

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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Loree V. Kessler, MPA
Executive Director

**State Board of Chiropractic Examiners
TENTATIVE AGENDA
June 14, 2012 – 8:00 a.m.
Associated Industries of Missouri
3234 W Truman Boulevard – Jefferson City Missouri**

Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the Missouri State Board of Chiropractic Examiners, P.O. Box 672, 3605 Missouri Boulevard, Jefferson City, Missouri 65102 or by calling (573) 751-0018 to ensure available accommodations. The text telephone for the Deaf or Hard of Hearing is 800/735-2966 or 800/735-2466 for Voice Relay Missouri.

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 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

**State Board of Chiropractic Examiners
TENTATIVE AGENDA
June 14, 2012 – 8:00 a.m.
Associated Industries of Missouri
3234 W Truman Boulevard – Jefferson City Missouri**

Call to Order	Dr. Jack Rushin, Board Secretary
Roll Call	Executive Director
Welcome New Board Members	
<ul style="list-style-type: none"> • Dr. Margaret Freihaut • Dr. Charles Quigless 	
1. Approval of Agenda	
2. Approval of Minutes	
<ul style="list-style-type: none"> • May 16, 2012 Conference Call 	
3. Election of Officers Discussion	
4. Cash Payments	
<ul style="list-style-type: none"> • Information from Dr. Curnutte 	
5. Newsletter	
6. Code of State Regulations	
7. Upcoming Meetings	
<ul style="list-style-type: none"> • MSCA Convention July 26-29, 2012 Lodge of the Four Seasons • NBCE October 19-20 2012 Meeting Ft Walton Beach FL • November 2012 Part IV Exam 	

Motion 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
May 16, 2012 – 12:15 p.m.
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri

At 12:17 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 in Jefferson City, Missouri. The Executive Director facilitated roll call.

Board Members Present

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

Staff Present

Loree Kessler, Executive Director
Jeanette Wilde, Processing Technician Supervisor
Greg Mitchell, Counsel

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. Board members voting aye: Dr. Carver, Dr. Rushin, Dr. Thompson, and Dr. Madosky. Motion carried unanimously.

A motion was made by Dr. Thomson and seconded by Dr. Carver to approve the open session minutes of the April 18, 2012 board meeting. Board members voting aye: Dr. Carver, Dr. Rushin, Dr. Thompson, and Dr. Madosky. Motion carried unanimously.

X-Ray Records

The board discussed the proper duplication of x-rays for use by other practitioners or release to the patient. The board directed staff to assemble an article regarding x-rays for the upcoming newsletter.

At 12:33 p.m., a motion was made by Dr. Rushin and seconded by Dr. Carver to convene in closed session pursuant to section 610.021 subsection (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 actions, causes of actions 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 subsections of 610.021 RSMo which authorizes agencies to go into closed sessions during those meetings. Board members voting aye: Dr. Carver, Dr. Rushin, Dr. Thompson and Dr. Madosky. Motion carried unanimously.

At 1:00 p.m., a motion was made by Dr. Carver and seconded by Dr. Rushin to convene in open session and adjourn. Board members voting aye: Dr. Carver, Dr. Rushin, Dr. Madosky, , and Dr. Thompson. Motion carried unanimously.



Executive Director

Approved by Board on

Kessler, Loree

From: TJ Curnutte [tjcurnutte@gmail.com]
Sent: Wednesday, May 30, 2012 12:07 PM
To: Kessler, Loree
Subject: A little information on my request!

Loree, this is a little information I've gathered on cash payments for same day service that might be of some value.

It is my understanding that hospitals are "allowed to function under a "different" law than private providers. I don't understand how a hospital can offer a larger discount than an individual practitioners. I've been told even the federal compliance officers don't understand why this is and their only rational or defense is, it is law. It is also my understanding that an individual provider can offer a "reasonable fee reduction " of 20%-30% (MAX) provided the patients signs a "HARDSHIP WAIVER" (in advance of the procedure), if they are going to make payments.(IN ADVANCE OF THE SERVICE BEING THE KEY) The other discount option would be to have the patient sign a "TOS" (time of service) discount form and pay at the time the service is rendered or within 24 hours (MAX). I know there has been issues with this and the difficulty to me is that this policy seems to be none defensible, with little if any common sense.

My question, is this a law, a rule or a policy adapted by the federal government & their compliance officers? I'm just an old country doctor, but it would appear to me this would be grounds for restraint of trade and could also be considered a monopoly on services that "could be" performed by an individual provider.

My wife asks me why I even care at my age. I guess it's because right is right and wrong is wrong & sometimes a State Board can get an answer when an individual is brushed off as insignificant. I hope the answer isn't that the government feels they know best how to price fix the individual out of business by giving an advantage to a hospital setting.

Have a wonderful day,

Dr. Tom

Today as I watched fox news and there was a report that some hospitals were allowing fee negotiations for "SAME DAY CASH PAYMENTS" for services performed that day and this is what I heard. "WOULD THIS BE LEGAL"

Example: A patient received a CAT scan that had a published fee of \$4,200 and was offered a fee by a hospital of \$250 for that same CAT scan if they paid cash the same day of service. It would appear that all services would be open to negotiation if paid for in "CASH" the (Same day) the services were performed.

If this transaction is legal it will snow ball all across the country, because at this time there is no Insurer set up to advance payment the same day of service. But, this could change with today's advanced telecommunication system. It could save the insurance companies and the public Millions of dollars. First we all know the Fees paid would vary, but this is a fee market system and they should vary. The fee negotiations would be the responsibility of the facilities & professionals performing these services.

Example: The patient would be informed to what the fee for service is, but would also be informed that if they paid cash for the same day the service was performed the fee would be reduced. If the patient agreed to pay cash for that same day service and the person responsible for that patients insurance coverage covering that service agrees, a staff member would transmit electronically by (E-Mail) to the insurer the request for a same day service payment that could be approved electronically, confirmed via the phone and an electronic transmission of the agreed funds would be transmitted to an approved financial institution. If disapproved or not allowed by the insurer the E-Mail transmission would serve as a legal documentation that the insurer was given the same opportunity as the paying patient to pay a discounted fee for same day service. The transmission between the facility/professional & the insurer would have to be limited to a specified time period thus allowing same day payment.

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With today's electronic media the company that takes this on, could well be the largest health care insurer in our country. Remember with today's coding system & the use of certified coders, an immediate electronic transmission of funds for "an approved facility or physician" should be acceptable and like I said save Millions of dollars.

Keep in mind that if the public is offered cash fees that are much reduced and the quality of service is equal, they know with their insurance coverage will have a co-pay (which most people do anyway), some might decide to cancel their insurance coverage, but if their insurer has a system that allows for a discounted fee for same day payment, for same day service they will gladly keep their insurance coverage, because they should be smart enough to know that this could be a way to eliminate co-pays, when money is short and our economy is in trouble. This is nothing more than allowing the insurance carrier the same privilege of a reduction in payment that in the long run will save money for the professionals performing the service because of the waiting time for payment and additional staffing required to perform these services. There should also be a security measure, such as a phone call made by the insurer to the facility or professional to "confirm" the service before any electronic money transfer. The phone call would have to come from the insurer because everyone in the professions' knows that phone communications are difficult at best when made to the insurer, because of the volume of calls from the professions, but a call from the insurer to confirm the service would be immediate, in most cases. The approval for service would have to come from a certified coder or health care professional, but the call to the provider to confirm service before the money transfer could come from a clerical staff person.

Everyone in the health care business knows that collections have become a very big business and in many cases an effort in endless frustration. This could be part of a solution.

This is just an idea that I think would work and I know would be graciously accepted by the hospitals and physicians with open arms.



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Loree V. Kessler, MPA
Executive Director

Memo

To: Board Members

From: Loree Kessler

A handwritten signature in black ink that reads "Loree Kessler".

CC: File

Date: Updated June 3, 2012

Re: Newsletter Topics

During the March State Board meeting and April conference call, a list of potential newsletter topics was discussed and board members were asked to determine any topics of interest and draft a paragraph to be included in the article. The previous memorandum outlining topics and assignments is listed below with applicable updates.

Continuing education reminder/update Staff
How to apply for board approved formal continuing education
Overview on complaint processing (NCMIC article) Staff & Dr Rushin
Advertising and marketing regulatory reminders
Disposing of medical records & x-rays (NCMIC article) Staff
Patient confidentiality (HIPAA article)
Debt collection practices (Previous complaint) Dr Carver
Clarifying impact of Kunkel case on inquiries to board (case sent to board via email and fax) counsel & staff DONE
Massage therapy business licensure Staff
Acupuncture Advisory Committee Update Staff
Financial report/Statistics Staff
Facebook, technology etc & communicating with patients Dr Carver
Xrays and digital xrays and who owns them *Covered in counsel's article*

Additions

Letter of thanks to Drs. Madosky and Thompson
Welcome new board members Drs. Freithaut and Quigless

Newsletters are a work in progress so it is very likely we will add more and/or new topics.



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Loree V. Kessler, MPA
Executive Director

Memo

To: Board Members

From: Loree Kessler

CC: File

Date: June 4, 2012

Re: Regulatory Amendments

For the past several years, the state board has been accumulating a list of regulatory amendments. A brief overview of the major changes to each section is listed below.

