

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

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Loree V. Kessler, MPA
Executive Director

**Missouri State Board of Chiropractic Examiners
OPEN AGENDA
Tentative Agenda
November 18, 2010 – 8:00 a.m.
Division of Professional Registration
3605 Missouri Boulevard - Jefferson City, Missouri**

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Except to the extent disclosure is otherwise required by law, the Missouri State Board of Chiropractic Examiners is authorized to close meetings, records and votes, to the extent they relate to the following: Chapter 610.021 subsections (1), (3), (5), (7), (13), (14), and Chapter 324.001.8 and 324.001.9 RSMo.

The State Board may convene in closed session at any time during the meeting. If the meeting is closed, the appropriate section will be announced to the public, with the motion and vote recorded in open session minutes.

Please see attached agenda for this meeting.

Attachment

Missouri State Board of Chiropractic Examiners
Open Session Agenda
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**Missouri State Board of Chiropractic Examiners
 OPEN AGENDA
 Tentative Agenda
 November 18, 2010 – 8:00 a.m.
 Division of Professional Registration
 3605 Missouri Boulevard - Jefferson City Missouri**

Call to Order	Dr. William Madosky, President
Roll Call	Loree Kessler, Executive Director
Approval of Agenda	
1. Approval of Minutes	
• September 16, 2010 board meeting	
• September 24, 2010 mail ballot	
• September 24, 2010 conference call	
2. Financial Report	Loree Kessler, Executive Director
3. Nutrient Administration	
4. Meeting Schedule	
• 2011 Meeting Schedule	
• Acupuncture Testing Committee	

Motions to Close

Section 610.021 subsections (14), 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings.

OPEN SESSION MINUTES
Missouri State Board of Chiropractic Examiners
September 16, 2010 – 8:00 a.m.
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri

At 8:16 a.m., the Missouri State Board of Chiropractic Examiners meeting was called to order by Dr. William Madosky, Board President, at the Missouri Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, Missouri. The Executive Director facilitated roll call.

Board Members Present

William Madosky, D.C., Board President
Gary Carver, D.C., Secretary
Paul Nahon, Public Member (Via telephone conference)
Homer Thompson, D.C.
Jack Rushin, D.C.

Staff Present

Loree Kessler, Executive Director
Jeanette Wilde, Executive I
Greg Mitchell, Counsel

Visitors

Kathleen Wilcoxson – Executive Director MSCA
Roger Ott (Via telephone conference)

Dr. Madosky stated he would be voting in open and closed session.

A motion was made by Dr. Carver and seconded by Dr. Thompson to approve the open session agenda adding a discussion regarding ordering diagnostic tests from hospitals. Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver, Mr. Nahon and Dr. Madosky. Motion carried unanimously.

A motion was made by Dr. Thompson and seconded by Dr. Carver to approve the open session mail ballots of April 7, 2010; June 11, 2010; July 23, 2010; August 6, 2010; August 9, 2010; August 13, 2010 and the June 10, 2010 board meeting minutes. Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver, Mr. Nahon and Dr. Madosky. Motion carried unanimously.

Financial Report

The executive director provided an overview of the financial report to include the anticipated reduction in the biennial renewal fee. A motion was made by Dr. Carver and seconded by Dr.

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Open Session Minutes
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Thompson to accept the financial report. Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver, Mr. Nahon and Dr. Madosky. Motion carried unanimously.

National University of Health Sciences & Physioed

The board reviewed information regarding areas of practice overlap and directed counsel to research the statute and regulations related to facial rejuvenation and cosmetology and esthetics licensure.

Additionally, the board discussed the potential for a newsletter article relating to FDA categories of devices as such devices are often marketed to licensees as FDA approved, or listed. Finally, the board noted that such services, when rendered by licensees must be a valid modality to be a billable service.

Chiropractic Use of Oxygen

The board reviewed the questions concerning utilization of oxygen by licensees and instructed staff to respond accordingly.

2011 Biennial Renewal

The executive director reviewed the proposed language for the 2011-2013 renewal form as well as the applicable reduction in the renewal fee, only if the renewal is post marked prior to March 1, 2011. A copy of the post card renewal application, utilized by the Board of Nursing, was provided and the board discussed using this form of notification versus the paper renewal to encourage licensees to renew online. A motion was made by Dr. Carver and seconded by Dr. Rushin to use the post card notification for renewal. Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver, Mr. Nahon and Dr. Madosky. Motion carried unanimously.

Additionally, the board authorized CE extensions upon payment of the \$150 late fee. Such extensions would be tracked by staff and those licensees must submit verification of CE compliance.

Requests for Scope of practice clarification/devices/services

See National University of Health Sciences & Physioed

Nutrient Administration

Dr. Rushin provided an update indicating he was working with both Dr. Kessinger and Drs. Kirchner to obtain the information the board needed to move forward on the regulation. Dr. Thompson was concerned about the time frame for the regulation to be in place and the executive director explained that the entire regulatory review process would likely be a year.

At 9:24 a.m. the board took a recess and reconvened at 9:33 a.m.

Meetings

The executive director reported that NBCE was looking at potential staff reductions to Part IV and possibly sequestering candidates completing the examination in a classroom versus the cafeteria. Board members expressed concern regarding this policy change and that the current area was well suited both for security and candidate comfort. The executive was instructed to

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contact the examination administrator and advise her that if a letter to NBCE was needed from the Missouri board, one would be sent.

The board also reviewed the information provided by NBCE concerning continuing education. No official action required.

Venipuncture & Acupuncture

A motion was made by Dr. Rushin and seconded by Dr. Thompson to send a letter to Cleveland Chiropractic College encouraging the school to offer venipuncture as part of the core curriculum and not an elective and Logan College to continue to include venipuncture within the curriculum. Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver, Mr. Nahon and Dr. Madosky. Motion carried unanimously.

Concerning acupuncture, staff was directed to draft language to amend the acupuncture regulation requiring a percentage of the course of instruction be devoted to needling and include clean needle technique.

