





State of Alaska
Board of Chiropractic
Examiners
July 02, 2020
Board Packet

Online via ZOOM

Alaska

Roll Call

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

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

State of Alaska
DEPARTMENT OF LAW

ETHICS ACT PROCEDURES FOR BOARDS & COMMISSIONS

All board and commission members and staff should be familiar with the Executive Branch Ethics Act procedures outlined below.

Who Is My Designated Ethics Supervisor (DES)?

Every board or commission subject to the Ethics Act¹ has several ethics supervisors designated by statute.

- The chair serves as DES for board or commission members.
- The chair serves as DES for the executive director.
- The executive director serves as DES for the staff.
- The governor is the DES for a chair.²

What Do I Have To Disclose?

The Ethics Act requires members of boards and commissions to disclose:

- Any matter that is a potential conflict of interest with actions that the member may take when serving on the board or commission.
- Any circumstance that may result in a violation of the Ethics Act.
- Any personal or financial interest (or that of an immediate family member) in a state grant, contract, lease or loan that is awarded or administered by the member's board or commission.
- The receipt of certain gifts.

The executive director of the board or commission and its staff, as state employees, must also disclose:

- Compensated outside employment or services.
- Volunteer service, if any compensation, including travel and meals, is paid or there is a potential conflict with state duties.

- For more information regarding the types of matters that may result in violations of the Ethics Act, board or commission members should refer to the guide, *“Ethics Information for Members of Boards and Commissions.”* The executive director and staff should refer to the guide, *Ethics Information for Public Employees.* Both guides and disclosure forms may be found on the [Department of Law’s ethics website](#).

How Do I Avoid Violations of the Ethics Act?

- Make timely disclosures!
- Follow required procedures!
- Provide all information necessary to a correct evaluation of the matter!³
- When in doubt, disclose and seek advice!
- Follow the advice of your DES!

What Are The Disclosure Procedures for Board and Commission Members?

The procedural requirements for disclosures by members are set out in AS 39.52.220 and 9 AAC 52.120. One goal of these provisions is to help members avoid violations of the Ethics Act. The procedures provide the opportunity for members to seek review of matters in advance of taking action to ensure that actions taken will be consistent with the Act.

Procedure for declaring actual or potential conflicts.

Members must declare potential conflicts and other matters that may violate the Ethics Act **on the public record and in writing to the chair**.

Disclosure on the public record. Members must identify actual and potential conflicts orally at the board or commission’s public meeting **in advance** of participating in deliberations or taking any official action on the matter.

- A member must always declare a conflict and may choose to refrain from voting, deliberations or other participation regarding a matter.⁴
- If a member is uncertain whether participation would result in a violation of the Act, the member should disclose the circumstances and seek a determination from the chair.

Disclosure in writing at a public meeting. In addition to an oral disclosure at a board or commission meeting, members’ disclosures must be made in writing.

- If the meeting is recorded, a tape or transcript of the meeting is preserved **and** there is a method for identifying the declaration in the record, an oral disclosure may serve as the written disclosure.
- Alternatively, the member must note the disclosure on the Notice of Potential Violation disclosure form and the chair must record the determination.

Confidential disclosure in advance of public meeting. Potential conflicts may be partially addressed in advance of a board or commission's public meeting based on the published meeting agenda or other board or commission activity.

- A member identifying a conflict or potential conflict submits a Notice of Potential Violation to the chair, as DES, in advance of the public meeting.
- This written disclosure is considered confidential.
- The chair may seek advice from the Attorney General.
- The chair makes a written determination, also confidential, whether the disclosed matter represents a conflict that will result in a violation of the Ethics Act if the member participates in official action addressing the matter.⁵
- If so, the chair directs the member to refrain from participating in the matter that is the subject of the disclosure.
- An oral report of the notice of potential violation and the determination that the member must refrain from participating is put on the record at a public meeting.⁶

Determinations at the public meeting. When a potential conflict is declared by a member for the public record, the following procedure must be followed:

- The chair states his or her determination regarding whether the member may participate.
- Any member may then object to the chair's determination.
- If an objection is made, the members present, excluding the member who made the disclosure, vote on the matter.
- *Exception:* A chair's determination that is made consistent with advice provided by the Attorney General may not be overruled.
- If the chair, or the members by majority vote, determines that a violation will exist if the disclosing member continues to participate, the member must refrain from voting, deliberating or participating in the matter.⁷

If the chair identifies a potential conflict, the same procedures are followed. If possible, the chair should forward a confidential written notice of potential violation to the Office of the Governor for a determination in advance of the board or commission meeting. If the declaration is first

made at the public meeting during which the matter will be addressed, the members present, except for the chair, vote on the matter. If a majority determines that a violation of the Ethics Act will occur if the chair continues to participate, the chair shall refrain from voting, deliberating or participating in the matter. A written disclosure or copy of the public record regarding the oral disclosure should be forwarded to the Office of the Governor for review by the chair's DES.

Procedures for Other Member Disclosures

A member's interest in a state grant, contract, lease or loan and receipt of gifts are disclosed by filling out the appropriate disclosure form and submitting the form to the chair for approval. The disclosure forms are found on the [Department of Law's ethics website](#).

What Are The Disclosure Procedures for Executive Directors and Staff?

Ethics disclosures of the executive director or staff are made in writing to the appropriate DES (chair for the executive director and the executive director for staff).

- Disclosure forms are found on the ethics website, noted above.

Notices of Potential Violations. Following receipt of a written notice of potential violation, the DES investigates, if necessary, and makes a written determination whether a violation of the Ethics Act could exist or will occur. A DES may seek advice from the Attorney General. If feasible, the DES shall reassign duties to cure a potential violation or direct divestiture or removal by the employee of the personal or financial interests giving rise to the potential violation.

- These disclosures are not required to be made part of the public record.
- A copy of a determination is provided to the employee.
- Both the notice and determination are confidential.

Other Disclosures. The DES also reviews other ethics disclosures and either approves them or determines what action must be taken to avoid a violation of the Act. In addition to the disclosures of certain gifts and interests in the listed state matters, state employees must disclose all outside employment or services for compensation.

- The DES must provide a copy of an approved disclosure or other determination the employee.

How Are Third Party Reports of Potential Violations or Complaints Handled?

Any person may report a potential violation of the Ethics Act by a board or commission member or its staff to the appropriate DES or file a complaint alleging actual violations with the Attorney General.