2.031 Meridian Therapy/Acupressure/Acupuncture

- Adds the acupuncture examination administered by the American Borad of Chiropractic Acupuncture
- Authorizes release of examination results and applicant conduct during the course of the examination
- Continuing education to maintain acupuncture certification is applicable to formal CE requirements for licensure instead of general/self study hours
- Authorizes reinstatement of acupuncture certification from three to five years from expiration of the certification

2.060 Professional Conduct

- Remove section regarding what an advertisement may contain as such language is optional and not mandatory
- Remove language that is already in the statute relating to false, misleading or deceptive statements
- Remove reference to font used in print advertisements
- Reorganize order of regulation for ease of reference

2.080 Biennial License Renewal

- Addresses continuing education hours for new licensees
- Revises general/self study language
- Clarifies more than the required twenty-four hours of formal continuing education can be applied to the licensure requirement
- Clarifies how a licensee verifies compliance with the continuing education requirements and reinstatement of a license
- Adds language regarding reinstatement of a license that has been inactive or expired for less than five years if the former licensee was not licensed and practicing in another state

2.081 Postgraduate Education

- Allows board to consider an application for continuing that was submitted after the 30 day advance notice date
- Language added regarding incomplete continuing education application and applicable fee
- Clarification of qualifications for continuing education instructor

2.090 Fees

- Authorizes refund of fees as determined by the board

4.010 Chiropractic Insurance Consultant

- Rescind regulation with reorganized regulatory language
- Continuing education required to maintain insurance consultant is considered applicable to the formal category instead of general/self study and the topics outlined within the regulation can be obtained from the formal continuing education categories with justification from the licensee

Regulatory amendments are a continual work in progress. Therefore, the suggested regulatory language is in a draft form to be updated as needed over the course of the next board meetings.

20 CSR 2070-2.031 Meridian Therapy/Acupressure/Acupuncture

PURPOSE: This rule sets out the acceptable qualifications, procedures and continuing education requirements for the use of meridian therapy/acupressure/acupuncture (in this rule Meridian Therapy) by Missouri licensed chiropractors.

(1) When used in the rules of the board, the terms Meridian Therapy or acupressure or acupuncture shall mean methods of diagnosing and the treatment of a patient by stimulating specific points on or within the body by various methods including, but not limited to, manipulation, heat, cold, pressure, vibration, ultrasound, light, electrocurrent and shortneedle insertion for the purpose of obtaining a biopositive reflex response by nerve stimulation.

(2) Acceptable practice and use of Meridian Therapy shall be limited to those methods and procedures that are commonly taught in chiropractic colleges having status with the Council on Chiropractic Education or are methods or procedures which have been approved by the board.

(3) In order to ensure that the public health and safety are protected and to maintain high standards of trust and confidence in the chiropractic profession and ensure the proper conduct of the chiropractic practice involving the use of Meridian Therapy, the requirements contained in this rule must be met prior to one engaging in therapeutic procedures or announcing the availability of therapeutic procedures to the public.

(A) Each licensee seeking to provide Meridian Therapy in any of its aspects shall obtain a certificate from the board, which shall indicate that the licensee has complied with the provisions of this rule and has met the minimum standards contained in this rule. The application for a certificate shall be on a form provided by the board **and accompanied by the required fee.**

(B) In addition to the other information required to be provided on the application, each applicant shall certify to the board that s/he has either-(1) successfully completed at least one hundred (100) hours' training, of undergraduate or postgraduate or a combination of each, in the use and administration of Meridian Therapy, which training was presented by a college of chiropractic having status with the Council on Chiropractic Education or (2) successfully completed at least one hundred (100) hours' training in the use and administration of Meridian Therapy in a course of study approved by the board.

(C) [Effective March 1, 2005, an applicant for certification in Meridian Therapy shall pass the examination for acupuncture administered by the National Board of Chiropractic[e] Examiners (N.B.C.E.) or an exam approved by the board.] **Along with meeting the one hundred (100) hours training requirement in the use and administration of Meridian Therapy, an applicant shall pass an examination approved by the board. The board adopts the passing score established by the approved examinations listed below:**

1. Acupuncture examination administered by the National Board of Chiropractic Examiners (NBCE);
or

2. Diplomate Acupuncture Examination administered by the American Board of Chiropractic Acupuncture (ABCA).

(D) **An applicant for certification in Meridian Therapy shall comply with the examination providers' administration rules and requirements related to applicant conduct and shall authorize the examination provider submit the results of passing the examination to the board. Any cost associated with taking the approved examination or sending results to the board shall be the applicant's responsibility,**

[(D)] (E) In order to maintain a valid certificate in Meridian Therapy, a licensee who holds a certificate at the time of making his/her license renewal must certify to the board that s/he has completed [annually] biennially a minimum of twelve (12) hours of [postgraduate training] continuing education, approved by the board, in Meridian Therapy. This continuing education shall apply toward attainment of the twelve (12) required hours of continuing education pursuant to 20 CSR 2070-2.080(5), the formal studies category of continuing education.

[(E)] (F) If a licensee allows [his/her] Missouri certification to lapse, the certification may be [reactivated] reinstated up to [three (3)] five (5) years after it has lapsed [upon] by submitting an application for reinstatement on a form provided by the board, accompanied by the required fee, and upon the presentation to the board of twelve (12) hours of postgraduate study in Meridian Therapy, acupuncture or acupressure [for each year the certification was inactive or a maximum of thirty-six (36) hours] prior to reinstatement of certification. The postgraduate study must be a course approved by the board.

[(F)] (G) If a licensee allows [*his/her*] Missouri to lapse for more than [*three (3)*] **five (5)** years the licensee shall comply with the requirements of subsection (3)(B) of this rule, providing the hours were not used to obtain the original certification.

(4) Any licensee who shall advertise or announce to the public in any communication or solicitation that s/he engages in or provides Meridian Therapy in any of its aspects without having first complied with this rule shall be deemed to have engaged in false, misleading or deceptive advertising.

(5) Sterilization of Nondisposable Needles and Disposition of Disposable Needles.

(A) Where nondisposable needles are used for acupuncture, the needles must be sterilized by—

1. Autoclave;
2. Dry heat sterilization; or
3. Ethylene oxide sterilization in accordance with directions of the manufacturer.

(B) Needles must be individually packaged for each patient. The individually packaged needles must either be discarded following patient treatment or sterilized according to the methods of sterilization listed in subsection (5)(A) when nondisposable needles are used.

(C) Needles must be disposed of according to Missouri and federal laws regarding disposal of infectious waste. In addition, all needles must be placed in rigid, leak proof and puncture resistant containers and sealed before disposal pursuant to 10 CSR 80-7.010. Noncorrosive needles must be used.

20 CSR 2070-2.060 Professional Conduct Rules

PURPOSE: This rule explains the professional conduct of licensed chiropractic physicians.

[(1) Each licensed chiropractic physician shall notify the board of his/her business and residential address and telephone number(s) and immediately shall inform the board of any change of address or telephone number within fifteen (15) days of such change. Notification shall be sent to the board at 3605 Missouri Boulevard, or PO Box 672, Jefferson City, MO 65102-0672, contacting the board office at (573) 751-2104, or sending an email to chiropractic@pr.mo.gov.

(2) A chiropractic service may be considered routine for an individual practitioner if it has the following characteristics:

(A) It is performed frequently in the doctor's office;

(B) It is usually provided at a set fee;

(C) It is provided at little or no variance in technique; and

(D) It includes all professionally recognized components within generally accepted standards.

(3) Each licensed chiropractic physician shall inform the board of anyone who may be practicing chiropractic in Missouri without a license.

(4) A chiropractic physician, when presenting him/herself to patients and the public, is directed to determine as far as is reasonably possible and consistent with chiropractic procedures—

(A) The cause(s) of the patient's abnormalities or deformities; and

(B) Whether chiropractic treatments are reasonably likely to improve or assist in improving these abnormalities or deformities.

(5) A licensed chiropractic physician shall not—

(A) Increase charges when a patient utilizes a third-party payment program;

(B) Report incorrect treatment dates for the purpose of obtaining payments;

(C) Report charges for services not rendered; or

(D) Report incorrectly services rendered for the purpose of obtaining greater payment than he/she is entitled to.

(6) Advertisement or Solicitation.

(A) For the purpose of this rule, the terms "advertisement" and "solicitation" shall be defined as follows:

1. Advertisement—any form of public notice, regardless of medium, using a licensee's name, trade name or other professional designation of the licensee or chiropractic firm;

2. Solicitation—any form of request or plea, regardless of medium, used to entice or urge a person to use the services of a licensee or chiropractic firm;

3. A licensee may advertise or solicit through public media, such as a telephone directory, physician's directory, newspaper or other periodical, outdoor billboard, radio, television, or through direct mail advertising or solicitation distributed generally to persons not known to need chiropractic care of the kind provided by the chiropractor, if such advertisement or solicitation is in accordance with this section;

4. A licensee may initiate individual written communications, not involving personal or telephone contact, to persons known or likely to need chiropractic care of the kind provided by the licensee. All such individual written communication[s] to persons known or likely to need chiropractic care of the kind provided by the licensee shall be labeled at the top of the first page with the word "SOLICITATION" and shall contain the following notice:

SOLICITATION. The determination of a need for chiropractic care and the choice of a chiropractor are extremely important decisions and should not be based solely upon advertisements, solicitations or self-proclaimed expertise. This notice is required by the Missouri State Board of Chiropractic Examiners.