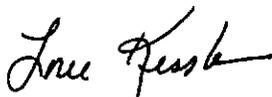
Diagnostic Test Referrals

The board directed staff to send a letter to Dr. Dennehy providing a list of facilities that will accept referrals from chiropractic physicians for diagnostic tests.

At 10:15 a.m. the board took a recess and reconvened at 10:25 a.m.

At 10:25 a.m. a motion was made by Dr. Carver and seconded by Dr. Rushin to convene in closed session pursuant to section 610.021 subsections (14), 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings. Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver, Mr. Nahon and Dr. Madosky. Motion carried unanimously.

At 3:53 p.m. a motion was made by Dr. Carver and seconded by Dr. Rushing to convene in open session and adjourn. Board members voting aye: Dr. Thompson, Dr. Rushin, Dr. Carver, Mr. Nahon and Dr. Madosky. Motion carried unanimously.



Executive Director

Approved by Board

OPEN MINUTES
Missouri State Board of Chiropractic Examiners
Division of Professional Registration
3605 Missouri Boulevard, Jefferson City, Missouri
Mail Ballot September 24, 2010

On this date, a closed mail ballot was sent to the members of the Missouri State Board of Chiropractic Examiners pursuant to section 610.021(14) RSMo.

Mail Ballots Sent to:

Bill Madosky DC, President
Gary Carver, DC, Secretary
Jack Rushin, DC, Member
Homer Thompson, DC
Paul Nahon, Public Member

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Executive Director

Approved by Board on

OPEN SESSION MINUTES
Missouri State Board of Chiropractic Examiners
September 24, 2010 – 12:15 p.m.
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri

At 12:16 p.m., the Missouri State Board of Chiropractic Examiners conference call meeting was called to order by Dr. William Madosky, Board President, at the Missouri Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, Missouri. The Executive Director facilitated roll call.

Board Members Present

William Madosky, D.C., President
Gary Carver, D.C., Secretary
Homer Thompson, D.C.
Paul Nahon, Public Member
Jack Rushin, D.C.

Staff Present

Loree Kessler, Executive Director
Jeanette Wilde, Executive I
Greg Mitchell, Counsel

Dr. Madosky indicated he would be voting in open and closed session.

Dr. Madosky provided a brief overview of the purpose of the conference call was to provide an update concerning the specialty certification of nutrient administration. Dr. Madosky reported that he would be working with the Central Investigative Unit on purchasing nutrients and products using his office and tax identification number.

The board discussed its involvement in guiding and advising Drs. Kirchners and Kessinger and was reminded that members must remain impartial and any involvement in paying for staffing to research or draft materials for the specialty application would remove that board member from the review process. Board members could provide suggestion to outside sources to assist specialty certification applicants with coordinating the research and submitting the documentation to the board, however, direct involvement would be a conflict of interest.

Dr. Rushin provided the following summary; after the May, 2010 subcommittee meeting a list of thirteen general questions over multiple were drafted by staff as a result of the discussion at the subcommittee meeting. Responses were sent by Drs. Kirchners and Kessinger with further clarification requested by board staff. In mid-August the executive director provided Dr. Rushin with a list of outstanding items and that detail has been provided to the Drs. Kirchner and Kessinger. A

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draft to these outstanding items is currently under review by Dr. Kessinger and will be sent to Dr. Rushin and board staff in the near future.

Dr. Carver requested clarification concerning the purchase of the nutrients and ancillary products and that was provided by Dr. Rushin. At this time, the board is waiting on the list of frequently used nutrients and ancillary products.

The executive director provided an overview of the timeframe for the rulemaking process to include drafting and approval by the board, division, department, Joint Committee on Administrative Rules and Secretary of State's office before the regulation appears in the Missouri Register. Additionally, until the Emergency Regulation regarding the reduced fee is published and expires, no other chiropractic regulation can be published. Thus the twelve month time frame for the drafting, review, publication, and effective date of any regulation.

The board briefly discussed the post doctorate training needed for the specialty area.

At 1:00 p.m., a motion was made by Dr. Rushin and seconded by Dr. Carver to adjourn the conference call meeting. Board members voting aye: Dr. Madosky, Dr. Carver, Dr. Thompson, Dr. Rushin and Mr. Nahon. Motion carried unanimously.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Chiropractors - 0630																
2	FY 2011 Monthly Fund Balance Sheet																
3		FY 2011 Actual														FY 2011 Projections	
4		July	August	September	October	November	December	January	February	March	April	May	June	Lapsed July	YTD Total	Projected	Remaining (Projected - YTD Total)
5	Beginning Fund Balance	704,445.15	691,183.77	677,099.27	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43		
6	Revenue	3,400.00	2,936.75	2,333.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,670.25	0.00	(8,670.25)
7	Total Funds Available	707,845.15	694,120.52	679,432.77	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	8,670.25	0.00	(8,670.25)
9	Appropriation Costs:																
10	Expense and Equipment	5,476.52	8,747.88	8,799.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,023.61	0.00	(23,023.61)
11	Personal Service and Per Diem	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12	Total Appropriation Costs	5,476.52	8,747.88	8,799.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,023.61	0.00	(23,023.61)
14	Transfer Costs:																
15	Rent	0.00	0.00	417.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	417.32	0.00	(417.32)
16	Workers Compensation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17	Board Staff Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18	DIFP Department Cost Allocation	291.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	291.19	0.00	(291.19)
19	Licensee Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Biennium Sweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	PR Transfer:																
23	Division-Wide Costs	0.00	540.90	854.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,394.99	0.00	(1,394.99)
24	Purchasing Staff	0.00	14.49	14.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.86	0.00	(28.86)
25	PR/IT Staff	0.00	204.92	54.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	259.41	0.00	(259.41)
26	Legal Team	0.00	0.71	0.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.41	0.00	(1.41)
27	CRR Staff	0.00	127.38	139.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	266.74	0.00	(266.74)
28	Board Specific:																
29	Expense/Equipment	0.00	0.00	18.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18.40	0.00	(18.40)
30	Start-up Loan Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Personal Services	0.00	4,304.42	5,479.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,783.84	0.00	(9,783.84)
32	Fringe Benefits	0.00	1,801.35	1,900.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,701.68	0.00	(3,701.68)
33	Technical Support Staff	0.00	890.62	579.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,470.48	0.00	(1,470.48)
34	Central Mail Processing	0.00	214.11	198.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	412.53	0.00	(412.53)
35	CIU Investigations	0.00	174.22	46.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	220.59	0.00	(220.59)
36	Total PR Transfer	0.00	8,273.12	9,285.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,558.93	0.00	(17,558.93)
38	OA Cost Allocation Transfer:																
39	OA Cost Allocation - Board Cost	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40	OA Cost Allocation - PR Cost	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41	Total OA Cost Allocation Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43	GR Transfer:																
44	Attorney General	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
45	Administrative Hearing Comm.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
46	Total GR Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
48	FY 2010 Transfers Carried Over:																
49	FY 2010 June PR Transfer (E&E)	110.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.14	0.00	(110.14)
50	FY 2010 June PR Transfer (PS)	10,783.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,783.53	0.00	(10,783.53)
51	FY 2010 July Lapse PR Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
52	FY 2010 PR Transfer Adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
53	FY 2010 Final Rent Transfer Adj	0.00	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.25	0.00	(0.25)
54	FY 2010 AG - June	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	FY 2010 AHC - June	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
56	Total FY 2010 Transfers Carried Over	10,893.67	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,893.92	0.00	(10,893.92)
57	Total Transfers	11,184.86	8,273.37	9,703.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29,161.36	0.00	(29,161.36)
58	Total Appropriation Costs and Transfers	16,661.38	17,021.25	18,502.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52,184.97	0.00	(52,184.97)
59	Ending Fund Balance	691,183.77	677,099.27	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43	660,930.43			