- Notices of potential violations and complaints must be submitted **in writing** and **under oath**.
- Notices of potential violations are investigated by the appropriate DES who makes a written determination whether a violation may exist.⁸
- Complaints are addressed by the Attorney General under separate procedures outlined in the Ethics Act.
- **These matters are confidential**, unless the subject waives confidentiality or the matter results in a public accusation.

What Are The Procedures for Quarterly Reports?

Designated ethics supervisors must submit copies of notices of potential violations received and the corresponding determinations to the Attorney General for review by the state ethics attorney as part of the quarterly report required by the Ethics Act.

- Reports are due in April, July, October and January for the preceding quarter.
- A sample report may be found on the Department of Law's ethics website.
- An executive director may file a quarterly report on behalf of the chair and combine it with his or her own report.
- If a board or commission does not meet during a quarter and there is no other reportable activity, the DES advises the Department of Law Ethics Attorney by e-mail at ethicsreporting@alaska.gov and no other report is required.

If the state ethics attorney disagrees with a reported determination, the attorney will advise the DES of that finding. If the ethics attorney finds that there was a violation, the member who committed the violation is not liable if he or she fully disclosed all relevant facts reasonably necessary to the ethics supervisor's or commission's determination and acted consistent with the determination.

How Does A DES or Board or Commission Get Ethics Advice?

A DES or board or commission may make a **written request** to the Attorney General for an opinion regarding the application of the Ethics Act. In practice, the Attorney General, through the state ethics attorney, also provides **advice by phone or e-mail** to designated ethics supervisors, especially when time constraints prevent the preparation of timely written opinions.

- A request for advice and the advisory opinion are confidential.
- The ethics attorney endeavors to provide prompt assistance, although that may not always be possible.
- The DES must make his or her determination addressing the potential violation based on the opinion provided.

It is the obligation of each board or commission member, as well as the staff, to ensure that the public's business is conducted in a manner that is consistent with the standards set out in the Ethics Act. We hope this summary assists you in ensuring that your obligations are met.

¹ The Act covers a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch of state government.

² The governor has delegated the DES responsibility to Guy Bell, Administrative Director of the Office of the Governor.

³ You may supplement the disclosure form with other written explanation as necessary. Your signature on a disclosure certifies that, to the best of your knowledge, the statements made are true, correct and complete. False statements are punishable.

⁴ In most, but not all, situations, refraining from participation ensures that a violation of the Ethics Act does not occur. Abstention does not cure a conflict with respect to a significant direct personal or financial interest in a state grant, contract, lease or loan because the Ethics Act prohibition applies whether or not the public officer actually takes official action.

⁵ The chair must give a copy of the written determination to the disclosing member. There is a determination form available on the Department of Law's ethics web page. The ethics supervisor may also write a separate memorandum.

⁶ In this manner, a member's detailed personal and financial information may be protected from public disclosure.

⁷ When a matter of particular sensitivity is raised and the ramifications of continuing without an advisory opinion from the Attorney General may affect the validity of the board or commission's action, the members should consider tabling the matter so that an opinion may be obtained.

⁸ The DES provides a copy of the notice to the employee who is the subject of the notice and may seek input from the employee, his or her supervisor and others. The DES may seek advice from the Attorney General. A copy of the DES' written determination is provided to the subject employee and the complaining party. The DES submits a copy of both the notice and the determination to the Attorney General for review as part of the DES' quarterly report. If feasible,

the DES shall reassign duties to cure a potential violation or direct divestiture or removal by the employee of the personal or financial interests giving rise to the potential violation.

6/14

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

Alaska Department of Law

1031 West 4th Avenue, Suite 200

Anchorage, AK 99501

attorney.general@alaska.gov

Phone: (907) 269-5100 | Fax: (907) 276-3697

TTY: 907-258-9161

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Ethics Disclosure Form

<p style="text-align: center;">CONFIDENTIAL REQUEST FOR ETHICS DETERMINATION</p>
--

TO: _____, Designated Ethics Supervisor

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

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

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

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

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

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

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

(Signature)

(Date)

(Printed Name)

(Division, Board, Commission)

(Position Title)

(Location)

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

Ethics Disclosure Form

Receipt of Gift

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

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

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

Yes No

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

Yes No

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

The gift is _____

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

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

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

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

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

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

(Signature)

(Date)

(Printed Name)

(Division)

(Position Title)

(Location)

Ethics Supervisor Determination: Approve Disapproved

Designated Ethics Supervisor*

(Date)

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

Register _____, _____ 2020 PROFESSIONAL REGULATIONS

1/6/2002, Register 161; am 8/20/2004, Register 171; am 8/14/2010, Register 195; am 2/23/2020, Register 233; am ____/____/____, Register ____)

Authority: AS 08.20.055 AS 08.20.120 AS 08.20.130

12 AAC 16 is amended by adding a new section to read:

12 AAC 16.910. Administering nutritional substances. (a) A chiropractic physician may administer a nutritional substance intended for oral, topical, or transdermal use.

(b) A chiropractic physician who has completed board approved post-graduate training in nutrition may administer a nutritional substance by oral, topical, transdermal, injection, or intravenous drip. (Eff. ____/____/____; Register ____)

Authority: AS 08.20.100 AS 08.20.900

12 AAC 16.990(a) is amended by adding a new paragraph to read:

(9) “nutrition or nutritional substance” means a vitamin, mineral, plant or extract, herb or extract, homeopathic, glandular or whole tissue extract, sugar, amino acid product, enzyme supplement, or saline, intended for use in the diagnosis, treatment, or prevention of disease in humans; nutritional substances include food grade and pharmaceutical grade substances that can be purchased by professionals without a federal Drug Enforcement Administration registration.

12 AAC 16.990(b) is repealed and readopted to read:

(b) In AS 08.20.900,

(1) a “prescription drug” does not include a nutritional substance as defined in this

Zinn, Sher K (CED)

From: Alaska Healing Arts [REDACTED]
Sent: Tuesday, June 9, 2020 11:12 AM
To: Regulations and Public Comment (CED sponsored)
Subject: Board of Chiropractic Examiners

Dr. Larson and Board Members,

I am writing this email to voice my strong opposition to changes being proposed to our scope of practice allowing for intravenous nutrition administration as well as the revision of the surgery definition to include sutures, removal of dead tissue, venipuncture, injections, dry needling, and punctures.