5. A licensee may initiate personal contact, including telephone contact, with a person for the purpose of offering to provide chiropractic care subject to the provisions of subsection (6)(D) herein. Any such personal contact, including telephone contact, which is made on behalf of a licensee by any third

party or parties, shall be deemed to be contact made directly by the licensee for purposes of compliance with these rules.

(B) Every [advertisement or] solicitation shall include the following:

1. The name of at least one (1) licensee responsible for its content and any potential violation of section 331.060, RSMo; and 2. The term "chiropractor," "doctor of chiropractic," "chiropractic physician," or "D.C."

(C) Advertisements and solicitations may contain:

1. The educational background of the licensee;
2. The basis on which fees are determined, including charges for specific services, so long as fees advertised remain effective for a reasonable time;
3. Available credit; and
4. Any other information that is not false, misleading or deceptive.

(D) A licensee shall not initiate an individual written communication under paragraph (6)(A)3. or personal contact, including telephone contact under paragraph (6)(A)5., if the licensee knows or reasonably should know that the physical, emotional, or mental state of the person makes it unlikely that the person would exercise reasonable judgment in employing the services of a chiropractor. A written communication sent and received or a personal contact directed to any person known to have been involved in an accident, if made within thirty (30) days after such accident, is presumed to be written at a time or made at a time when the writer knows or reasonably should know that the physical, emotional, or mental state of the person makes it unlikely that the person would exercise reasonable judgment in employing a chiropractor, unless such written communication or personal contact, including telephone contact, is directed to a close friend, relative or former patient.

(E) An advertisement or solicitation, as defined in this rule, shall not be false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed. [False, misleading and/or deceptive shall include, but not be limited to, the following contents or omissions:

1. Any untrue statement;
2. Any matter, or presentation or arrangement of any matter, in a manner or format which is false, misleading or deceptive to the public;
3. Omission of any fact which under the circumstances makes the statement false, misleading or deceptive to the public;
4. Transmission in a manner which involves coercion, intimidation, threats or harassing conduct;
5. An attempt to attract patronage in a manner which castigates, impugns, disparages, discredits or attacks other healing arts and sciences or other chiropractic physicians;
6. Any self-laudatory statements; or
7. Transmission to a person who has made known to the licensee a desire not to receive communication from the licensee.

(F) The board presumes the following forms of advertising and/or solicitation to be false, misleading and/or deceptive and in violation of subsection (6)(E) of this rule:

1. An advertisement or solicitation which contains guarantees or warranties regarding the result of a licensee's services;

2. An advertisement or solicitation which contains testimonials about or endorsements of a licensee, unless—

A. The advertisement or solicitation complies with subsection (6)(E) of this rule; and

B. The testimonial or endorsement is made by the person who actually received the services or who has personal knowledge as to the facts stated, excepting however, testimonials and endorsements may be made by paid actors so long as the advertisement or solicitation contains a notice stating that paid actors have been used;

3. An advertisement or solicitation which is transmitted at the scene of an accident or en route to a hospital, emergency care center or other health care facility;

4. Any advertisement or solicitation using the phrase "no out-of-pocket expense," "we accept what your insurance will pay" or any similar statement prior to the retention of services that a payment

made by an insurance carrier or other third party payor with copayment or deductible features will be accepted by the licensee as payment in full, unless the advertisement shall also contain the following notice:

"This offer is only valid after the applicable insurance carrier or third party payor has been notified of the terms of the offer." The licensee will provide written notice disclosing the terms of such offer, agreement or waiver on any billing and/or third party claim.

(G) For the purpose of this rule, all required notices shall be at least ten (10) points in height if the advertisement or solicitation is written or printed and at least eighteen (18) point font if the advertisement or solicitation is made by means of television. Notices may be oral, if the form of advertisement or solicitation will not allow it to be in printed form.

(H) A licensee shall retain for two (2) years a true and correct copy or recording of any advertisement or solicitation made by written or electronic media along with a record of when and where it was used. Upon written request, the licensee shall make the copy or recording available to the board and, if requested, shall provide to the board evidence to support any factual or objective claim contained in the advertisement or solicitation.

(7) A chiropractic office shall not be closed until the board has been provided with information which in the board's view is sufficient to assure the board that adequate measures have been taken by the licensee or licensee's heirs to provide for the transfer of patient records, including X-rays, to either the patient or another health care provider of the patient's choosing or to assure the board that the patient does not desire the records delivered to him/her or another health care provider.

(8) The licensee shall retain patient records for at least seven (7) years.

(9) Failure of the licensee to comply with section 191.227, RSMo shall be considered unprofessional conduct.

(10) Minimal record keeping standards apply to all licensed chiropractic physicians, chiropractic assistants and certified chiropractic technicians. These standards also apply to those examinations advertised at a reduced fee or free (no charge) service.

(A) Adequate patient records shall be legibly maintained. Initial and follow-up services (daily records) shall consist of documentation to justify care. If abbreviations or symbols are used in the daily record keeping, a key must be provided.

(B) Minimum record keeping regarding a patient shall include patient history, symptomatology, examination, diagnosis, prognosis and treatment.

(C) Provided the board takes disciplinary action against a chiropractic physician for any reason, these minimal clinical standards will apply. It is understood that these procedures are the accepted standard(s) and anything less than this shall be considered unprofessional conduct in the practice of chiropractic.

(11) A nutritional evaluation which is in response to stimulation of the olfactory nerve receptors and those procedures including holding vitamins, minerals, herbs or any food or food product in the hand, laying vitamins, minerals, herbs or any food or food product on or near the skin and touching various areas of the skin, are unproven, could lead to errors in diagnosis and are potentially detrimental to the health of the patient being evaluated and is considered unprofessional conduct in the practice of chiropractic.

(A) Nutritional evaluation shall include history; type of dysfunction; laboratory tests, if necessary; physical diagnosis; and dietary inadequacies. Nutritional evaluation without these procedures is deemed unprofessional conduct.

(B) Nutritional evaluation which is in response to stimulation of the gustatory nerve receptors is not a diagnostic procedure but may be used as an adjunctive procedure when used in conjunction with subsection (10)(A).

(12) Any licensee who performs a chiropractic review under section 376.423, RSMo without having obtained a certification from the board or is not in compliance with 20 CSR 2070-4 of the board's rules shall be deemed to have engaged in unprofessional conduct in the practice of chiropractic.

(13) Violation of the Health Care Payment Fraud and Abuse Act, Missouri Revised Statutes section 191.900 et seq. or the "antikickback" portions of the Medicare/Medicaid anti-fraud and abuse statute, 42 United States Code section 1320a-7b[b], by knowingly and willingly offering, paying, soliciting or receiving remuneration in order to induce business reimbursed under the Medicare or state administered health care programs will be considered unprofessional or improper conduct in the practice of chiropractic. Conduct will not be considered a violation of this rule, if the ownership or investment interest in such service meets the requirements of the "safe harbor" provisions of Title 42 Code of Federal Regulations part 1001.]

(1) Each licensed chiropractic physician shall notify the board of the business and residential address and telephone number(s) and immediately shall inform the board of any change of address or telephone number within fifteen (15) days of such change. Notification shall be sent to the board at 3605 Missouri Boulevard, or PO Box 672, Jefferson City, MO 65102-0672, faxing the board office at (573) 751-0735, or sending an email to chiropractic@pr.mo.gov.

(2) A licensed chiropractic physician shall inform the board of anyone who may be practicing chiropractic in Missouri without a license.

(3) A chiropractic office shall not be closed until the board has been provided with information which in the board's view is sufficient to assure the board that adequate measures have been taken by the licensee or licensee's heirs to provide for the transfer of patient records, including X-rays, to either the patient or another health care provider of the patient's choosing or to assure the board that the patient does not desire the records delivered to the patient or another health care provider.

(4) The licensee shall retain patient records for at least seven (7) years from the date of the last visit to the licensee's office.

(5) Failure of the licensee to comply with section 191.227, RSMo shall be considered unprofessional conduct.

(6) Minimal record keeping standards apply to all licensed chiropractic physicians, chiropractic assistants and certified chiropractic technicians. These standards also apply to those examinations advertised at a reduced fee or free (no charge) service.

(A) Adequate patient records shall be legibly maintained. Initial and follow-up services (daily records) shall consist of documentation to justify care. If abbreviations or symbols are used in the daily record keeping, a key must be provided.

(B) Minimum record keeping regarding a patient shall include patient history, symptomatology, examination, diagnosis, prognosis and treatment.

(C) A licensed chiropractic physician shall not—

- 1. Increase charges when a patient utilizes a third-party payment program;**
- 2. Falsify treatment dates; or**
- 3. Falsify charges for treatment(s) not provided.**

(D) Provided the board takes disciplinary action against a chiropractic physician for any reason, these minimal clinical standards will apply. It is understood that these procedures are the accepted standard(s) and anything less than this shall be considered unprofessional conduct in the practice of chiropractic.