FY 2011 YTD Expenses by Budget Class Code

As of September 30, 2010

Chiropractors

Appropriation: 0820

CHIROPRACTIC EXAMINERS-0630	YTD Expended	Appropriation	Remaining Appropriation	Percent Remaining
<i>Budget Class Code: 140 TRAVEL, IN-STATE</i>	\$2,143.37	\$12,000.00	\$9,856.63	82.14%
<i>Budget Class Code: 160 TRAVEL, OUT-OF-STATE</i>	\$0.00	\$10,000.00	\$10,000.00	
<i>Budget Class Code: 180 FUEL & UTILITIES</i>	\$0.00	\$60.00	\$60.00	
<i>Budget Class Code: 190 SUPPLIES</i>	\$1,200.38	\$9,505.00	\$8,304.62	87.37%
<i>Budget Class Code: 320 PROFESSIONAL DEVELOPMENT</i>	\$390.00	\$6,400.00	\$6,010.00	93.91%
<i>Budget Class Code: 340 COMMUNICATION SERV & SUPP</i>	\$120.47	\$2,000.00	\$1,879.53	93.98%
<i>Budget Class Code: 400 PROFESSIONAL SERVICES</i>	\$18,718.07	\$97,000.00	\$78,281.93	80.70%
<i>Budget Class Code: 420 HOUSEKEEP & JANITOR SERV</i>	\$0.00	\$0.00	\$0.00	
<i>Budget Class Code: 430 M&R SERVICES</i>	\$151.20	\$4,502.00	\$4,350.80	96.64%
<i>Budget Class Code: 480 COMPUTER EQUIPMENT</i>	\$0.00	\$0.00	\$0.00	
<i>Budget Class Code: 560 MOTORIZED EQUIPMENT</i>	\$0.00	\$0.00	\$0.00	
<i>Budget Class Code: 580 OFFICE EQUIPMENT</i>	\$0.00	\$4,000.00	\$4,000.00	
<i>Budget Class Code: 590 OTHER EQUIPMENT</i>	\$0.00	\$2,000.00	\$2,000.00	
<i>Budget Class Code: 640 PROPERTY & IMPROVEMENTS</i>	\$0.00	\$0.00	\$0.00	
<i>Budget Class Code: 680 BUILDING LEASE PAYMENTS</i>	\$125.00	\$100.00	(\$25.00)	-25.00%
<i>Budget Class Code: 690 EQUIPMENT RENTAL & LEASES</i>	\$0.00	\$0.00	\$0.00	
<i>Budget Class Code: 740 MISCELLANEOUS EXPENSES</i>	\$175.12	\$2,000.00	\$1,824.88	91.24%
<i>Budget Class Code: 760 REBILLABLE EXPENSES</i>	\$0.00	\$0.00	\$0.00	
TOTAL Chiropractors	\$23,023.61	\$149,567.00	\$126,543.39	84.61%



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

STATE BOARD OF CHIROPRACTIC EXAMINERS

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800-735-2466 Voice Relay Missouri
chiropractic@pr.mo.gov

Loree V. Kessler, MPA
Executive Director

Memo

To: Board Members
From: Loree Kessler
CC: File
Date: November 8, 2010
Re: Nutrient Administration

According to the State Board's file, as early as 1999 the State Board received an inquiry regarding the utilization of injectable nutrients by Missouri chiropractic physicians. Prompted by an inquiry in 2002, the State Board surveyed licensees in April of that year.

The survey queried 1) whether licensees should be allowed to use injectable nutrients with additional training (902 yes - 637 no); 2) whether a licensee would support legislation addressing injectable nutrients (897 yes - 632 no); and 3) whether a licensee should be allowed to use injectable nutrients (867 yes - 648 no). There was evident interest in this area of practice, however, during the course of the initial research at that time, the board was informed that injectable nutrients, such as B12, were legend drugs requiring a prescription and thus outside of the scope of practice.

In September, 2007 Dr. Jack Kessinger provided the State Board an overview of nutrient administration accompanied by a memorandum of support from by McGonagle Spencer, LLC, as well as letters of support from Alternative Health Associates and The Key Company. Staff was directed to research the topic further resulting in a report from the executive director in March, 2008 outlining various Missouri statutory provisions relating to "drugs", and a literature review of other state laws or actions in the area of injectable nutrients.

