state; if there will be an experience requirement; whether the experience must be acquired under a registered, certificated, or licensed practitioner; whether there are alternative routes of entry or methods of meeting the prerequisite qualifications; whether all applicants will be required to pass an examination; and, if an examination is required, by whom it will be developed and how the costs of development will be met.

We do not disagree that the stated amount of training will be made available for a doctor of chiropractic who wishes to apply for authorization to perform physical exams. However, for the reasons stated in section 1(b), we disagree that the proposed additional training or education would be sufficient for a doctor of chiropractic to perform comprehensive and complete physical exams.

We have no comment on sections (4)(c)(vi) through (4) (d)(ii).

(5) The extent to which regulation might harm the public.

Please see our comments above. We disagree that the proposal will improve the quality of care by identifying specially trained providers. We also disagree that this service has been demonstrated to be in high demand for Washington State. Lastly, the WSCA states that the proposal exceeds requirements of other professions already providing these exams. We disagree that the initial training and education of a doctor of chiropractic and supplemental education and training of a doctor of chiropractic will be sufficient to perform a complete comprehensive physical exam and thus the requested expansion places the public at unnecessary risk of harm.

We have no comment on sections 5(a) through 9.

Thank you for the opportunity to share our concerns. If you have any questions, please feel free to contact Kathryn Kolan at (360) 352-4848 or Denny Maher at (206) 956-3640.

Sincerely,

//sd//

Denny Maher, MD, JD
Director of Legal Affairs

//sd//

Kathryn Kolan, JD
Director of Legislative and Regulatory Affairs

cc: WSMA Senior Staff

Sherry Thomas, Policy Coordinator
Washington State Department of Health
Health Systems Quality Assurance
sunrise@doh.wa.gov
PO Box 47850
Olympia, WA 98504-7850

RE: Proposal to Change Chiropractor Scope of Practice

Ms. Thomas,

The Washington Chapter of the American Academy of Pediatrics strongly opposes the proposal to change the scope of practice for chiropractors in the state of Washington, which would allow chiropractors to perform sports physicals for school athletes and physical examinations required for commercial driver's licenses.

Prohibiting chiropractors from performing pre-participation sports exams protects adolescents and children. Healthy athletes don't just need their musculoskeletal systems evaluated, they require the entire body – including brain, lungs, heart, kidneys and liver – to be in working order to participate safely. Chiropractors are not trained in providing comprehensive medical services to allow for adequate assessment of the whole athlete.

Chiropractors do not:

- Check vision, hearing or blood pressure;
- Examine the heart;
- Interpret family cardiac and genetic history;
- Examine boys' genitalia for the presence of a hernia .

They cannot assess the safety of participation of an athlete who has suffered a concussion, has congenital heart disease or a genetic syndrome, asthma or diabetes.

Risks to athletes

Sudden cardiac death, though rare, is the leading cause of death in exercising young athletes. There has been extensive work done in the pre-participation evaluation of athletes to detect cardiac anomalies and catch those at risk. There is also a growing recognition of the critical importance of assessing for prior head injuries and concussions in a highly structured and rigorous manner.

Some teens try to get their sports forms signed when it is inappropriate. One patient in a WCAAP member's practice had a severe head injury from a motor vehicle accident and tried to get cleared to play football at a school-sponsored physical event by hiding his injury. Having athletes screened in their medical home where their full medical and family history is known is crucial.

Additional risks

In Washington State, in 2011, only 78% of teens had their Tdap vaccine to prevent whooping cough, 70% had their meningococcal vaccine to prevent a form of meningitis, and 35% of female teens had their complete HPV series to prevent cervical cancer. Part of the reason these rates are so low is that it is challenging to get adolescents in for exams. Sometimes the requirement of a pre-participation sports exam is the only way to incent an adolescent to come in for care. Chiropractors are not licensed to provide immunizations and some discourage the practice of immunization.

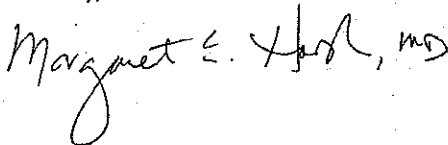
Additionally, chiropractors do not address the 30% of children who are obese, the 1 in 5 teens who are using tobacco products and need help with cessation treatment, and the 1 in 5 adolescents with depression or anxiety who need mental health screening and treatment. In 2011, 5,574 Washington teens gave birth; in 2010, 6500 Washington teens were treated for Chlamydia, 445 were treated for gonorrhea, and another 310 for other sexually transmitted infections. Pre-participation exams provide an opportunity for physicians to address these serious health issues with adolescents.