My opposition is grounded in four principle issues:

1. Very few chiropractors are trained in the physical aspects of inserting needles for the purpose of intravenous nutrition therapy or the practicals of the other proposed procedures. In regards to intravenous nutrient delivery, it is clear that this will only be allowed with the completion of an approved nutrition program but there is no specification requiring that the program needs to include a practical applications aspect. While things could change, it is also not likely that such a program would be doing in person classes any time soon and certainly not in Alaska. Since there is no provision for requiring a class that teaches the practical application of inserting a needle into another person for the purpose of intravenous nutrition administration, I am incredibly opposed to this being within the scope of practice and the implications for the incredibly small community we enjoy in Alaska. Expanding our scope to include this is a risk to the safety of our patients and the reputation of chiropractors in such a small community.
2. There are other professions in our community that are educated in the hands on application of needle use: medical doctors, naturopaths, acupuncturists, and nurse practitioners to name a few. There is no reason we can't successfully co-manage patients with those practitioners when the necessity for intravenous nutritional substance delivery is deem necessary. Collaborative care is not just in the interest of our patients but in the interest of our profession especially when it comes to procedures that most of us are not trained in. If chiropractors want to practice something other than chiropractic care, they should go to school to be in a different profession such as ANP, PA, or DO.
3. There is no provisions for oversight of those performing these procedures. While I am strongly opposed to an increase in governing body oversight when we are the experts of our patients chiropractic care, most chiropractors are not experts in intravenous nutrition administration. The lack of provisions and conditions with that in

mind is borderline irresponsible and potentially setting the stage for increased regulations by another group such as malpractice companies. With the removal of the other procedures from being considered surgery, as in other states that allow for the scope of practice to include such things as sutures, there has to be additional testing to prove competence in those areas. Without it, there can be no certainty that chiropractors are performing these procedures (that are not even chiropractic care) safely.

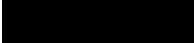
4. In regards to the removal of dead tissue, this again is not something that we are taught in school and the CCE does not test on so there is no way to set a baseline knowledge before someone grabs a scalpel and starts cutting. How are we to determine if tissue is dead or not? If someone comes in with severe frostbite and the fingers are black and rotting would we be allowed to remove that?

I do not believe that these proposed procedures have a place in our profession and especially not without conditions to provide ample oversight to ensure safety. For the reasons above, I am strongly opposed to the current revisions of the laws determining scope of practice. I am not the only one that believes this. Before you consider this expansion I would recommend that you survey all of the licensed chiropractors in the state to see what the general consensus is on expanding the scope. I would also be curious to know who actually meets the standards to be able to do any sort of intravenous work and how that skillset is being monitored for proficiency. It seems that this expansion is being considered for a select few chiropractors and not for the benefit of the profession as a whole.

--

Very Respectfully,

Dr. Chris Dirth DC, MS Clinical Nutrition, CACCP



Zinn, Sher K (CED)

From: Charisse Basquin [REDACTED]
Sent: Monday, June 8, 2020 11:24 PM
To: Regulations and Public Comment (CED sponsored)
Subject: public comment 12 aac 16.052 through 12 aac 16.990 due by 4:30 pm 6/9/2020

Greetings,

The following is in response to feedback on proposed regulations for administration of nutritional substances. Perhaps what I have to say is already in the wording and I don't recognise it. None-the-less, here's my feedback on administering nutritional substances:

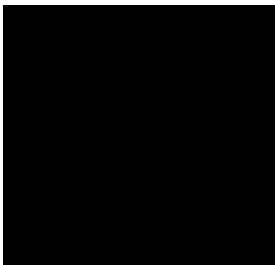
I'd like to see it made clear that nothing administered can have psychotropic effects. Does "nutrition or nutritional substance" include herbs? I vote that chiropractors not be lawfully approved to administer these due to the potential challenges with the effects and for some hallucinogenic herbs, such as ayahuasca, are undetectable by physiological testing, sniffer dogs, etc.

Thank you for doing the work you do.

Best regards,
Charisse Basquin, D.C.

--

Charisse Y. Basquin, D.C.
Early Imprints



Zinn, Sher K (CED)

From: [REDACTED]
Sent: Monday, June 8, 2020 10:53 PM
To: Regulations and Public Comment (CED sponsored)
Subject: public comment 12 aac 16.052 through 12 aac 16.990 due by 4:30 pm 6/9/2020

Dear Ms. Zinn;

I hope this letter finds you healthy and well. My name is Dr. Jason Nardi, I am an Alaska Chiropractor and would like to comment on the proposed regulations changes, especially 12 AAC 16.910 and 16.990.

I am certified by the American Board of Chiropractic Internists, the American Clinical Board of Nutrition, and a Fellow of the International Academy of Medical Acupuncture. I am the Director of Research for the American Chiropractic Association's (ACA) Council on Nutrition and one of the editorial reviewers for the ACA journal, *Nutritional Perspectives*. I would like to comment on the training in nutrition, from a firsthand perspective. While we are highly educated in nutrition in our initial training to receive our degree, we are not practicing clinical nutrition in school. Currently, in the chiropractic profession, the ACA recognizes three post-graduate programs in clinical nutrition. The first is the Chiropractic Internist Program. While not a specific clinical nutrition designation, chiropractic internists, or DABCI doctors, go through a three-year, 300-hour program of course work and clinical rotations in internal disorders and diseases, before taking a 3 part nationally administered board exam. DABCI doctors are qualified to sit for the other two boards in clinical nutrition automatically, with no further training. The other qualification, the American Clinical Board of Nutrition, is not specific to chiropractors, but to all providers holding a doctorate, and some related Ph.D.'s. This board is accredited through the National Commission for Certifying Agencies and recognized by the ACA. The Chiropractic Board of Clinical Nutrition is the third designation in the Chiropractic profession in clinical nutrition. This board is an ACA sponsored board as well.

All of these programs require 300 hours of education followed by an exam process. All three designations require recertification every 2 years through continuing education. The focus is on diagnostic and treatment measures. Focus in heavy on biochemistry and physiology, as well as laboratory processes. Developing a proper diagnosis was a large part of the DABCI training. Focus on treatment and measuring progress is paramount in all three programs. However, despite the training, little is focused on injectable nutrients. While it was a topic that instructors touched on, the topic is not taught to any real degree. Working on the Council on Nutrition I have many colleagues who practice injectable nutrition in those states where it is permissible. The requirements are an additional certification in injectables.