In a March, 2008 presentation to the State Board, Dr. Kessinger and Counsel Gerald McGonagle requested the State Board consider injectable nutrients as a specialty pursuant to 20 CSR 2070-2.032. The State Board took the matter under advisement and formed a subcommittee comprised of board members Drs. Rushin, Thompson and Carver charged with the task to go over all of the materials collected, review the specialty certification requirements, and make a recommendation to the full board. The subcommittee convened for a conference call and the staff assembled a notebook of the materials on file with the board. During this time, the State Board received information from Dr. Michael Taylor

(Oklahoma) concerning that state's training in injectable nutrients to include his 200+ page course of instruction; accumulated copies of other state laws, and published articles relating the support or opposition of adding injectable nutrients to the scope of practice in other states.

At a March, 2009 meeting, a second presentation was made to the State Board by Dr. Darren Kirchner and Dr. Jack Kessinger regarding the content of a twenty-four hour continuing education course available in Missouri. Drs. Thompson and Carver were able to attend the course at a later date.

Further discussion ensued between staff and representatives of the Food and Drug Administration in May, 2009. To summarize the results of the discussion, a central issue for the FDA was terminology involving dietary supplements. The FDA opined that once a substance is introduced into the human body via injection it became a regulated "drug". The FDA continued that any mixing, blending, or compounding of substances fell within the jurisdiction of a state's pharmacy statutes and/or regulation. Once again, the issue of scope of practice was raised.

At the June, 2009 meeting the State Board discussed how to address the FDA's comments compared with Mr. McGonagle's 2007 memorandum of support noting that, "...there is no statute or rule in existence in the State of Missouri that prohibits chiropractic physician from administering any injectable vitamins, minerals or nutritional supplements." The State Board responded in a letter dated June 17, 2009 to Mr. McGonagle and Dr. Kessinger and provided the information the staff had obtained in its research, particularly the detail from the FDA.

At the March, 2010 meeting David Spencer of the law firm McGonagle Spencer, Dr. Darren Kirchner, Dr. Kelley Kirchner, Dr. Ray Vasquez, Dr. Jeremy Thornton, and Dr. Rick Planzo attended the open session to discuss the addition of injectable nutrients as a specialty. After discussing board counsel's June letter and Mr. Spencer's overview at this meeting, the board established a subcommittee to be chaired by Dr. Rushin with the following licensees invited to serve on the subcommittee, Drs. Darren & Kelley Kirchner, Dr. Jack Kessinger or his designate and one of the doctors attending the open session meeting. Dr. Dennis Baker was later a member of this subcommittee.

In May, 2010 the subcommittee convened in St. Louis. It was at this meeting, and for the first time, it was stated that injectable nutrients (now nutrient administration) and corresponding supplies, did not require a prescription and could be purchased from drug manufacturers or via internet. This information changed the entire course of discussion since the issue of injectable nutrients focused on the requirement of a prescription and falling outside of the scope of practice.

From the May meeting a draft of a one hundred hour course of instruction in nutrient administration was developed by Drs. Kirchner and Kessinger (see attachment A); an exchange of questions and responses via email was developed (see attachment B); a nutrient administration regulatory outline was drafted (see attachment C); and tentative plans were made for the Central Investigative Unit to purchase products and nutrients.

In October, 2010 the list of potential vendors, both manufacturers and internet based, was provided by Drs. Kirchner and Kessinger and forwarded to CIU (see attachment D). The board staff was advised that both the division and Office of Administration must approve the purchase since the state's procurement card was being used. A justification memorandum was sent to the division and on October 28th, CIU received approval to proceed with purchasing products. The vendors contacted and products purchased will be included in an investigative report that has not yet been completed by CIU.

In the review of past modalities and utilization of various products by licensees, the Board has referred to section 331.010.1 RSMo relating to, "...methods commonly taught in any chiropractic college or chiropractic program in a university which has been accredited by the Council on Chiropractic Education, its successor entity or approved by the board." In prior inquiries the State Board has requested information regarding formal education within a chiropractor's doctoral degree, post doctoral,

or continuing education. Throughout the course of review of injectable nutrients the availability of training discovered by staff is mainly through Dr. Michael Taylor's (Oklahoma) course of instruction often co-sponsored by Texas Chiropractic College. Additionally, throughout the course of discussion and written communication the State Board has been encouraged to review the specialty certification as a treatment modality "approved by the board" versus "commonly taught in a chiropractic college."

Below is the specialty regulation.

"...the following information and documentation shall be submitted:

(A) Name and description of the specialty certification area;

(B) Conditions and/or disorders to which the specialty area is directed;

(C) Proof of acceptance of the specialty area by the chiropractic profession to include safety and efficacy of the specialty area.

1. For the purpose of this regulation the board will consider articles from scholarly journals, treatises, textbooks used by board approved Council of Chiropractic Education (CCE) colleges of chiropractic, syllabi and/or curriculum materials used in education and training in the specialty area, and scholarly studies or research;

(D) Education and/or training requirements including how and where education may be obtained and whether education and/or training is provided from a postgraduate board-approved CCE chiropractic college;

(E) A statement describing why the specialty area does not exceed the scope of practice as defined in section 331.010, RSMo;

(F) Any examination or residency required; and

(G) Hours of continuing education to maintain the certification.

(3) The board shall review an application for recognition of a specialty area and require documentation to determine compliance with the following factors:

(A) Whether the certification is for a specialty area, or for a technique;

(B) Whether the specialty area is within the scope of practice of chiropractic as defined in section 331.010, RSMo;

(C) Whether the specialty area is safe for its intended purpose(s);

(D) Whether there are sufficient sources of accredited core and postgraduate education at board-approved CCE colleges of chiropractic; and

(E) Whether recognition of a specialty area will create potential public confusion in the event the specialty area is already being commonly utilized by licensees.