(7) For the purpose of this regulation an advertisement shall be defined as any form of public notice, regardless of medium, using a licensee's name, trade name, or other professional designation of the licensee or chiropractic business.

(A) Any advertisement shall include the name of the licensee responsible for the content of the advertisement and the term chiropractor, doctor of chiropractic, chiropractic physician, or DC.

(B) An advertisement shall not refer to phrases such as "no out-of-pocket expense," "we accept what your insurance will pay" or any similar statement prior to the retention of services that a payment made by an insurance carrier or other third party payor with copayment or deductible features will be accepted by the licensee as payment in full, unless the advertisement shall also contain the following statement, "This offer is only valid after the applicable insurance carrier or third party payor has been

notified of the terms of the offer.” The licensee will provide written notice to the patient disclosing the terms of such offer, agreement or waiver on any billing and/or third party claim.

(C) The licensee shall maintain a written record of a testimonial or endorsement made by a patient receiving chiropractic treatment for a minimum of three (3) years from the date of publication or airing the advertisement. Testimonials and/or endorsements made by paid actors shall include a statement that paid actors have been used.

(8) A solicitation shall be defined as any form of request or plea, regardless of medium, used to entice or urge a person to utilize a chiropractic physician.

1. For the purpose of this regulation, any contact for the purpose of soliciting or offering chiropractic treatment made on behalf of a chiropractic physician by any third party or parties, shall be deemed to be contact made by the chiropractic physician.

2. Any solicitation shall include the name of the licensee responsible for the content of the advertisement and the term chiropractor, doctor of chiropractic, chiropractic physician, or DC and shall not be false, misleading or deceptive.

3. A chiropractic physician shall not solicit an individual(s) within thirty (30) days of an accident, if the chiropractic physician knows or reasonably should know that the physical, emotional, or mental state of the person makes it unlikely that the person would exercise reasonable judgment regarding chiropractic treatment.

4. A chiropractic physician shall not solicit or transmit a solicitation at the scene of an accident or en route to a hospital, emergency care center or other health care facility.

5. A solicitation shall not refer to phrases such as “no out-of-pocket expense,” “we accept what your insurance will pay” or any similar statement prior to the retention of services that a payment made by an insurance carrier or other third party payor with copayment or deductible features will be accepted by the licensee as payment in full, unless the advertisement shall also contain the following statement, “This offer is only valid after the applicable insurance carrier or third party payor has been notified of the terms of the offer.” The licensee will provide written notice to the patient disclosing the terms of such offer, agreement or waiver on any billing and/or third party claim.

(9) A nutritional evaluation which is in response to stimulation of the olfactory nerve receptors and those procedures including holding vitamins, minerals, herbs or any food or food product in the hand, laying vitamins, minerals, herbs or any food or food product on or near the skin and touching various areas of the skin, are unproven, could lead to errors in diagnosis and are potentially detrimental to the health of the patient being evaluated and is considered unprofessional conduct in the practice of chiropractic.

(A) Nutritional evaluation shall include history; type of dysfunction; laboratory tests, if necessary; physical diagnosis; and dietary inadequacies. Nutritional evaluation without these procedures is deemed unprofessional conduct.

(B) Nutritional evaluation which is in response to stimulation of the gustatory nerve receptors is not a diagnostic procedure but may be used as an adjunctive procedure when used in conjunction with subsection (10)(A).

(10) Any licensee who performs a chiropractic review under section 376.423, RSMo without having obtained a certification from the board or is not in compliance with 20 CSR 2070-4 of the board’s rules shall be deemed to have engaged in unprofessional conduct in the practice of chiropractic.

(11) Violation of the Health Care Payment Fraud and Abuse Act, *Missouri Revised Statutes* section 191.900 et seq. or the “antikickback” portions of the Medicare/Medicaid anti-fraud and abuse statute, 42 *United States Code* section 1320a-7b[b], by knowingly and willingly offering, paying, soliciting or receiving remuneration in order to induce business reimbursed under the Medicare or state administered health care programs will be considered unprofessional or improper conduct in the practice of chiropractic. Conduct will not be considered a violation of this rule, if the ownership or investment interest in such service meets the requirements of the “safe harbor” provisions of Title 42 *Code of Federal Regulations* part 1001.

20 CSR 2070-2.080 Biennial License Renewal

PURPOSE: This rule establishes the licensure renewal requirements.

(1) A license shall be renewed biennially contingent upon the licensee completing the required hours of continuing education as defined in 20 CSR 2070-2.080(2):

(A) For the purpose of this regulation one (1) hour of continuing education shall consist of at least fifty (50) minutes of instruction or study;

(B) A chiropractic physician issued a license within one (1) year of graduation from an approved chiropractic college shall *[be exempt from the continuing education requirements for the calendar year that the license was issued]* shall complete twenty-four (24) hours of continuing education as defined in 20 CSR 2070-2.080(3) and (5); and

(C) A chiropractic physician at least sixty-five (65) years old and licensed in this state for at least thirty-five (35) years shall complete at least twenty-four (24) hours of formal continuing education biennially as defined in 20 CSR 2070-2.080(4). The remaining biennial hours of continuing education shall be waived.

(2) Every two (2) years (hereinafter referred to as biennially) and prior to the expiration date of a license a licensee shall complete forty-eight (48) hours of continuing education as defined in 20 CSR 2070-2.080(3) and (5). If a licensee is unable to complete the required biennial continuing education, the licensee may submit a written request to the board for an extension in order to comply with the continuing education requirement and shall pay the required late continuing education fee.

(3) At least twenty-four (24) hours of the required forty-eight (48) hours of continuing education shall be earned by attending formal continuing education programs, seminars, and/or workshops that have been approved by the board.

(A) A licensee shall obtain the required formal continuing education hours from no less than three (3) of the following formal categories:

1. Diagnostic imaging (X ray);
2. Differential or physical diagnosis or both;
3. Ethical practices. Continuing education courses acceptable for this area include topics such as professionalism, doctor-patient relationship, legal issues and responsibilities, confidentiality, and advertising;
4. Emergency procedures. Cardiopulmonary resuscitation (CPR) and/or first aid offered by the American Red Cross or other board-approved sponsoring organization shall be acceptable as meeting the continuing education requirements for this category;
5. Human immunodeficiency (HIV), infection diseases, and/or universal precautions;
6. Cerebrovascular accident (CVA) and/or transient ischemic attack (TIA);
7. Disc injury;
8. Aggravated spinal conditions and/or injury;
9. Record keeping and/or Subjective Objective Assessment Plan (SOAP) notes;
10. Soft tissue injury;
11. Nutrition;
12. Chiropractic principles and/or technique(s);
13. Health promotion and wellness;
14. Case studies in chiropractic that consist of presentations relating to articles published in scholarly journals, treatises, or textbooks used by board-approved Council of Chiropractic Education (CCE) colleges and/or universities and evidence-based and/or value-based studies;
15. Insurance consulting; or
16. Meridian Therapy/acupressure/acupuncture.

(4) Continuing education hours in compliance with 20 CSR 2070-2.080(3) may be obtained via the Internet pursuant to 20 CSR 2070- 2.081(2)(A) and board approval.

[(5) The remaining continuing education hours may consist of general studies as follows:

(A) Meetings. Registered attendance at relevant professional meetings which include, but are not limited to, national, regional, state and local professional association meetings and open meetings of the State Board of Chiropractic Examiners. To earn continuing education credits in this category, roll call must be taken and recorded in the official minutes of the meeting. A maximum of six (6)

continuing education credit hours are allowable in this category during each continuing education reporting period but no more than two (2) continuing education credits shall be earned per meeting. If the meeting is less than two (2) hours in duration, continuing education credits will be granted for actual attendance time but in increments of not less than one (1) hour. If the meeting has a duration of ninety (90) minutes, continuing education credits may be granted for one and one-half (1.5) hours;

(B) Publications. Books and/or articles published by licensee in professional books, national or international journals, or periodicals. A maximum of six (6) continuing education credits are allowable in this category during each continuing education reporting period. Publications must be relevant to chiropractic to qualify for continuing education credits under this rule;

(C) Presentations. Chiropractic physicians teaching an approved postgraduate course may receive continuing education credits for teaching the course providing the instructor's name was submitted with the course content when requesting approval of the course;

(D) Home Study. Self-study of professional material including relevant books, journals, periodicals, videos, tapes, and other materials and preparation of relevant lectures and talks to public groups. Continuing education credits will be granted at the rate of one (1) hour for reading a national or international journal or periodical and four (4) hours for reading a book. To qualify for continuing education credits under this category, the journal, periodical or book must be related to the clinical practice of chiropractic; and

(E) Individual Study. Relevant chiropractic courses subscribed via the Internet or by other electronic means.]

(5) The remaining required continuing education hours may be obtained from one or more of following areas:

(A) Board approved continuing education programs, seminars, and/or workshops;

(B) Continuing education programs, seminars, and/or workshops related to the practice of chiropractic and not approved by the board for formal continuing education hours.