Certification programs offered on this subject are between 20 and 30 hours long. The one that I am familiar with is recognized by the ACA's College of Pharmacology and Toxicology. The courses will include a total of 24 hours of lecture and hands-on practicum, whereby the Chiropractic physician would receive classroom instruction in laboratory diagnosis of pathology as it relates to the use of injectable, nutritional substances, homeopathic articles, compounded nutritional articles, indications, and contraindications including areas within risk management; OSHA requirements for employees as well as public health concerns; technical instruction regarding proper injection techniques; and physically applying them; **emergency procedures for shock**; differentially diagnosing referred visceral pain from neuromusculoskeletal etiologies, and protocols for musculoskeletal and primary care conditions, and more. In short, injectable nutrition is a powerful and safe therapeutic tool in professionally trained providers. Chiropractors, with the proper training in clinical nutrition and certified in injectables, can help provide natural therapeutics to Alaskans safely and effectively.

The BOCE already recognizes these three designations (DABCI, DACBN, and CBCN) for nutritional training in Alaska. Each diplomate program requires 300 hrs/3 years to complete and an examination. To further ensure patient safety in injectable nutrients, I feel requiring a recognized certification specifically in injectable nutrition is critical to patient safety. The BOCE should determine if other professional programs that cover the same areas of instruction should be considered (injectable nutrition for medical and naturopathic doctors for example).

Many chiropractors do pursue specialties and are well trained in areas that enhance what they learned in our initial training. I thank you for this opportunity to submit my thoughts and opinions on these proposed changes to our scope of practice.

Please feel free to contact me at [REDACTED] if you have any questions or concerns.

Yours in Health,

Jason Nardi, DC

Director of Research – ACA Council on Nutrition

Certified American Board of Chiropractic Internist

Certified American Clinical Board of Nutrition

Fellow International Academy of Medical Acupuncture

[REDACTED]

[REDACTED]

Email Disclaimer Language

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Zinn, Sher K (CED)

From: [REDACTED]
Sent: Monday, June 8, 2020 5:57 PM
To: Regulations and Public Comment (CED sponsored)
Subject: Public Comment 12 AAC 16.052 through 12 AAC 16.990 due by 4:30 pm June 9, 2020
Attachments: ACS BOCE Regulation Change Public Comment Final 06 08 2020.pdf

June 8, 2020

Attn: Sher Zinn, Regulations Specialist

Division of Corporations, Business and Professional Licensing
PO Box 110806
Juneau, AK 99811-0806

RE: Public Comment Proposed Changes to the Practice of Chiropractic in the Regulations of the Board of Chiropractic Examiners

Dear Ms. Zinn,

It is the opinion of the Alaska Chiropractic Society Executive Board that the Board of Chiropractic Examiners is attempting to fundamentally change the culture of our profession through regulation. The ACS Executive Board is not in favor of the direction of these proposed regulations. Alaska is fortunate to have a broad chiropractic scope of practice allowing chiropractic physicians to practice as extensively or as narrowly as they choose. While the ACS Executive Board may not agree with the proposed changes, our organization represents the licensed Doctors of Chiropractic in the State of Alaska. It is our duty to represent the membership in its entirety and encompass the wide range in which they are trained, educated as well as how they choose to practice their profession.

Our association has the following concerns with regards to the proposed regulation changes put forth by the Alaska Board of Chiropractic Examiners:

“Surgery” - repeal and re-adoption of the definition in 12 AAC 16.990(b)(2). With the clarifications that “suturing” and “dry needling” are not included in the new definition of surgery, the Alaska Chiropractic Society would like the Board of Chiropractic Examiners to establish the educational criteria, listed in the appropriate regulation(s) area, required for a chiropractic physician to perform these procedures similar to how the Board of Chiropractic Examiners has added language under 12 AAC 16.910 Administering nutritional substances (b) for a chiropractic physician to perform injection procedures.

- Example language for dry needling - A chiropractic physician who has completed board approved post-graduate training consisting of clinical training with a minimum of 24 hours, with significantly more practical training time recommended may perform dry needling. Study and practice of clean technique should be included. Emergency procedures training should be sought, with specific training in utilizing low-pressure delivery oxygen systems and airways (OPA/NPA.) Continuing education of 8 hours biannually, with 2 hours of supervised technique and 2 hours of practical emergency procedures is required to continue to perform dry needling.

- Example language for suturing – A chiropractic physician who received minor surgery training in an accredited chiropractic college or has completed board approved post-graduate training in minor surgery may perform suturing.

“Administering nutritional substances (b) – adding a new section to 12 AAC 16. The Alaska Chiropractic Society is very concerned with the inclusion of the ability to administer nutritional substances via injections and intravenous drip. The association has several concerns regarding the addition of this section. Our primary concern with its inclusion is from a patient safety aspect with regards to anaphylaxis. ACS is very concerned with how DCs performing this procedure will have access to the life saving medication (prescription) required in the rare case anaphylaxis occurs. If injections/intravenous drip are to be included via regulation, clear clinical guidelines by need to be established and adopted by the Board of Chiropractic Examiners for emergency responses.

Our secondary concern is with regards to the “board approved post-graduate training” of 12 AAC 16.910 Administering nutritional substances (b). The Alaska Chiropractic Society would ask that the Board of Chiropractic Examiners require that all chiropractors have at minimum, a master’s degree in nutrition, before being allowed to participate in specialized training for injections and intravenous drip. Any approved post-graduate training should also include live clinical practicum.

We thank you for the opportunity to submit our concerns on the proposed changes relating to the practice of chiropractic in Alaska.

Please contact Sheri Ryan, Chief Operating Officer for the Alaska Chiropractic Society, at [REDACTED] or [REDACTED] if you have any questions or concerns.

Sincerely,

Dr. Todd Curzie, President

Dr. Kelly Ryan, Vice-President

Dr. Joel Adkins, Secretary

Dr. John Pairmore, Treasurer

Alaska Chiropractic Society Executive Board

Sheri Ryan | Chief Operating Officer

Alaska Chiropractic Society | [REDACTED]

Direct/Mobile: [REDACTED]

Ensuring Chiropractic is the first Healthcare Choice in Alaska!

If you need a more accessible version of this website, click this button on the right. [REDACTED]

Multispecialty Medical Clinic
[REDACTED]
[REDACTED]
[REDACTED]

Patient Education

Information

[Chiropractic Injectable Nutrients](#)

CERTIFICATION PROGRAM

****Attendees must be present for both modules to qualify for taking the certifying examination immediately following the last Module.****

"Some States require completion of 3 Modules of instruction, lab, and clinical application"

These courses are sponsored by the Institute for Chiropractic Injectable Nutrients (ICIN) and Texas Chiropractic College.