(4) The applicant shall be responsible for providing all documents requested by the board and the applicant shall have the burden of demonstrating that the specialty area should be recognized by the board. A final determination of whether an area will be recognized as a specialty is within the sole discretion of the board."

What is the next step in this process? (see attachment E) At this point, directives are needed from the State Board. Is another subcommittee meeting needed? Are there other options, such as continuing education, while the subcommittee continues its work? The technical nature of the regulation will require significant input on drafting specific language from subcommittee members. Please be prepared to discuss this topic at the November meeting.

We want to remind everyone that this layout for a class was to have been a preliminary sketch. Obviously, many things will need to be worked out. We just wanted a framework to start with.

First, we want to address the different ways we could accomplish a 100 hour course. If we vary from the standard eight weekends we could potentially lessen the cost to the doctors, lessen the time it takes to have doctors practicing, and lessen our costs to put on the series. An added benefit would be lower travel costs when Loree works up the cost to small businesses for the regulation application.

The two most common options for acupuncture hours that we are familiar with are:

1. Eight 12 ½ hour weekends
2. Four 25 hour weekends

Options that have been proposed for our course, and a few options that we are adding now include:

1. The standard two options listed above
2. Seven 12 hour weekends and 16 hours of clinic clerkship in a resident clinic
3. Five 16 hour weekends, 16 hours of clinic clerkship in a resident clinic followed by a four hours followed by a review and test, to make up a final eight hour day.

The clinic clerkship will require us to create documents which are filed by the clinic noting exactly which requirements have been completed for each hour they were present in said clinic.

Different variations could obviously be made, but this gets the general idea across.

Another thing that was mentioned in the subcommittee meeting and would be looked upon favorably by the board would be a requirement for the doctors to present proof of malpractice insurance in a reasonable amount prior to eligibility to test for certification. We're thinking \$1M/\$3M.

Further, we recommend that by session four all attendees must show proof of completion of Basic Life Support for Healthcare Providers **Where is this program offered?** because this program includes CPR, the use of AED machines and the management of shock. **Is this different from CPR/first aid courses offered via American Red Cross?**

What we were going for here was BLS for healthcare providers. It should have said, "or equivalent class." BLS for healthcare providers or equivalent classes are offered

by various organizations throughout the state. Both the American Red Cross and the American Heart Association offer courses and many hospitals offer courses as well. We are recommending the healthcare level of these classes because it is the normal CPR class with a few things added such as use of AED machines and treatment of shock. In our rural area the class is taught by local EMTs and runs every other month, or as needed if a group is formed.

Based on the model used by chiropractic colleges and required by the CCE for x-rays, lab interpretation, exam and adjustments, we are recommending that a number of procedures be performed by the doctors prior to certification.

1. Prepare and administer 20 IV solutions. The majority of these should occur during the clinic clerkships. Don't all of these need to occur during a clinic clerkship since the DC is not certified in this area?

These would be under the direct supervision of whom?

How would compliance be documented?

Some of these would occur during the class, before the clinic clerkship. Many would occur during the clinic clerkship. It would then be possible to finish the remaining procedures during the final classes, if necessary, or opportunities could be created for further field work. These would all be overseen by a proctoring physician who is already licensed. There will have to be a form that documents the procedures completed that is signed by the proctoring physician. This form would be part of the student's transcripts and final grade.

This recommendation could be compared to current classes on injectables which have you complete only one or two procedures during the course of the class and then let you go ahead without further practice. Again, these were recommendations and could be adjusted if the subcommittee so recommends.

2. Prepare and administer 20 IM injections. The majority of these should occur during the clinic clerkships. Don't all of these need to occur during a clinic clerkship since the DC is not certified in this area?

These would be under the direct supervision of whom?

How would compliance be documented?

See above.

3. Participation in 20 orthomolecular laboratory diagnostic interpretations and the establishment of appropriate nutrient protocols. (This can be met

by doctors presenting labs throughout the course.) Would this be documented on a transcript or something similar?

Documentation of this section would be built into the course. Depending upon the decision of the instructors and/or the subcommittee, labs could be sent home as homework between sessions. This would be similar to how lab requirements for graduating chiropractic college works under CCE requirements. It would be easy to document these for transcript purposes.

We have created a potential course description for the seven 12 hour weekend and 16 hours of clinic clerkship in a resident clinic option listed above. This could obviously be scaled to fit the other schedules fairly easily.

7 Weekend Course Description

Weekend One:

8 hour introduction from Session One of the Internal Diagnosis course
4 hours of orientation to injectable nutrient administration. (This would include definitions of terms and exposure to equipment.

Weekend Two:

8 hours on history and physical exam
4 hours introducing IM injections with preparation and administration of an IM injection.

Note: opportunities for performance of IM injections would then be available at all subsequent seminars.)

Weekend Three:

8 hours lab interpretation focusing on the Kessinger Panel and UAs. What is a Kessinger panel?

A Kessinger panel is a group of blood laboratory diagnostic tests that are very commonly done. It was listed this way in the document simply because most of those reading the document have taken Dr. Kessinger's class which reviews it. Here is the list as I remember it.

CBC with differential

Comprehensive Metabolic Panel

Thyroid Profile with TSH

Cholesterol Panel

Iron/TIBC

Ferritin

C Reactive Protein

Blood Type

GGT

We should check this list against the actual list.

Hemoglobin A1C would be a good addition.

4 hours Preparing and administering an IV solution. This is the physical actions only, theory and calculations will come in later sessions.

Weekend Four:

Nutrients:

- History
- Pertinent research studies
- Biochemical effects
- Method of action
- Clinical indications of use
- Drug and nutrient interactions
- Toxicity

Introduction to a Myers cocktail with preparation and administration of an IV push. What is a Myers cocktail?

A Myer's cocktail is a well known and very common treatment within the field of injectable nutrition. We can provide you with literature about Myer's cocktails if needed.