Sports exams in the medical home

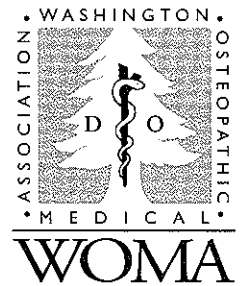
The national academies of pediatrics, osteopathy, family practice and sports medicine recommend pre-participation exams be done in the medical home integrated every two years as part of well child exams by trained MDs or DOs; well child exams should be done yearly. Sports exams aren't a simple matter and should be performed by professionals who can provide high quality, comprehensive care and address the needs of each adolescent individually.

To best ensure the safety and health of Washington athletes, do not allow this change in scope. Though chiropractors devote their expertise to caring for musculoskeletal health, and clearly care deeply about their patients, they are not appropriate care providers to perform these exams.

Sincerely,



Maggie Hood, MD, FAAP
President, Washington Chapter of the American Academy of Pediatrics



July 29, 2013

Sherry Thomas
Washington State Department of Health
Health Systems Quality Assurance
PO Box 47850
Olympia, WA 98504-7850

Re: Sunrise Review of Chiropractic

Dear Ms. Thomas,

Thank you for the opportunity to comment on the Sunrise Review to expand a chiropractor's scope of practice to allow for the authority to perform sports physicals and commercial driver's license exams.

The Washington Osteopathic Medical Association supports the "team" approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. While we value the contributions of chiropractors to the health care delivery system, we believe any expansion of their authority to provide services to patients without appropriate oversight should be directly related to additional education, training and competency demonstration requirements.

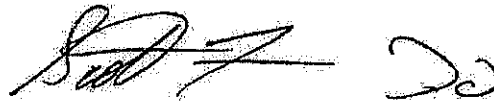
- a. Osteopathic physicians complete four years of osteopathic medical school, which includes two years of didactic study and two years of clinical rotations. Clinical rotations in the third and fourth years are done in community hospitals, major medical centers and doctors' offices. This is followed by three to seven years of postgraduate medical education, i.e., residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions. Physicians have both extensive medical education and comprehensive training that prepare them to understand medical treatment of disease, complex case management and safe prescribing practices.
 - b. In addition, osteopathic physicians have strenuous continuing education requirements and the AOA board certified physicians participate in Osteopathic Continuous Certification. This process ensures that board certified DOs maintain currency and demonstrate competency in their specialty area. It includes lifelong learning and continuous education, cognitive assessment and practice performance and assessment.
 - c. Collaborative agreements and the physician-led, team-based care model allows physicians to monitor progress in a non-physician clinicians' abilities and adjust their practice rights based on competency demonstration without jeopardizing patient safety or the quality of care delivered.
2. Chiropractor education standards are not equivalent to that of osteopathic physicians, and do not provide enough training to complete unsupervised physical evaluations.
- a. Again, all members of the health care team are valuable and the care they provide is essential to treating the whole patient in an efficient manner. Chiropractors should practice to the full scope of what

they are trained to do competently, which does not extend to providing unsupervised medical treatment.

- b. Osteopathic physicians complete 10,000 supervised clinical hours during their training, which is necessary to understand the complexities of comprehensive patient care and perform a complete evaluation of a patient.
 - c. An additional 100 hours of training for chiropractors is not adequate to address these concerns, as that represents only 1% of the hours of supervised clinical training an osteopathic physician achieves.
3. Many times attempts to increase scope of practice for non-physician clinicians are supported by claims that chiropractors can help fill physician workforce shortages, particularly in rural and underserved areas.
- a. Generally scope of practice bills fail to put in place restrictions or other provisions that incentivize non-physician clinicians to practice in rural and underserved areas. Additionally, data shows that non-physician clinicians in Washington tend to practice in the same areas as physicians.
 - b. While improving access to care is important, quality of care must not suffer as a result. Chiropractors are **not** trained in providing comprehensive medical services, including cardiovascular and examinations for other internal medical conditions, which are in fact the most critical component of physical evaluations. Sudden cardiac death is the leading cause of death in exercising young athletes. There has been extensive medical work done on preventing sudden cardiac death in young athletes that is based on trained evaluation of the history and physical examination.
4. Another major issue with physical examinations among student athletes is concussions. In 2006, a thirteen year old in Washington sustained a concussion during a middle school football game, but was allowed to continue playing.¹ Shortly after the game ended, the child collapsed and spent 31 days in a coma and 20 months on a feeding tube.² Three years after his injury, the individual was able to walk with assistance and Washington enacted the nation's first statute to address youth athlete concussions.³
- a. A 2011 study found that high school concussions are most likely to be assessed by a certified athletic trainer (94%), followed by a general physician (58%), orthopedic physician (4.7%), nurse practitioner (2.4%) and neurologist (2.1%).⁴ Chiropractors were not among that list.
 - b. Chiropractors have not been involved in assessing high school concussions, and the extra 100 hours of training would not be sufficient for making these determinations.