Michael Taylor, DC, DABCI is your instructor and is the only instructor for chiropractic injectable nutrients in the United States. Dr. Taylor has taught hundreds of doctors of chiropractic the coursework for over 18 years now in 6 different States.

Oklahoma law states that you must be certified by the Oklahoma Board of Chiropractic Examiners to legally perform injectable nutrient procedures in the State of Oklahoma. Other States Chiropractic Boards of Examiners have also ruled that the perenteral application of nutrition is within their respective scopes of practice for the appropriately educated and credentialed Doctor of Chiropractic.

This course is designed to augment the Doctor of Chiropractic's ancillary therapeutic modalities through the application of Injectable procedures in which nutritional substances are clinically administered.

The course will include 24 hours (or 36 hours in some States) of lecture and "hands-on" lab, whereby the Doctor of Chiropractic would receive classroom instruction in laboratory diagnosis of pathology as it relates to the use of injectable, nutritional substances;

indications and contraindications including areas within risk management; OSHA requirements for your employees as well as public health concerns; review of syringes, needles, catheters; technical instruction regarding proper injection techniques (IM, IV, Sub-Q); and physically applying them (will require review of some anatomy), emergency procedures for shock; differentially diagnosing referred visceral pain from neuromusculoskeletal etiologies. Other instruction includes sterile technique, review of nutritional articles used in perenteral applications. Includes HO's, slides, and possible video. A certificate of successful completion will be awarded by Texas Chiropractic College's Post-Graduate Department upon completing the coursework and passing the examination. The American Academy of Chiropractic Physicians will administer the final examination and credential the Doctor of Chiropractic who successfully passes the final examination with a 75% or greater.

Every attempt is made to offer these seminars as publicized; however, the Institute for Chiropractic Injectable Nutrients reserves the right to adjust seminar locations, dates, times, etc. due to circumstances beyond our control. No audio or video tape recorders are allowed, and no portion of the seminar may be reproduced in any manner without expressed written consent. Pre-registration is required. The Institute for Chiropractic Injectable Nutrients nor Texas Chiropractic College can be held responsible for any expenses incurred by registrar if a program must be altered and/or canceled. Seminar fee is non-refundable. If the Doctor is unable to attend after pre-registering and payment has been received, the seminar fee will be transferred to another injectable seminar (attended within 12 months of the original seminar) for an administration fee of \$25. Any seminar fee not transferred and used within 12 months will be forfeited.

Chiropractor - Tulsa, Marion Medical [REDACTED]

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Patient Education

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Module I

Chiropractic Injectable Nutrients

Day 1:

9 - 12: Introduction (Molecular Considerations in Injectable Nutrient Protocols) / History of Chiropractic Injectable Nutrients, Positioning (Bezold, Oklahoma, Other Disciplines, Statutory Changes, Rules Promulgation, Published Articles)

1 - 3: Informed Consent / Review Abdominal Referred Pain Patterns / Review Posterior Referred Pain Patterns / Patient Interview (Allergies, Meds) / 4 Types Dangerous Back Pain

3 - 5: Lung Sounds / Surgical Abdominal Indications / Bronchitis vs. Pneumonia / Cold vs Influeza / Types of Cough / Phlegm Characteristics

Day 2:

9 - 10:30: OSHA Requirements (Review) [General Compliance, Exposure Control, Engineering Controls, Medical Records, Personal Protection Equipment, Hazard communications, Written Program]

10:30 - 11: Explaining Lab Reference Ranges vs. Homeostatic Ranges

11 - 12: Laboratory Interpretation [Blood Lipids (total cholesterol, HDL, LDL, Lp(a), Apo A-1, Apo B, Triglycerides, Phenotypes)]


1 - 2: Fibrinogen / CRP / SED Rate / Homocysteine / Serum Glucose / Serum Insulin / Hemoglobin A-1C / Electrolytes (Sodium, Potassium, Chloride, CO2), BUN / Creatinine / BUN/Creatinine Ratio / Uric Acid / Calcium / Phosphorus

2 - 3: Alkaline Phosphatase / Total Protein / Albumin / Globulin / A/G Ratio / Calcium/Albumin Ratio / GGT / SGOT / SGPT / LDH / LDH Isoenzymes /

3 - 4: Total Bilirubin / CPK / CPK Isoenzymes / Serum Iron / Serum Transferrin / Serum Ferritin / CBC [WBC, Differential Count (PMN's, Lymphocytes, Monocytes, Eosinophils, Basophils, Band Cells) / RBC (Hemoglobin, Hematocrit, MCH, MCHC, MCV) / Platelets,

4 - 5: Thyroid (T3, T4, T7, TSH) / Basal Temperatures / Urinalysis [Color, Specific Gravity, pH, WBC's, Nitrates, Protein, Glucose, Ketones, Urobilinogen, Bilirubin, Blood, Sulfites] / Serum Tumor Markers [CEA, CA 19-9, PHI, Gastrin, CA-125, Ectopic ACTH, C-peptide, AFP, SCCA, CA 27-29, PSA, PAP, B-HCG, Calcitonin, PHT] / Anti-malignant Antibody (AMAS)

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Patient Education

Module II

Chiropractic Injectable Nutrients

Day 1:

9 - 10: Molecular Considerations in Injectable Nutrient Protocols / Nutrient Gradient / Indications for Intravenous Nutrient Protocols / Goals of Intravenous Nutrient Protocols

10 - 12: Review of Vitamins [Clinical Indications, Drug Interactions, Toxicity, Usual Dosage Range / (Vitamin A, Beta Carotene, Thiamine, Riboflavin, Inositol Hexa-Nicotinate, Folic Acid, Pantothenic Acid, Vitamin B6, Biotin, Vitamin B12, PABA, Choline, Vitamin C, Bioflavonoids, Vitamin D, Vitamin E, Vitamin K), / Essential Fatty Acids (EPA, DHA, GLA), Minerals (Calcium, Magnesium, Potassium, Sodium, Zinc, Copper, Iron, Selenium, Chromium, Manganese, Molybdenum, Boron, Silicon, Iodine, Lithium) / Accessory Nutrients-Amino Acids (CoQ10, Carnitine, Tryptophan, Lysine, Tyrosine, Taurine, Glutamine, Methionine, Phenylalanine, Threonine) / Germanium, Glyceron, Reduced Glutathione