Weekend Five: (Dan Richardson)

8 hours drug interactions, complications, contraindications

4 hours safety procedures and regulatory bodies

Weekend Six:

4 hours documentation and the proper care and storage of nutrients

4 hours customizing individual treatment plans (calculating osmolarity)

2 hours safety review

2 hours diagnostic interpretation of case studies with treatment plan development

Weekend Seven:

8 hours formulas and protocols

2 hours safety review

2 hour review with Q&A

Clerkship could begin any time after weekend four (weekend three possibly, but preferably weekend four).

Final Test

200 Q with 80% to pass

Where would a DC obtain clinic clerkships?

There are several clinics inside and outside the state that have expressed interest in helping educate the field. To be a proctoring physician they would have to show documentation of their education and some criteria would have to be set up determining who would qualify.

1. Does the language, "...the board may through its rulemaking process," within section 331.030.9 RSMo authorize the board to mandate professional liability insurance for a specialty?

Response: If the Board can mandate a 'rider' on an individual doctor's malpractice coverage, it should consistently mandate similar 'riders' on each of the other recognized specialties.

If this is a sticky issue, we only suggested it as another safeguard for the certifying board as well as the state board. It isn't a deal breaker for us.

2. Does section 1.130 RSMo "Big Government Get Off My Back Act" apply when the cost to the private sector is incurred only if a licensee pursues the certification i.e. it is not mandated that all licensee obtain the certification?

Response: It seems evident that the "Big Government Get Off My Back Act" does not apply here, BECAUSE this is a distinct certification within the chiropractic practice. Because this is an OPTIONAL avenue which a DC may take, it would seem to be exempt from the BGGOMB ruling. There is no adverse economic impact that will be spread throughout the entire profession, therefore it causes no economic hardship on the chiropractor [who can be classified as a 'small businessperson'].

3. Is the administering of nutrients by a chiropractor considered the "practice of medicine"?

Response: No. In all license health care professions, there are common procedures and practices. Taking blood pressure, for example, is performed by medical physicians, osteopathic physicians, dentists, and chiropractors. When a DC or DDS performs the diagnostic procedure of taking blood pressure, it is NOT the practice of any other license health care profession.

Other common examples include: physical examination and diagnosis, urinalysis, use of a thermometer, diagnostic radiology, physical therapy devices, etc.

A procedure, when authorized by the respective licensing board, falls under the jurisdiction / definition of that particular profession, and none other.

Perhaps a better to phrase this question is why isn't nutrient administration the practice of medicine.

4. Is there a standard protocol recognized/taught/utilized by allied health professions such as RNs, LPNs, APNs and PAs for the administration of IVs and injections?

Response: There are different levels of training. IV Certification classes range from 8 to 40 hours of class time, depending upon the nature of the course. The longer courses include establishment of PIC lines, using IV pumps, administering chemotherapy, etc. - *which we will not be doing.*

At the most basic level "IV certification" consists of phlebotomy, 'micro-collection', specimen handling, injections, and introduction of simple IV lines [which is what we are doing], as well as sterile technique, etc.

Chiropractors have already been taught the phlebotomy portions, safety precaution, sterile technique, etc.

4a. What specific courses in chiropractic colleges teach phlebotomy, safety precautions, and sterile technique? Chiropractic colleges, in general do not teach basic IV certification courses, specimen, handling, injection and introduction for simple IV lines (is this the correct technical term?). Therefore, this course of instruction needs to be integrated into the regulation as a prerequisite prior to learning about nutrient administration.

5. Are there courses, either as an undergrad or chiropractic student, that must be documented before a chiropractic physician may take a certification program in nutrient administration?

Response: No [or yes]. The chiropractor has already completed, as part of his/her training in a CCE college, the basics of nutrition, as well as the basics of phlebotomy and associated safety and sterile techniques. So, 'yes', those initial courses are required; but 'no', no other prerequisites are necessary.

5a. This response is a broad generalization and needs to be supported by specific examples of courses addressing basics of phlebotomy, sterile techniques etc.

6. Does the State Board need to develop a formulary of products that are acceptable for DCs certified in nutrient administration? (See New Mexico regulation 16.4.5.11) If there is no formulary, does the State Board need to restrict products to those manufactured in the US?

Response: A 'formulary' can easily be developed; however, a potential 'hazard' can arise IF every individual substance must be enumerated.

A formulary that includes CATEGORIES is more sensible – which is the language used by the NM regulation, ie: "natural substances".

If a formulary is adopted that includes categories, it must include: vitamins, minerals, amino acids, herbal extracts, glandular extracts, of course, and possibly the phrase "other natural substances and their analogs".

6a. Can a formulary be developed that includes these areas?

Response: Those substances adjunctive to the administration of IM and IV nutrition should be included in any such formulary [such as lidocaine].

6b. What is an adjunctive substance? Doesn't lidocaine require a prescription to use on a patient?

Response: If a formulary is established, provision ought to be made for it to be modified in the future. There MAY be some prudence to limiting the source of product manufacture. HOWEVER, products manufactured by overseas pharmacies [particularly subsidiaries of US firms, as well as international firms that routinely send products into the US] meet the same standards as US standards.

6c. It has always been the position of the board that only those products manufactured in the US can be used for nutrient administration. To do otherwise would open the board to intense criticism from allied professions.

7. Is there any applicable government agency approval for nutrient products that needs to be referenced in the regulatory language?

Response: No

8. Does the State Board need to require the course of study for certification be provided by or through a CCE accredited college and/or regionally accredited institution recognized by the US Department of Education? In other words, a person could not teach nutrient certification without affiliation to a chiropractic college or other institution of higher learning.

Response: The Board can approve of a course of training independently of a CCE college. The same is true of those teaching acupuncture for certification. The Board makes the regulation, and can determine that any course [independent or affiliated with a CCE college] must teach to Board standards.

At present, Parenteral Nutrition is not taught in all CCE colleges. Among other things, this means there is no standardized curriculum, and no NBCE testing of this special training.