(C) Registered attendance at relevant professional meetings that include, but are not limited to, national, regional, state and local professional association meetings and open meetings of the State Board of Chiropractic Examiners. To earn continuing education credits in this category, roll call must be taken and recorded in the official minutes of the meeting. A maximum of six (6) continuing education credit hours are allowable in this category during each continuing education reporting period but no more than two (2) continuing education credits shall be earned per meeting. If the meeting is less than two (2) hours in duration, continuing education credits will be granted for actual attendance time but in increments of not less than one (1) hour. If the meeting has a duration of ninety (90) minutes, continuing education credits may be granted for one and one-half (1.5) hours;

(B) Reading books and/or articles published in professional books, textbooks, scholarly, national or international journals, or periodicals. A maximum of six (6) continuing education credits are allowable in this category during each continuing education reporting period. Publications must be relevant to chiropractic to qualify for continuing education credits under this rule;

(C) Chiropractic physicians teaching an approved postgraduate course may receive continuing education credits for teaching the course providing the instructor's name was submitted with the course content when requesting approval of the course; or

(D) Individual study shall consist of reading material relating to the practice of chiropractic to include relevant books, text books, journals, periodicals, case studies and research, whether in printed format, via the Internet, or other electronic means.

(6) Chiropractic physicians who are faculty members at a CCE-accredited college may receive up to a maximum of forty-eight (48) hours biennially of continuing education credit for teaching or attending course(s) at a CCE-accredited chiropractic college:

(A) The areas of study shall be in compliance with 20 CSR 2070-2.080(3);

(B) For the purpose of this regulation, the faculty member must either teach or attend a course at a CCE-approved chiropractic college for a minimum of four (4) clock hours as defined in 20 CSR 2070-2.080(3);

- (C) The [*twenty-four (24) biennial hours of general*] **remaining** continuing education study may be obtained by teaching or attending course(s) relevant to chiropractic provided by a CCE approved chiropractic college; and
- (D) The chiropractic college shall be responsible for submitting course(s) to the board for approval and for verifying attendance by the teacher or faculty member.
- (7) Chiropractic physicians who teach continuing education approved by the board may receive up to a maximum of four (4) hours per year of continuing education credit for teaching courses [*in diagnostic imaging, differential or physical diagnosis or both, and risk management as*] defined in 20 CSR 2070-2.080(3)[(C)](A).
- (8) Chiropractic physicians who teach continuing education approved by the board may receive **biennially** up to a maximum of twenty-four (24) hours of continuing education credit for teaching courses [*in general subjects*] **as defined in 20 CSR 2070-2.080(3)(A) [*biennially*]**.
- (9) Chiropractic physicians certified by the board in Meridian Therapy/acupressure/acupuncture (MTAA) or insurance consulting who teach continuing education approved by the board may receive up to twenty-four (24) hours biennially of continuing education for teaching courses pursuant to 20 CSR 2070-2.031(3) MTAA or 20 CSR 2070-4.030(2) insurance consulting.
- (10) For the purpose of this regulation the teacher or instructor must teach a minimum of four (4) clock hours as defined in 20 CSR 2070-2.080(4)(A).
- (11) A renewal license will not be issued until all renewal requirements have been met. If the licensee pays the continuing education penalty fee for continuing education credits earned late, those hours shall not be applied to the next reporting cycle. A licensee who has failed to obtain and verify, in a timely fashion, the requisite number of continuing education credits shall not engage in the practice of chiropractic unless an extension is obtained pursuant to section (13) of this rule.
- (12) [*For the license renewal the licensee shall verify the number of continuing education credits earned during the last two (2) immediately preceding continuing education reporting periods. Effective March 1, 2009, the licensee shall verify the number of continuing education credits earned during the current biennial cycle on the renewal form provided by the board. The renewal form shall be mailed directly to the board office on or before the expiration date of the license. The licensee shall not submit the actual record of continuing education attendance to the board except in the case of a board audit.*] **Effective March 1, 2009, the licensee shall verify the number of continuing education credits earned during the current biennial cycle on the renewal form mailed directly to the board office or online. A renewal form mailed to the board office must be postmarked on or before the expiration date of the license to be considered in compliance with the renewal requirements. Unless requested by the board, a licensee shall not submit documentation of continuing education compliance with the renewal form.**
- (13) Each licensee shall maintain full and complete records of all continuing education credits earned for the [*two (2) previous reporting periods*] **previous biennial renewal cycle**, in addition to the current [*reporting period*] **biennial cycle**. Formal continuing education credit hours shall be documented by the sponsor of the approved continuing education program and provided to the licensee within thirty (30) days from the date of the program. The licensee is responsible for maintaining that record of attendance as set forth in 20 CSR 2070-2.081(2)(A)7. Continuing education credits earned through other continuing education experiences shall be documented by the licensee and such documentation shall contain, at a minimum, the number of hours earned, and these hours shall be separated in the various categories defined in 20 CSR-2070-2.080(3)(A). The board may conduct an audit of a licensee's formal continuing education hours as defined in 20 CSR 2070-2.080(3)(A) to verify compliance with the continuing education requirement. Licensees shall assist the board in its audit by providing timely and complete responses to the board's inquiries. A response is considered timely if received in the board office within thirty (30) days of a written request by the board for such information.
- (14) A licensee who cannot complete the requisite number of continuing education credits because of personal illness, military service, or other circumstances beyond the licensee's control which the board deems to be sufficient to impose an insurmountable hardship may apply for an extension of time to complete the continuing education requirements. Any extension of time to complete the continuing education requirements will be granted solely in the discretion of the board. The

licensee must make a written application for extension of time prior to the deadline for completion of the continuing education requirement. The licensee shall provide full and complete written documentation of the grounds supporting the reasons for which an extension is sought. A licensee who requests an extension of time to complete the requisite

hours of continuing education shall not engage in the active practice of chiropractic until the board grants the licensee's request for extension and the licensee receives express written authorization to do so.

(15) The board shall not grant continuing education credit to any licensee for attending a continuing education course if the licensee attended a subsequent course on the same subject matter during the same continuing education reporting period.

(16) Chiropractic physicians holding a Missouri license, but not practicing in Missouri, may use the approved continuing education hours required of the state in which they practice for license renewal, without prior approval, provided that the continuing education requirement is met and provided that the continuing education falls within the definition set forth in 20 CSR 2070-2.081. If the state in which the chiropractic physician is practicing does not have continuing education

requirements for renewal or licensure reinstatement, the out-of-state chiropractic physician must earn the requisite number of continuing education hours required in Missouri and the hours shall be approved by the Missouri board or offered by a college of chiropractic accredited by the CCE.

(17) In order for the board to consider waiving the continuing education requirement for license renewal, all requests for waivers due to illness must be accompanied by a written statement from a practitioner of the healing arts stating the diagnosis, prognosis and length of time the chiropractic physician will be unable to practice or attend an educational program. Waivers due to illness may be granted only to a licensee who has suffered a personal illness or personal disability of a nature as to prevent him/her from engaging in the active practice of chiropractic for at least the majority of the continuing education reporting period.

(18) [*Reactivation/Reinstatement of License:*]

[(A)] A chiropractor that has been licensed in Missouri may apply for reactivation/reinstatement of an expired or inactive license upon submission of the following:

[1.] (A) Application for [*reactivation*]/reinstatement;

[2. *Reactivation*]/ (B) Reinstatement fee;

[3.](C) Proof that the applicant has been licensed and eligible to practice in another state for at least one (1) year preceding the application for reinstatement;

[4.] (D) Two (2) sets of fingerprints for the purpose of conducting a criminal background check by the Missouri State Highway Patrol and Federal Bureau of Investigation (FBI). The applicant shall provide proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor(s) for both a Missouri State Highway Patrol and FBI criminal background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background check shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor(s). For the purpose of application for licensure, the results of the criminal background shall be received in the board office prior to the issuance of a license and shall be valid for no more than one (1) year from the date the results of the criminal background check were received in the board office;

[5.] (E) Completion of the required [*annual*] **biennial** continuing education hours for Missouri licensure renewal as defined in 20 CSR 2070-2.080(3) and (5); or

[6.] (F) Completion of the continuing education hours required by the state in which the applicant is licensed.

[(B)] (19) When a chiropractic physician applies to reinstate [*or reactivate*] a license that has been expired **or inactive** for at least five (5) years, and [*he/she*] **the chiropractic physician** has not been licensed and eligible to practice in another state for the five (5) years preceding the application for [*reactivation*] **reinstatement** the chiropractic physician must return to a CCE accredited chiropractic college for a course of study. A course of study for [*reactivation*] **reinstatement** of a license shall consist of passing a minimum of twelve (12) semester hours as follows:

1. Four (4) semester hours in chiropractic clinical reasoning;

2. Three (3) semester hours clinical diagnosis; and

3. Five (5) semester hours diagnostic imaging.

[(C)] (20)The applicant for reinstatement shall document completion of the required course

of study with an official transcript from the chiropractic college.

(20) A chiropractor with an expired or inactive Missouri license for less than five years from the expiration date and not licensed and eligible to practice in another state may apply for reinstatement of such license upon submission of the following:

1. Application for reinstatement;

2. Reinstatement fee;

3. Two (2) sets of fingerprints for the purpose of conducting a criminal background check by the Missouri State Highway Patrol and Federal Bureau of Investigation (FBI). The applicant shall provide proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor(s) for both a Missouri State Highway Patrol and FBI criminal background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background check shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor(s). For the purpose of application for licensure, the results of the criminal background shall be received in the board office prior to the issuance of a license and shall be valid for no more than one (1) year from the date the results of the criminal background check were received in the board office;

5. Completion of the required biennial continuing education hours for Missouri licensure renewal as defined in 20 CSR 2070-2.080(3) and (5);

[(19) Deadline for Renewal. (A) Applications for renewal shall be postmarked by the expiration date of the license.]