Thank you for allowing us to share our concerns on this issue.

Sincerely,



Scott Fannin, DO
President-Elect

¹ David Haugh, *Seattle-area teen helps NFL, others see dangers in concussions from football*, Chicago Tribune, Oct. 17, 2010, available at http://articles.chicagotribune.com/2010-10-17/sports/ct-spt-1017-haugh-football-coconcussio20101016_1_concussions-zackery-lystedt-law-sarah-jane-brain-foundation.

² Id.; CDC, *The Lystedt Law*, *supra*

³ CDC, *The Lystedt Law*, *supra*

⁴ William P. Meehan III, MD, Pierre d'Hemecourt, MD, Christy L. Collins, MA, and Dawn Comstock, PhD, *Assessment and Management of Sport-Related Concussions in United States High Schools*, 39(11) Am. J. Sports Med., 2304-2310, Nov. 2011.



James L. Madara, MD
Executive Vice President, CEO

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August 1, 2013

Sherry Thomas
Policy Coordinator
Washington State Department of Health
Health Systems Quality Assurance
P.O. Box 47850
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Re: American Medical Association Opposition to House Bill 1573

Dear Ms. Thomas:

On behalf of the American Medical Association (AMA) and our physician and medical student members, the AMA appreciates the opportunity to provide comments regarding House Bill (H.B.) 1573, which would expand the scope of practice of chiropractors to include performance of sports physicals for school athletes and physical examinations for commercial truck drivers. Because chiropractors do not have sufficient education and training to perform these comprehensive exams, the AMA opposes H.B. 1573.

Athletic activity and commercial driving can pose health risks, particularly to individuals who have unidentified health conditions. Examinations prior to engaging in these activities are required because a proper medical examination can identify potentially dangerous conditions and ultimately prevent injury or death. Patient safety requires that the health care professionals who perform these exams be educated and trained in comprehensive medical diagnosis and treatment.

Significant differences exist between the education and training of chiropractors compared to physicians. Medical school covers all organ systems and includes the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end-of-life care. This medical education includes training in relevant medical specialties, such as cardiology, neurology, pulmonology, orthopedics, and emergency medicine. Medical school also includes extensive education in pharmacology. After four years of medical school, physicians complete an additional 3-5 years of residency training, during which resident physicians must demonstrate the ability to apply their knowledge in the care of actual patients, under the supervision of senior physicians, as they gain increasing independence in patient management.

Even with the 18 hours of additional class time proposed by H.B. 1573, chiropractors are wholly unprepared to perform comprehensive examinations of school athletes and commercial truck drivers. While chiropractors do complete four years of chiropractic school, which includes education in the basic sciences, the focus of chiropractic school is largely treatment of the musculoskeletal system—the body's bones, muscles, cartilage, tendons, ligaments, joints, and other connective tissues. Chiropractors lack the range of exposure to and depth of knowledge about all organ systems necessary to perform a comprehensive and complete examination. Chiropractors also lack education and

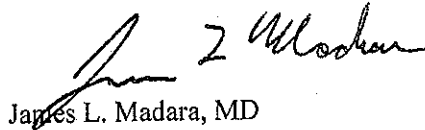
Sherry Thomas
August 1, 2013
Page 2

training in pharmacology and prescription medicines, and as such, are not prepared to evaluate an applicant for a commercial driver's license who might be on multiple medications.

For these reasons, the AMA opposes H.B. 1573, and urges the members of the Sunrise Review Committee to do the same. If you have any questions, please contact Kristin Schleiter, JD, LLM, Senior Legislative Attorney, Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L. Madara", is written over the printed name.

James L. Madara, MD

cc: Washington State Medical Association