For those reasons it seems most prudent for the MSBCE to mandate the training be consistent with the new specialty

9. Are there other agency regulations relating to topics such as sterile environment, disposal of containers, needles etc that must be mandated within the regulation?

Response: OSHA. This, however, may not be required to be included in the regulation – as it is already covered by OSHA

10. Why is nutrient administration not subject to the pharmacy regulation regarding 20 CSR 2220-2.400 Compounding Standards of Practice?

For the same reason(s) that those 'compounding standards of practice' do not apply to those administering IVs in a hospital: it is not actually 'compounding'. Nutrients, electrolytes, etc are being added to a carrier solution, but there is no fundamental change in the constituents.

10a. This will likely be an area of controversy throughout the regulatory review.

11. What is osmolarity? Response: See Dr. Kessinger's information

12. Does the regulation need to define what type of product can be combined with a nutrient for IV purposes? Are there products that cannot be used?

Response: I do not think this needs inclusion within the regulation. Within the training, we are taught contraindications, allergic reactions, etc.

There are a few substances which may precipitate when combined, and oil-soluble nutrients are inappropriate for IV administration, But I do not believe the 'regulation' is the place to enumerate all such possibilities.

12c. This merits further exploration by the subcommittee.

13. Does the regulation need to define general qualifications for an instructor of nutrient administration programs?

Response: It seems to me that this takes us to the issue of 'grandfathering' for the initial instructors as well as the initial doctors who qualify for the specialty. Ultimately, of course, the instructors will have to have taken the 100-hour training, and have passed the examination.

Above and beyond that, because this is a new 'specialty', and because it is not currently taught in all CCE colleges [including the two in Missouri], and because even if it were being taught in most CCE colleges, the instructor would likely have no other 'credentials' than being on staff of one of said colleges. It is a good idea to have standardized criteria...but the MSBCE does not have similar criteria in place for instructors of mandatory continuing education courses, ie: a DC can teach physical examination without being specially 'certified', nor having a DABCI specialty.

Nutrient Administration – Regulatory Outline

Purpose:

Definition Section

- Nutrient Administration
- IM
- IV Push
- IV Infusion
- Mesodermal Injection

General Requirements (*Note: This section is directly related to the definition of nutrient administration and does **not** include nutritional counseling or oral supplements currently provided by licensees*)
A licensed chiropractic physician shall be certified by the Missouri State Board of Chiropractic Examiners prior to engaging in the practice of nutrient administration. The application for certification shall be on a form provided by the board and accompanied by the required documentation and fee. Items to be submitted for certification include:

- Transcript or verification of completion of a board approved course of study in nutrition administration
- Evidence of professional liability insurance

Course of Study

Number of hours

Topics (definition would be needed for each)

- Clinical Indications for Use
- Conditions & suggested therapy
- Patient Exam & History
- Diagnostic Testing
- OSHA/CLIA requirements
- Informed consent
- Sterile Technique
- Hazardous waste disposal
- Biochemical effects
- Mechanism of Action
- Drug and nutrient interactions
- Toxicity
- Contraindications & complications

Record keeping

Formulas and protocols

Product purchasing sources

Product storage and shelf life

Examination requires a minimum score of 80%

Name of examination and provider

Administration of nutrient therapy

Documented clinical indication(s)
Diagnostic testing
Sterile techniques
Hazardous waste disposal

Nutrient Formulary [subject to further discussion]

Prohibitions

Continuing Education & Renewal

Here is a list of some companies who sell to the public without a script. We personally called the following and asked for the cost and availability of B12 vials for injectable use. Our staff introduced themselves as an individual with no credential.

United States:	<u>Name to ask for</u>	
KV Supply, Texas (kvsupply.com) 1-800-423-8211	Vita Jec B-Comp.	40266

Trim Nutrition (trimnutrition.com) 1-888-666-4212	Trim Vitamin Cyanocobalamin Injection
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Canadian Companies who sell to US citizens:

B12-Shot.com 1-888-595-1393	B12-Vial
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777CanadaPharmacy.com A230137 1-800-545-1106	B12 Injectables
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Global Drugs Direct (globaldrugsdirect.com) 1-866-789-Drug	Vitamin B12 Injectable Vial
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Blue Mountain Drugs (bluemountaindrugs.com) 1-877-223-9977	Vitamin B12 Vial
--	------------------

Tru Med (Trumedcanada.com) 1-888-777-7925	Vitamin B-12
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The Drug Company (thedrugcompany.com) 1-888-254-3038	B-12 Injectables
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Canada Medicine (canadamedicineshop.com) 1-800-501-4214	B-12 Inj
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FYI..... I believe that although Canadian pharmacies sell lots of B12, it is typically actually manufactured in the USA.

Injectable's online

http://www.amazon.com/s/ref=nb_sb_ss_i_0_12?url=search-alias%3Daps&field-keywords=injectable+b12&srefix=injectable+b
searched amazon injectable b12

<http://www.b12-shot.com/index.asp?se=Google#b6>
several b vitamins with needles, note the upper right hand on page " no need for prescription"

<http://www.trimnutrition.com/Vitamin-Injections?gclid=CQvAilTzKOCFc-s7QodRWVJzw>

vitamins and more

<http://www.atlanticmedsupply.com/shopdisplaycategories.asp?id=66&cat=IV+Supplies&gclid=CIWw9of0sKQCFcTt7QodtFU-zQ>

carrier solutions and tubing

<http://www.nextag.com/injectable-vitamin/products-html>

includes homeopathics and hormone therapy injections also

<http://www.zalmo.com/vitamins.html>

numerous vitamins and cofactors

This should be enough, there were many more. Darren

Received September 16th from Dr Kessinger's office

Since I have checked with Loree Kessler, and she says Dr. Rushin will be representing the sub-committee at the September 16, 2010 state board meeting, we would like to offer the following information as clarifications on several issues. Please distribute this to all board members for review before the meeting. I will be glad to email it to them if that would be more convenient.

We discussed the fact that ingredients for injectable nutrients are available without prescription to anyone who wants to search them out.