(21) Prior to the expiration date of the license, an application for renewal of the license shall be postmarked and sent via regular or overnight mail to the state board office or electronically renewed.

[(20)] **(22) Chiropractic physicians acting as associate examiners for either the state board practical examination or the regional/national practical examination (Part IV) administered by the National Board of Chiropractic Examiners (N.B.C.E.) may receive up to a maximum of twenty-four (24) hours per year of continuing education credit for the administration of the examination:**

(A) For the first full day of service provided to the N.B.C.E. in administering the Part IV examination, associate examiners will be credited with four (4) hours of continuing education in differential or physical diagnosis and four (4) hours of credit in general chiropractic continuing education;

(B) For the second full day of service provided to the N.B.C.E. in administering the Part IV examination, associate examiners will be credited with eight (8) hours of general chiropractic continuing education;

(C) If a chiropractic physician should provide less than four (4) hours of service to the N.B.C.E. in any one administration of the Part IV examination, continuing education credit will not be available to that licensee. Continuing education credits earned from administering the Part IV examination shall be in the formal continuing education category;

(D) If the associate examiner attends the examiner orientation as part of the N.B.C.E. examination administration the associate examiner is eligible for two (2) hours of continuing education in *[boundary training for each full day the associate examiner participates in the N.B.C.E. administration]* ethical practices as defined in 20 CSR 2070-2.080 (3)(A)3;

(E) If the associate examiner proctors the X-ray portion of the N.B.C.E. the associate examiner is eligible for one (1) hour of continuing education in X-ray for each examination session. The associate examiner shall be eligible for up to four (4) hours of continuing education credit in X-ray for proctoring the X-ray portion of the examination the entire day; and

(F) Chiropractic physicians participating in the development of Parts I–IV, physiotherapy, or acupuncture examinations administered by the N.B.C.E. may submit proof of attendance to the board for continuing education approval.

[(21)] **(23) A licensee may submit an application to the board to be classified as inactive. An inactive licensee shall be defined as a chiropractic physician formally licensed by the board that has been approved for inactive status and is not engaged in the practice of chiropractic in Missouri as defined in section 331.010, RSMo.**

[(22)] **(24) If a bad check is received by the board to renew a license and if the replacement fee is not received prior to the expiration date of the license, the license will be not current and the licensee shall not practice until**

the [*reactivation*] **reinstatement** form and fee have been submitted to the board **and the license has been reinstated.**

[(23)] (25) Violation of any provision of this rule shall be deemed by the board to constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of a chiropractic physician depending on the licensee's conduct. In addition, a licensee who has failed to complete and report in a timely fashion the requisite hours of continuing education and engages in the active practice of chiropractic without the express written authority of the board shall be deemed to have engaged in the unauthorized practice of chiropractic

20 CSR 2070-2.081 Postgraduate Education

PURPOSE: This rule defines postgraduate education, sets out the requirements for sponsoring organizations and explains procedures for inactive chiropractic physicians to obtain a semester of review prior to reactivation of a license.

(1) Postgraduate study as used in this rule and as used in section 331.050, RSMo is defined as a course of study designed to instruct individuals licensed as chiropractic physicians in Missouri. The term postgraduate study may be used interchangeably with the terms continuing education and postgraduate education.

(2) For board approval of postgraduate education programs, sponsoring organizations, **sponsor or provider** shall forward to the board [*two (2) copies*] **one (1) copy** of the completed application [*, syllabus or outline of material covered in the course and vitae on the speaker(s)*] **and any documentation required by the board**. This material must be received in the board office at least [*forty-five (45)*] **thirty (30)** days prior to the seminar to receive board approval. [*A request for approval of a seminar will not be considered by the board if the request is made after the seminar has occurred.*]

(A) The board may consider a request for seminar approval after the seminar has occurred. The postgraduate sponsoring organization shall submit an application, documentation, and fee as required by 20 CSR 2070-2.081(2)

[(A)] **(B)** Any sponsoring organization wishing to provide continuing education via the Internet shall submit a detailed explanation of the following:

1. Delivery format explaining how the continuing education material is presented to include applicable security safeguarding the licensee's identity;
2. Process used for gathering information for the continuing education course, to include if course material is updated, how often and who determines when such update is required;
3. Method used for monitoring attendance;
4. Time a licensee is allowed to complete the online continuing education course. The explanation must specify if a licensee has unlimited time and unlimited number of attempts to complete the continuing education course and if multiple attempts to complete the course are monitored;
5. Whether a posttest is required and, if so, how the results are reported to the licensee;
6. How a licensee communicates with the sponsoring organization in the event there are questions or problems;
7. Documentation provided to the licensee when a course is completed;
8. Amount of time a sponsoring organization maintains records of a licensee completing a course of study; and
9. Names and credentials of individuals responsible for the content of the continuing education course.

[(B)] **(C)** A sponsoring organization wishing to provide continuing education via the Internet shall provide the board access to the online course for the purpose of reviewing areas such as content and delivery method.

(3) All postgraduate education programs shall be subject to the following criteria:

- (A) The program shall meet the definition of postgraduate education as defined in section (1) of this rule;
- (B) The sponsor shall properly monitor the attendance of the chiropractic physician at the program; and
- (C) The sponsor shall notify the board of the date, title, hours, names of speakers and location of seminar and contact person.

(4) If any program submitted for board approval does not meet the requirements of section (3) of this rule, such program(s) will not be approved. **If an application for continuing education is not approved by the board or is incomplete, the application will be returned to the continuing education sponsor with a written explanation regarding why the application was not approved or was incomplete. Upon correcting any deficiencies on the application, the sponsor may resubmit the application and shall pay all applicable fees as required in 20 CSR 2070-2.090(1)(O)**

(5) Continuing education programs in diagnostic imaging shall be taught by a Diplomate, American Board of Chiropractic Radiology (DACBR) or a medical radiologist.

(6) A continuing education program addressing a topic or combination of topics pursuant to 20 CSR 2070-2.080(3) shall be taught by an instructor with a doctor of chiropractic degree and expertise in the subject matter to be presented.

(A) Instructors for continuing education programs addressing a topic or combination of topics pursuant to 20 CSR 2070-2.080(3) that do not have a doctor of chiropractic degree shall document training and expertise in the subject matter to be presented. Such documentation shall include:

- 1. Undergraduate or graduate course work verified with a transcript; and/or**
- 2. Work experience, seminars, workshops or training verified with a resume or vitae.**

(B) Continuing education sponsored totally or in part by a distributor, product line, or company or demonstrating, promoting, or endorsing a product or service must utilize instructors in compliance with 20 CSR 2070-2.080(6). The subject matter of the continuing education must address the diagnosis and treatment of conditions as authorized by section 331.010.1 RSMo. Product information shall not be the primary focus relating to diagnosis and/or treatment and shall be presented only as an adjunct to the course material.

(6) Any postgraduate program offered for license renewal must carry the following disclaimer: "Approval of this course is not an acknowledgement or ruling by the board that the methods taught in this course are recognized and approved by the board as the appropriate practice of chiropractic as defined in section 331.010, RSMo." This disclaimer shall be on all brochures and handouts or on a separate piece of paper distributed at each program.

(7) All postgraduate education sponsors shall provide each licensee with a certificate verifying his/her attendance at an approved postgraduate education seminar. The certificate shall be provided to the licensee by the sponsor within thirty (30) days from the date of the licensee's attendance at the seminar and it shall contain, at a minimum, the following information:

- (A) Name, address and telephone number of the sponsoring organization;
- (B) Name, address and license number of the licensee in attendance at the approved seminar;
- (C) Course approval number which will be provided to the sponsor at the time the sponsor is notified by the board of its approval of the seminar;
- (D) Title, date(s) and location of the seminar; and
- (E) The total number of hours that the licensee was in attendance at the seminar. These hours must be reflected according to the categories defined in 20 CSR 2070-2.080(3).

20 CSR 2070-2.090 Fees

PURPOSE: This rule establishes and fixes the various fees and charges authorized by Chapter 331, RSMo.