1 - 3: Review of Conditions That Respond to Nutritional Medicine and Nutritional Agents to Consider: Acne, Alopecia, Angina Pectoris, Aphthous ulcers, Anxiety, Asthma, Atherosclerosis, Bursitis, Cataract, Cervical Dysoplasia, Cholecystitis, Cholelithiasis, Congestive Heart Failure, Conjunctivitis, Chron's Disease, Depression, Diabetes, Eczema, Emphysema, Erythema nodosum, Fatigue, Chronic Fatigue Syndrome, Fibrocystic Breast Disease, GERD, Gingivitis, Hepatitis, Herpes simplex, Herpes Zoster, Hypercholesterolemia, Hypertension, Hyperthyroidism, Hypothyroidism, Hypoadrenalism, Acute Infection, Chronic Infections, Irritable Bowel Syndrome, Lupus, Multiple Sclerosis, Menorrhagia, Metrorrhagia, Nausea of Pregnancy, Osgood Schlatter's disease, Organic Brain Syndrome, Osteoarthritis, Osteoporosis, Otitis Media, Peptic Ulcer, Peyronie's Disease, Prostatic Hypertrophy, Premenstrual Syndrome, Psoriasis, Raynaud's, Rheumatoid Arthritis, Aciatica, Scleroderma, Tinnitus, Ulcerative Colitis.

3 - 3:30: Review of Sterile Technique / Review of Syringes, Needles

3:30 - 4: Intramuscular Site Selection and Procedure (Thigh, Hip, Buttock, Upper Arm / Giving the Injection)

4 - 4:30: Multiple Admixtures Injection (Vitamins, Minerals, Compounded Accessory Nutraceuticals, Amino Acids, DMSO, Calcium EDTA, Sarapin, HCL, Homeopathics, and more) / Review of Off-Label Usage and Steps Necessary to Fully Inform and Make Administration Legal

4:30 - 5:30: Review of emergency Protocols, Reactions, Cardiac, Respiratory (Anaphylactic Shock vs. Vaso-vagal Reactions)

5:30 - 6:00: Practical Lab (All Seminar Participants Prepare and Administer IM Injections)

Day 2:

9 - 10: Comparisons of Advantages and Disadvantages of IV/IM Nutrition and Oral Supplementation / Complications of IV Therapy / Review of IV Therapy Consent Form /

10 - 12: Review of Vein Considerations and Site Selections for IV Therapy / Review of Equipment for Administering IV Therapy [Review of I.V. Carrier Solutions (Sterile Water for Injection, .45% Sodium Chloride, 5% Dextrose in Water, .9% Sodium Chloride, Lactated Ringer's), Review of Definitions (Isotonic ,Osmolarity) / Computing the Osmolarity of a Solution with Admixtures

1 - 2: Steps to Execute an IV / Review of IV Admixtures (Vitamins, Minerals, Compounded Accessory Nutraceuticals, Amino Acids, DMSO, Colchicine, Calcium EDTA, H₂O₂, Homeopathics, DMPS, and more) / Practical Lab (All Seminar Participants Prepare and Administer IV Injections)

2 - 3: Review of IV Protocols [Ascorbates, HCL, H₂O₂, Colchicine, Myer's Cocktail (original formula), Coding for Injections

3 - 4: Review for Test

5 - ?: Test [175 Examination Questions (fill in the blank, T/F, Multiple Choice, and Matching)

Student must attain a final examination score of 75% or greater to pass the course.

Some States May Require 3 Modules (a total of 36 hours of instruction) in order to legally utilize Chiropractic Injectable Nutritional Pharmacotherapy Procedures within their State.

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Patient Education

Module III

Chiropractic Injectable Nutrients

Day 1:

9 - 12: Students are instructed prior to the course, to bring clinical case histories of actual patients within their practices. We will review the work done by the practitioner and make any additional suggestions regarding appropriate diagnosis and treatment with perenteral therapies. Questions and Answers. Observing IV Technique of Attendees who have questions/concerns.

1 - 2: Review of PICC (Peripherally Inserted Central Catheters) and Subclavian Ports (proper access, proper non-core needle selection, proper flushing before and after usage)

2 - 3: Review of Botanicals, Alpha lipoic acid, MSM, Phosphatidylcholine, glandulars, and other advanced nutraceutical accessory factors that can be compounded, along with applications

3 - 4:30: Trigger Point Injections [Agents, Technique, Syringe and Needle Selection, Review of Anatomy, Indications/Contraindications, (stressing to perform within one's comfort zone and not to perform risky injections in anatomically sensitive regions such as sub-occipital region)]

4:30 - 5: H2O2 Therapy [Indications/Contraindications]

5 - 5:30: HCL Therapy [Indications/Contraindications]

Day 2:

9 - 10:30: Peripheral Joint Injections (Knee, Ankle, Hip, Shoulder, Elbow, Wrist)

10:30 - 12: Facet Joint Injection / SI Joint Injection

1 - 2: Ultraviolet Blood Irradiation

2 - 3: Auto-Sanguis Injection Therapy

3 - 4: Aesthetic Medicine (Biotherapeutic Mesotherapy - Face / Neck / Backs of upper arms / Thighs / Abdomen)

4 - 5: Questions / Answers

Chiropractor - Tulsa, Marion Medical, [REDACTED]

Register _____, _____ 2020 PROFESSIONAL REGULATIONS

1/6/2002, Register 161; am 8/20/2004, Register 171; am 8/14/2010, Register 195; am 2/23/2020, Register 233; am ____/____/____, Register ____)

Authority: AS 08.20.055 AS 08.20.120 AS 08.20.130

12 AAC 16 is amended by adding a new section to read:

12 AAC 16.910. Administering nutritional substances. (a) A chiropractic physician may administer a nutritional substance intended for oral, topical, or transdermal use.

(b) A chiropractic physician who has completed board approved post-graduate training in nutrition may administer a nutritional substance by oral, topical, transdermal, injection, or intravenous drip. (Eff. ____/____/____; Register ____)

Authority: AS 08.20.100 AS 08.20.900

12 AAC 16.990(a) is amended by adding a new paragraph to read:

(9) “nutrition or nutritional substance” means a vitamin, mineral, plant or extract, herb or extract, homeopathic, glandular or whole tissue extract, sugar, amino acid product, enzyme supplement, or saline, intended for use in the diagnosis, treatment, or prevention of disease in humans; nutritional substances include food grade and pharmaceutical grade substances that can be purchased by professionals without a federal Drug Enforcement Administration registration.