Vitamins, minerals, and other natural substances are available without prescription. The same is true of sterile water, other carrier solutions, tubing set-ups for administering IVs, syringes, needles, etc – in spite of being labeled “Rx only.”

Because of the FDA ruling, it is, at present, sometimes challenging for chiropractors who use injectable nutrition to obtain vitamins and other nutrients in injectable form – but they can, obviously, be obtained. There are sources that will provide injectable nutrients to chiropractors.

An example of the availability of injectable B12 being readily available without prescription can be found at: <http://www.77canadapharmacy.com/buy/vitamin-b12.php>

At that site, it states: “Yes, this item is an over the counter product and therefore no prescription is required for both U.S. and Canadian residents.”

In the general public, there are some who buy injectable vitamins for self-treatment from veterinarian supply houses and feed stores! (Veterinary supplements are manufactured to the same standards as human injectables.)

There is nothing preventing doctors of chiropractic from the use of OTC products in the treatment of their patients.

We are asking the MCBE to approve a different (and often superior) method of delivering nutrition to our patients – which we are already licensed to do. It is a new technique of doing what we are already approved to do.

There is nothing that prevents DCs from using a needle: we use a needle for phlebotomy (which is diagnostic), and we may use needles for acupuncture [which is therapeutic].

Use of injectable nutrients is not an expansion of the chiropractic scope of practice

It is important to understand that we are not asking for a change or expansion of the chiropractic ‘scope of practice’. What we are seeking is clarification of a different method of doing what we are already doing – which is to utilize vitamins, minerals, herbs, amino acids, and homeopathic formulas to help improve and restore the health of our patients. The focus is only on administering those nutritional substances in an alternative manner, with the intent of obtaining optimal results. This procedure is not readily available to patients seeking this type of natural health care.

In a sense, it is similar to the introduction of adjusting tools (such as the activator or impulse) to adjust the spine, instead of ‘with hands only’. In a sense, it is like a ‘new’ type of physical therapy equipment, such as Spinal Decompression, in that it is something new, yet within the existing scope of practice. In a like manner, we are seeking board approval to add a different technique to chiropractors’ nutritional therapy, which is already within our scope of practice. We are seeking official MBCE approval to do what we believe we are already permitted to do by statute.

We are not seeking to prescribe controlled substances or medications. We are seeking approval only to administer the same type of substances we currently recommend to our patients in a more direct manner. We are not seeking to prescribe any medication for migraines, for example; we are seeking to be able to administer magnesium intravenously to relieve a migraine headache quickly.

• Not the Practice of Medicine

We are not seeking to practice medicine in any way. The use of a sphygmomanometer, x-ray machine, and stethoscope, for example, is not synonymous with ‘the practice of medicine’. They are diagnostic tools that chiropractors use to evaluate their patients overall health. The taking of a case history and physical examination are not ‘the practice of medicine’, either. They are procedures that chiropractors are commonly taught to help evaluate their patients overall health, then make treatment recommendations. Medical doctors, osteopathic doctors, dentists, and veterinarians use the same devices and procedures in their practices, but we are not practicing medicine, osteopathy, dentistry or veterinary medicine. Therapeutic ultrasound, interferential current, and massage are included in our scope of practice, yet we are not practicing as physical therapists or massage therapists.

Therefore, it is erroneous to say that the injection of vitamins, minerals, and other natural substances can be construed to be 'the practice of medicine'.

Chiropractor doctors have long recommend diet, exercise, vitamins, herbs and other natural substances to help their patients regain and optimize good health. We ask the board to officially sanction what we believe the law already permits. We believe this is not an encroachment on the practice of medicine in any way.

The Ambiguity of 'Rx only' and NDC Numbers

There has been some ambiguity because a representative of the FDA erroneously stated that anything injectable must be labeled a "prescription drug", however, drugs requiring prescription are defined very specifically both federally and at the state level. We are asking the board to make a clarification that specifies that chiropractors are permitted to buy these injectable nutrients freely, for the ultimate purpose of benefitting the health of their patients.

Quite similarly, the FDA requires an NDC [National Drug Code] be placed on "all drugs". Yet, some of the oral nutritional supplements widely used in chiropractic practices have an NDC number on the label. [Key Company nutrients, for example, have an NDC number on the label. Even urinalysis dip-sticks have an NDC number!

Do we consider test strips and vitamins "drugs"? No! We do not. But the FDA requires an NDC number.

One last clarification..... FDA is primarily interested in labels not falsely advertising what ingredients are inside. The FDA has three choices when they label everything. Drug? Food? Or Cosmetic? They are not in the business of regulating physicians.

Wilde, Jeanette

From: Kessler, Loree
Sent: Monday, October 25, 2010 3:22 PM
To: 'Donna Craft'
Cc: Gary L. Carver; Wilde, Jeanette
Subject: RE: Acupuncture test committee

This information will be placed on the board's November agenda for discussion. Thanks for the update.

From: Donna Craft [mailto:dccraft@frontiernet.net]
Sent: Monday, October 25, 2010 3:21 PM
To: Kessler, Loree
Cc: Gary L. Carver
Subject: Acupuncture test committee

Hi Loree,

Will you please check with your state board members to inquire if one of the DC's (that use/practice acupuncture) would like to participate in the NBCE Acupuncture test committee meeting in 2011? It will be the weekend of April 15-16 with travel days of April 14 and 17. With most test committee meetings, participants are requested to write some test questions in advance and will receive a \$500 honorarium and travel expenses will be covered.

I spoke with Dr. Gary Carver this afternoon and he recommended that I contact you to arrange this request. Also, as a reminder for your board the NBCE annual meeting will be on Friday May 6th at Marco Island, FL, (south of Ft. Myers) and the NBCE Part IV test committee meeting will be the weekend of June 10-11th. The district meeting in Ft. Walton Beach went well and Dr. LeRoy Otto and Dr. Gary Pennebaker were going to check on the feasibility of having the fall 2011 district meeting in St. Louis or Kansas City. Thanks for your help,
DC