(1) The following fees hereby are established by the State Board of Chiropractic Examiners:

- (A) Examination Fee \$300*
- (B) Reexamination Fee (per section) \$ 35 with maximum fee of \$105
- (C) Application Fee \$200
- (D) Renewal Fee \$200
- (E) Inactive Status Fee \$100
- (F) License Reinstatement Fee \$100
- (G) Certificate of Corporations Fee \$ 15
- (H) Certification of Licensure Fee \$ 10
- (I) Section Regrade Fee (Written Practical) \$ 25
- (J) Reevaluation Fee (Oral Practical) \$ 50
- (K) Meridian Therapy/Acupressure/ Acupuncture Certification Application Fee \$100
- (L) Preceptorship Program Application Fee \$ 35
- (M) Insurance Consultant Certification Fee \$100
- (N) Fingerprinting Fee (amount determined by the Missouri State Highway Patrol)
- (O) Continuing Education Sponsor Fee (per session) \$ 5
- (P) Annual Continuing Education Sponsor Fee \$500**
- (Q) Continuing Education Late Fee \$ 150
- (R) Bad Check Fee \$ 25
- (S) Temporary License Fee \$100
- (T) Renewal Temporary License \$ 25
- (U) Specialty Certification Review Fee \$150
- (V) Specialist Certification Application Fee \$100
- (W) Specialty Certification Reinstatement Fee \$25

*If the candidate has not taken the board examination within four (4) consecutive examinations for which the candidate would be eligible, the candidate must pay new examination fee. Candidates taking the N.B.C.E. regional/national practical examination (Part IV) will pay an examination fee directly to the N.B.C.E. This fee will be determined by the N.B.C.E. Applicants paying the three hundred dollar (\$300) Examination Fee will not be charged the two hundred forty dollar (\$240) Application Processing Fee.

**This fee provides continuing education sponsors with the option of paying one (1) annual fee in lieu of paying the five dollar (\$5) fee required with each session on an application for continuing education course approval. The annual fee must be paid with the first application filed by the continuing education sponsor for programs offered in any one continuing education reporting period. No additional fee will be assessed on subsequent applications for continuing education course approval filed for programs offered throughout the continuing education reporting period, regardless of the number of applications filed by the continuing education sponsor.

(2) **[All fees are nonrefundable.] Fees may be returned to an applicant or licensee, at the board's discretion, with the applicant or licensee submitting a written request to the board explaining the reason the fee should be returned.**

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

20 CSR 2070-4.010 Chiropractic Insurance Consultant

PURPOSE: This rule sets out procedures for chiropractic physicians to become certified as chiropractic insurance consultants to perform third-party reviews, compensation for third-party reviews, and biennially reporting and renewal of the certification.

[(1) A licensee reviewing chiropractic billing and medical records for the purposes of determining the adequacy or sufficiency of chiropractic treatments, or the clinical indication for those treatments, must be certified to do so if the purpose for such review is to assist any health insurance or managed care entity in making a determination regarding coverage or benefits. Any licensee engaging in such practice shall be deemed an "insurance consultant" and shall be subject to the provisions of this regulation. The requirements contained within this regulation must be met prior to engaging in insurance consulting.

(A) Application shall be made on a form provided by the board and accompanied by the required fee.

(B) Prior to obtaining certification, the applicant shall submit proof of meeting the requirements of section 376.423, RSMo.

(C) Upon approval of the application for certification, the licensee shall keep copies of records reviewed proving compliance with section 376.423, RSMo, for two (2) years following review and shall submit them to the board upon request.

(2) No licensee may receive compensation from a third-party payor based in whole or in part upon the amount of fees the licensee recommends be reduced or denied when the licensee is performing services as an insurance consultant pursuant to this regulation.

(3) In order to maintain a valid certification in insurance consulting, a licensee holding a certificate at the time of license renewal shall certify to the board completion of a minimum of twelve (12) hours of continuing education in insurance consulting, approved by the board. Failure of the licensee to receive the renewal form shall not relieve the licensee of the duty to renew the certification. To renew the certification, the licensee shall:

(A) Provide the number of claim reviews conducted during the biennial renewal cycle, the percentage of their income derived from claims review when compared to total income, and the percentage of income derived from the clinical practice of chiropractic; and

(B) The continuing education shall apply toward attainment of the twelve (12) required hours of continuing education pursuant to 20 CSR 2070-2.080(5), in the general studies category of continuing education.

(4) Continuing education in the area of insurance consulting may also be submitted to the board for approval as formal continuing education hours.

(5) A certification in insurance consulting may be reinstated upon submitting an application, provided by the board, paying the required fee, and documenting twelve (12) hours of formal continuing education approved by the board. For the purpose of reinstatement of the insurance consultant certification, continuing education shall consist of the following:

(A) Four (4) hours Medicare requirements, coding, and reimbursement; and

(B) Four (4) hours Subjective Objective Assessment Plan (SOAP) notes; and

(C) Four (4) hours billing and/or coding.

(6) A licensee applying for reinstatement may submit other topics of formal continuing education to the board for review. The licensee shall be responsible for providing all documentation requested by the board and shall have the burden of demonstrating that the topics contribute to the licensee's knowledge of insurance consulting.]

(1) A licensee reviewing chiropractic billing and medical records for the purpose of determining the adequacy or sufficiency of chiropractic treatments, or the clinical indication for those treatments, must be certified by the board to do so if the purpose for such review is to assist any health insurance or managed care entity in making a determination regarding coverage or benefits. Any licensee engaging in such practice shall be deemed an insurance consultant and shall be subject to the provision of this regulation. The requirements contained herein must be met prior to engage in insurance consulting.

(A) Application shall be made on a form provided by the board and accompanied by the required fee.

(B) Prior to obtaining the certification, the applicant shall submit proof of meeting the requirements of section 376.423, RSMo.

(C) Upon approval of the application for certification, the licensee shall keep copies of records reviewed proving compliance with section 376.423, RSMo for two years following review and shall submit them to the board upon request.

(2) No licensee may receive compensation from a third party payer based in whole or in part upon the amount of fees the licensee recommends to be reduced or denied when the licensee is performing services as an insurance consultant pursuant to this regulation.

(3) In order to maintain a valid certification in insurance consulting, the licensee shall maintain a current Missouri license and certify to the board completion of a minimum of twelve (12) hours of continuing education in insurance consulting, approved by the board. Failure of the licensee to receive the renewal form shall not relieve the licensee of the duty to renew the certification. To renew the certification the licensee shall:

(A) Provide the number of claim reviews conducted during the biennial renewal cycle, the percent of their income derived from claims review when compared to total income, and the percent of income derived from the clinical practice of chiropractic.

(B) The continuing education shall apply toward attainment of the twelve (12) required hours of continuing education pursuant to 20 CSR 2070-21080(3)(A).

(5) A certification in insurance consulting may be reinstated upon submitting an application provided by the board, paying the required fee, and documenting twelve (12) hours of formal continuing education approved by the board for insurance consulting. The purpose of reinstatement of the insurance consultant certification continuing education shall consist of the following:

1. Four (4) hours Medicare requirements, coding, and reimbursement; and
2. Four (4) hours Subjective Objective Assessment Plan (SOAP) notes; and
3. Four (4) hours billing and/or coding.

6. A licensee applying for reinstatement may submit other topics of formal continuing education to the board for review. The licensee shall be responsible for providing all documentation requested by the board and shall have the burden of demonstrating the topics contribute to the licensee's knowledge of insurance consulting.



Wilde, Jeanette

From: Kessler, Loree
Sent: Thursday, May 17, 2012 10:29 AM
To: Wilde, Jeanette
Subject: FW: Fall meeting

Please this meeting on June agenda. Thanks.

From: Donna Craft [mailto:dccraft@frontiernet.net]
Sent: Wednesday, May 16, 2012 9:15 AM
To: William J. Rademacher; Solomon L. Cogan; Robert P. Daschner; Richard R. Tollefson; Michael Powell; Mark R. Woodward; Marian Klaes-Lanham; Larry A. Spicer; John Calisesi; James P. Koshick; Gregory P. Palkowski; Frank G. Hideg; David D. Davis; Kessler, Loree; Ronald H. Wilcox, Jr.; Homer Thompson; Ronald J. Farabaugh; Jodi L. Griffith
Subject: Fall meeting

Hi,
Great to see some of you at the annual meeting a couple week ago. Hope you all went a home a little smarter!! Please mark your calendars for the fall meeting on October 19-20, 2012 in Ft. Walton Beach, FL. Hope to see many of you there. Feel free to call or e-mail me with your questions and/or concerns in reference to NBCE. Enjoy the warm summer weather,
Donna
c) 517-403-8672
h) 517-592-5598

MSCA Summer Convention

July 26 - 29, 2012
 The Lodge of Four Seasons
 Lake Ozark, Missouri



20 Hours Formal CE
 12 Hours Acupuncture
 1 Hour General CE @ MSCA
 General Membership Meeting

Featured Speakers:

Dr. Donald DeCanio Dr. Brian Jensen
 Dr. Kelle Plotner Dr. Steve Weininger
 Dr. Dennis Baker

Featured Speaker for CA Day:

Dr. Kelle Plotner

Family Outing
 PAC Auction
 Golf Tournament
 Supplier Trade Show

Register Today!

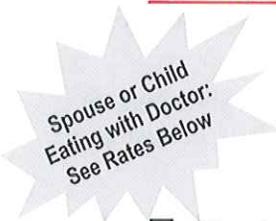
Questions: 573-636-2553

Missouri State Chiropractors Association Convention Registration

Name _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____
 Email _____

Registration includes: Required CE Hours, General CE Hours, Acupuncture, CA Day, Opening Reception & Awards Dinner, Supplier Trade Show, continental breakfasts, luncheons, breaks, PAC Auction, Membership Meeting and Legislative Planning Session.

NOT Included: Golf & Family Outing.