12 AAC 16.990(b) is repealed and readopted to read:

(b) In AS 08.20.900,

(1) a “prescription drug” does not include a nutritional substance as defined in this

Zinn, Sher K (CED)

From: Alaska Healing Arts [REDACTED]
Sent: Tuesday, June 9, 2020 11:12 AM
To: Regulations and Public Comment (CED sponsored)
Subject: Board of Chiropractic Examiners

Dr. Larson and Board Members,

I am writing this email to voice my strong opposition to changes being proposed to our scope of practice allowing for intravenous nutrition administration as well as the revision of the surgery definition to include sutures, removal of dead tissue, venipuncture, injections, dry needling, and punctures.

My opposition is grounded in four principle issues:

1. Very few chiropractors are trained in the physical aspects of inserting needles for the purpose of intravenous nutrition therapy or the practicals of the other proposed procedures. In regards to intravenous nutrient delivery, it is clear that this will only be allowed with the completion of an approved nutrition program but there is no specification requiring that the program needs to include a practical applications aspect. While things could change, it is also not likely that such a program would be doing in person classes any time soon and certainly not in Alaska. Since there is no provision for requiring a class that teaches the practical application of inserting a needle into another person for the purpose of intravenous nutrition administration, I am incredibly opposed to this being within the scope of practice and the implications for the incredibly small community we enjoy in Alaska. Expanding our scope to include this is a risk to the safety of our patients and the reputation of chiropractors in such a small community.
2. There are other professions in our community that are educated in the hands on application of needle use: medical doctors, naturopaths, acupuncturists, and nurse practitioners to name a few. There is no reason we can't successfully co-manage patients with those practitioners when the necessity for intravenous nutritional substance delivery is deem necessary. Collaborative care is not just in the interest of our patients but in the interest of our profession especially when it comes to procedures that most of us are not trained in. If chiropractors want to practice something other than chiropractic care, they should go to school to be in a different profession such as ANP, PA, or DO.
3. There is no provisions for oversight of those performing these procedures. While I am strongly opposed to an increase in governing body oversight when we are the experts of our patients chiropractic care, most chiropractors are not experts in intravenous nutrition administration. The lack of provisions and conditions with that in

mind is borderline irresponsible and potentially setting the stage for increased regulations by another group such as malpractice companies. With the removal of the other procedures from being considered surgery, as in other states that allow for the scope of practice to include such things as sutures, there has to be additional testing to prove competence in those areas. Without it, there can be no certainty that chiropractors are performing these procedures (that are not even chiropractic care) safely.

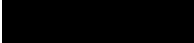
4. In regards to the removal of dead tissue, this again is not something that we are taught in school and the CCE does not test on so there is no way to set a baseline knowledge before someone grabs a scalpel and starts cutting. How are we to determine if tissue is dead or not? If someone comes in with severe frostbite and the fingers are black and rotting would we be allowed to remove that?

I do not believe that these proposed procedures have a place in our profession and especially not without conditions to provide ample oversight to ensure safety. For the reasons above, I am strongly opposed to the current revisions of the laws determining scope of practice. I am not the only one that believes this. Before you consider this expansion I would recommend that you survey all of the licensed chiropractors in the state to see what the general consensus is on expanding the scope. I would also be curious to know who actually meets the standards to be able to do any sort of intravenous work and how that skillset is being monitored for proficiency. It seems that this expansion is being considered for a select few chiropractors and not for the benefit of the profession as a whole.

--

Very Respectfully,

Dr. Chris Dirth DC, MS Clinical Nutrition, CACCP



Zinn, Sher K (CED)

From: Charisse Basquin [REDACTED]
Sent: Monday, June 8, 2020 11:24 PM
To: Regulations and Public Comment (CED sponsored)
Subject: public comment 12 aac 16.052 through 12 aac 16.990 due by 4:30 pm 6/9/2020

Greetings,

The following is in response to feedback on proposed regulations for administration of nutritional substances. Perhaps what I have to say is already in the wording and I don't recognise it. None-the-less, here's my feedback on administering nutritional substances:

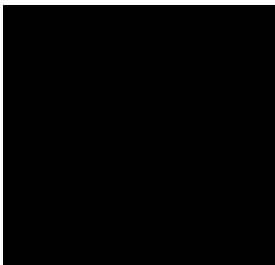
I'd like to see it made clear that nothing administered can have psychotropic effects. Does "nutrition or nutritional substance" include herbs? I vote that chiropractors not be lawfully approved to administer these due to the potential challenges with the effects and for some hallucinogenic herbs, such as ayahuasca, are undetectable by physiological testing, sniffer dogs, etc.

Thank you for doing the work you do.

Best regards,
Charisse Basquin, D.C.

--

Charisse Y. Basquin, D.C.
Early Imprints



Zinn, Sher K (CED)

From: [REDACTED]
Sent: Monday, June 8, 2020 10:53 PM
To: Regulations and Public Comment (CED sponsored)
Subject: public comment 12 aac 16.052 through 12 aac 16.990 due by 4:30 pm 6/9/2020

Dear Ms. Zinn;

I hope this letter finds you healthy and well. My name is Dr. Jason Nardi, I am an Alaska Chiropractor and would like to comment on the proposed regulations changes, especially 12 AAC 16.910 and 16.990.

I am certified by the American Board of Chiropractic Internists, the American Clinical Board of Nutrition, and a Fellow of the International Academy of Medical Acupuncture. I am the Director of Research for the American Chiropractic Association's (ACA) Council on Nutrition and one of the editorial reviewers for the ACA journal, *Nutritional Perspectives*. I would like to comment on the training in nutrition, from a firsthand perspective. While we are highly educated in nutrition in our initial training to receive our degree, we are not practicing clinical nutrition in school. Currently, in the chiropractic profession, the ACA recognizes three post-graduate programs in clinical nutrition. The first is the Chiropractic Internist Program. While not a specific clinical nutrition designation, chiropractic internists, or DABCI doctors, go through a three-year, 300-hour program of course work and clinical rotations in internal disorders and diseases, before taking a 3 part nationally administered board exam. DABCI doctors are qualified to sit for the other two boards in clinical nutrition automatically, with no further training. The other qualification, the American Clinical Board of Nutrition, is not specific to chiropractors, but to all providers holding a doctorate, and some related Ph.D.'s. This board is accredited through the National Commission for Certifying Agencies and recognized by the ACA. The Chiropractic Board of Clinical Nutrition is the third designation in the Chiropractic profession in clinical nutrition. This board is an ACA sponsored board as well.

All of these programs require 300 hours of education followed by an exam process. All three designations require recertification every 2 years through continuing education. The focus is on diagnostic and treatment measures. Focus in heavy on biochemistry and physiology, as well as laboratory processes. Developing a proper diagnosis was a large part of the DABCI training. Focus on treatment and measuring progress is paramount in all three programs. However, despite the training, little is focused on injectable nutrients. While it was a topic that instructors touched on, the topic is not taught to any real degree. Working on the Council on Nutrition I have many colleagues who practice injectable nutrition in those states where it is permissible. The requirements are an additional certification in injectables.

Certification programs offered on this subject are between 20 and 30 hours long. The one that I am familiar with is recognized by the ACA's College of Pharmacology and Toxicology. The courses will include a total of 24 hours of lecture and hands-on practicum, whereby the Chiropractic physician would receive classroom instruction in laboratory diagnosis of pathology as it relates to the use of injectable, nutritional substances, homeopathic articles, compounded nutritional articles, indications, and contraindications including areas within risk management; OSHA requirements for employees as well as public health concerns; technical instruction regarding proper injection techniques; and physically applying them; **emergency procedures for shock**; differentially diagnosing referred visceral pain from neuromusculoskeletal etiologies, and protocols for musculoskeletal and primary care conditions, and more. In short, injectable nutrition is a powerful and safe therapeutic tool in professionally trained providers. Chiropractors, with the proper training in clinical nutrition and certified in injectables, can help provide natural therapeutics to Alaskans safely and effectively.

The BOCE already recognizes these three designations (DABCI, DACBN, and CBCN) for nutritional training in Alaska. Each diplomate program requires 300 hrs/3 years to complete and an examination. To further ensure patient safety in injectable nutrients, I feel requiring a recognized certification specifically in injectable nutrition is critical to patient safety. The BOCE should determine if other professional programs that cover the same areas of instruction should be considered (injectable nutrition for medical and naturopathic doctors for example).

Many chiropractors do pursue specialties and are well trained in areas that enhance what they learned in our initial training. I thank you for this opportunity to submit my thoughts and opinions on these proposed changes to our scope of practice.

Please feel free to contact me at [REDACTED] if you have any questions or concerns.

Yours in Health,

Jason Nardi, DC

Director of Research – ACA Council on Nutrition

Certified American Board of Chiropractic Internist

Certified American Clinical Board of Nutrition

Fellow International Academy of Medical Acupuncture

[REDACTED]

[REDACTED]

Email Disclaimer Language

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Zinn, Sher K (CED)

From: [REDACTED]
Sent: Monday, June 8, 2020 5:57 PM
To: Regulations and Public Comment (CED sponsored)
Subject: Public Comment 12 AAC 16.052 through 12 AAC 16.990 due by 4:30 pm June 9, 2020
Attachments: ACS BOCE Regulation Change Public Comment Final 06 08 2020.pdf

June 8, 2020

Attn: Sher Zinn, Regulations Specialist

Division of Corporations, Business and Professional Licensing
PO Box 110806
Juneau, AK 99811-0806

RE: Public Comment Proposed Changes to the Practice of Chiropractic in the Regulations of the Board of Chiropractic Examiners

Dear Ms. Zinn,

It is the opinion of the Alaska Chiropractic Society Executive Board that the Board of Chiropractic Examiners is attempting to fundamentally change the culture of our profession through regulation. The ACS Executive Board is not in favor of the direction of these proposed regulations. Alaska is fortunate to have a broad chiropractic scope of practice allowing chiropractic physicians to practice as extensively or as narrowly as they choose. While the ACS Executive Board may not agree with the proposed changes, our organization represents the licensed Doctors of Chiropractic in the State of Alaska. It is our duty to represent the membership in its entirety and encompass the wide range in which they are trained, educated as well as how they choose to practice their profession.

Our association has the following concerns with regards to the proposed regulation changes put forth by the Alaska Board of Chiropractic Examiners:

“Surgery” - repeal and re-adoption of the definition in 12 AAC 16.990(b)(2). With the clarifications that “suturing” and “dry needling” are not included in the new definition of surgery, the Alaska Chiropractic Society would like the Board of Chiropractic Examiners to establish the educational criteria, listed in the appropriate regulation(s) area, required for a chiropractic physician to perform these procedures similar to how the Board of Chiropractic Examiners has added language under 12 AAC 16.910 Administering nutritional substances (b) for a chiropractic physician to perform injection procedures.

- Example language for dry needling - A chiropractic physician who has completed board approved post-graduate training consisting of clinical training with a minimum of 24 hours, with significantly more practical training time recommended may perform dry needling. Study and practice of clean technique should be included. Emergency procedures training should be sought, with specific training in utilizing low-pressure delivery oxygen systems and airways (OPA/NPA.) Continuing education of 8 hours biannually, with 2 hours of supervised technique and 2 hours of practical emergency procedures is required to continue to perform dry needling.

- Example language for suturing – A chiropractic physician who received minor surgery training in an accredited chiropractic college or has completed board approved post-graduate training in minor surgery may perform suturing.

“Administering nutritional substances (b) – adding a new section to 12 AAC 16. The Alaska Chiropractic Society is very concerned with the inclusion of the ability to administer nutritional substances via injections and intravenous drip. The association has several concerns regarding the addition of this section. Our primary concern with its inclusion is from a patient safety aspect with regards to anaphylaxis. ACS is very concerned with how DCs performing this procedure will have access to the life saving medication (prescription) required in the rare case anaphylaxis occurs. If injections/intravenous drip are to be included via regulation, clear clinical guidelines by need to be established and adopted by the Board of Chiropractic Examiners for emergency responses.

Our secondary concern is with regards to the “board approved post-graduate training” of 12 AAC 16.910 Administering nutritional substances (b). The Alaska Chiropractic Society would ask that the Board of Chiropractic Examiners require that all chiropractors have at minimum, a master’s degree in nutrition, before being allowed to participate in specialized training for injections and intravenous drip. Any approved post-graduate training should also include live clinical practicum.

We thank you for the opportunity to submit our concerns on the proposed changes relating to the practice of chiropractic in Alaska.

Please contact Sheri Ryan, Chief Operating Officer for the Alaska Chiropractic Society, at [REDACTED] or [REDACTED] if you have any questions or concerns.

Sincerely,

Dr. Todd Curzie, President

Dr. Kelly Ryan, Vice-President

Dr. Joel Adkins, Secretary

Dr. John Pairmore, Treasurer

Alaska Chiropractic Society Executive Board

Sheri Ryan | Chief Operating Officer

Alaska Chiropractic Society | [REDACTED]

Direct/Mobile: [REDACTED]

Ensuring Chiropractic is the first Healthcare Choice in Alaska!