	<u>"Early Bird"</u> <u>Before July 13</u>	<u>After</u> <u>July 13</u>
<input type="checkbox"/> Members	\$215	\$245
<input type="checkbox"/> Non-members	\$285	\$315
<input type="checkbox"/> Spouse/Guest/CA Name(s) _____	\$75	\$90
<input type="checkbox"/> Children Name(s) _____	\$50	\$65
<input type="checkbox"/> Students	\$50	\$65

Family Outing - Friday Evening

Immediately following Opening Reception & Awards Dinner

Price & Details To Be Announced

Check box if interested in receiving more information when it becomes available.

Golf Tournament - Thursday

The Cove, The Lodge of Four Seasons

Each Player \$85

Registration includes: Luncheon, greens fee, cart and prizes.

Handicap: _____

Method of Payment

Amount \$ _____ Check No. _____

Master Card Visa Discover

Credit Card No. _____

Exp. Date _____ 3-Digit Code _____

Name on Card _____

Signature _____

Please return registration form with payment to:
 MSCA, 220 E. Dunklin, Jefferson City, MO 65101
 Phone: 573-636-2553 Fax: 573-635-1470

2012 MSCA Summer Convention Agenda

THURSDAY, JULY 26

10:30 a.m. - 11:00 a.m. Golf Check-In
The Cove, The Lodge of Four Seasons
 11:00 a.m. Golf Luncheon & Putting Contest
12:00 p.m. **Golf Tournament**
 1:00 p.m. - 8:00 p.m. Early Supplier Set-Up
 4:00 p.m. - 5:00 p.m. Convention Registration
5:00 p.m. - 9:00 p.m. **Acupuncture (12 Hours)**
(continued on Friday) Dr. Dennis Baker

FRIDAY, JULY 27

7:00 a.m. - 5:30 p.m. Registration
 7:00 a.m. - 8:00 a.m. Continental Breakfast
 8:00 a.m. - 5:30 p.m. Supplier Trade Show
8:00 a.m. - 5:30 p.m. **Acupuncture (continued)**
(continued from Thursday evening) Dr. Dennis Baker
8:00 a.m. - 5:30 p.m. **Silent Obstructions to
 Optimal Performance (8 Hours)**
Dr. Brian Jensen, Sponsored by Foot Levelers
 9:45 a.m. - 10:15 a.m. Break
 10:15 a.m. - 12:00 p.m. Acupuncture (continued)
 10:15 a.m. - 12:00 p.m. .. Silent Obstructions (continued)
 10:30 a.m. - 11:30 a.m. Auxiliary Meeting
12:00 p.m. - 1:00 p.m. **Luncheon**
12:00 p.m. - 1:30 p.m. .. ***General Membership Mtg.**
 Legislative Planning, Elections
**Receive 1 Hour General CE for Meeting*
 1:30 p.m. - 3:15 p.m. Acupuncture (continued)
 1:30 p.m. - 3:15 p.m. Silent Obstructions (continued)
2:00 p.m. - 5:00 p.m. **MSCA Board Meeting**
 3:15 p.m. - 3:45 p.m. Break
 3:45 p.m. - 5:30 p.m. Acupuncture (continued)
 3:45 p.m. - 5:30 p.m. Silent Obstructions (continued)
6:00 p.m. - 8:00 p.m. **Opening Reception &
 Awards Dinner, Sponsored by TBA**
*Memorial Service by MSCA Auxiliary
 Presentation of MSCA Awards*
 Family Outing (immediately following Awards Dinner)

SATURDAY, JULY 28 — CA DAY

7:00 a.m. - 8:00 a.m. Continental Breakfast
 8:00 a.m. - 5:00 p.m. Supplier Trade Show
 8:00 a.m. - 9:00 a.m. CA Day Registration
9:00 a.m. - 4:00 p.m. **CA Boot Camp (6 Hours)**
Dr. Kelle Plotner, Sponsored by Core Products
 9:45 a.m. - 10:15 a.m. Break
 10:15 a.m. - 12:00 p.m. Boot Camp (continued)
12:00 p.m. - 1:00 p.m. **CA & Supplier Luncheon**
 1:00 p.m. - 2:45 p.m. Boot Camp (continued)
 2:45 p.m. - 3:15 p.m. Break
 3:15 p.m. - 4:00 p.m. Boot Camp (continued)
4:00 p.m. **Receive Certificates**

SATURDAY, JULY 28 — DCs

7:00 a.m. - 5:00 p.m. Registration
 7:00 a.m. - 8:00 a.m. Continental Breakfast
 8:00 a.m. - 5:00 p.m. Supplier Trade Show
8:00 a.m. - 12:00 p.m. **Movement Related
 Disorders (4 Hours)**
Dr. Steve Weininger, Sponsored by Chiro One Source
 9:45 a.m. - 10:15 a.m. Break
 10:15 a.m. - 12:00 p.m. Movement (continued)
 10:30 a.m. - 11:30 a.m. PAC Meeting
12:00 p.m. - 1:00 p.m. **Alumni Luncheons**
12:00 p.m. - 1:00 p.m. **CA & Supplier Luncheon**
1:00 p.m. - 5:00 p.m. **Nutrition (4 Hours)**
Dr. Donald DeCanio, Sponsored by Standard Process
 2:45 p.m. - 3:15 p.m. Break
 3:15 p.m. - 5:00 p.m. Nutrition (continued)
5:00 p.m. - 5:30 p.m. **PAC Reception**
5:30 p.m. - 6:30 p.m. **PAC Live Auction**
Sponsored by TBA

SUNDAY, JULY 29

7:00 a.m. - 8:00 a.m. Continental Breakfast
 8:00 a.m. - 12:00 p.m. Supplier Trade Show
8:00 a.m. - 12:00 p.m. **Medically Necessary
 vs. Clinically Appropriate (4 Hours)**
Dr. Kelle Plotner, Sponsored by Core Products
 9:45 a.m. - 10:15 a.m. Break
 10:15 a.m. - 12:00 p.m. ... Medically Necessary (continued)
12:00 p.m. - 1:00 p.m. **Luncheon**
 1:00 p.m. - 3:00 p.m. Supplier Tear-Down

Reduced Room Rates
If Reserved By June 26, 2012

Traditional	\$129
Main Lodge	\$139
Lanai/Exec. Level	\$159

Call: 888-265-5500

IMPORTANT NOTES

- Convention agenda is subject to change without notice.
- Approval of this course is not an acknowledgement or ruling by the board that the methods taught in this course are recognized and approved by the board as the appropriate practice of chiropractic as defined in section 331.010, RSMo.
- Cancellation Policy: Refunds may not be honored after July 20, 2012.

OPEN SESSION MINUTES
Missouri State Board of Chiropractic Examiners
June 14, 2012 – 8:00 a.m.
Associated Industries of Missouri
3234 W Truman Boulevard – Jefferson City, Missouri

At 8:15 a.m., the Missouri State Board of Chiropractic Examiners was called to order by Board Secretary Dr. Jack Rushin at the Associated Industries meeting room located at 3234 West Truman Boulevard in Jefferson City, Missouri. NOTE: Later in the meeting Dr. Rushin was elected board president. The executive director facilitated roll call.

Board Members Present

Dr. Jack Rushin, President
Dr. Gary Carver, Secretary
Dr. Margaret Freihaut
Dr. Charles Quigless

Staff Present

Loree Kessler, Executive Director
Jeanette Wilde, Processing Technician Supervisor
Greg Mitchell, Counsel

Visitors

Kathleen Wilcoxson, MSCA Executive Director

Dr. Rushin stated he would be voting in open and closed sessions.

Dr. Rushin welcomed new board members Dr. Margaret Freihaut and Dr. Charles Quigless and on behalf of the state board thanked former board members Dr. William Madosky and Dr. Homer Thompson for their dedicated service.

A motion was made by Dr. Carver and seconded by Dr. Quigless to approve the agenda adding a discussion on diagnostic musculoskeletal ultrasound, electronic agendas with an internet portal, and the complaint summary sheet. Board members voting aye: Dr. Carver, Dr. Freihaut, Dr. Quigless, and Dr. Rushin. Motion carried unanimously.

Dr. Rushin declared the open session minutes of the May 16, 2012 conference call meeting approved as written.

A motion was made by Dr. Carver and seconded by Dr. Freihaut to nominate Dr. Jack Rushin as board president. No further nominations were made and Dr. Rushin was elected by acclamation.

A motion was made by Dr. Freihaut and seconded by Dr. Quigless to nominate Dr. Gary Carver as board secretary. No further nominations were made and Dr. Carver was elected by acclamation.

Cash Payments for Chiropractic Services

The board reviewed the information from Dr. Thomas Curnutte and instructed the executive director to respond to Dr. Curnutte that issues of reimbursement need to be addressed by a licensee's attorney. Additionally, staff was directed to work with the state association on developing an article for the newsletter regarding guidelines to avoid problems relating to reimbursement.

Newsletter

The state board reviewed the assignments for the upcoming newsletter. Dr. Carver agreed to facilitate the review of continuing education applications.

Code of State Regulations

The state board reviewed the regulations and determined an additional face to face meeting needed to be scheduled to allow all members adequate time to review the proposed amendments. The state board scheduled a meeting July 28th 1:00 – 5:00 p.m. at the Lodge of Four Seasons in coordination with the state association annual convention.

Upcoming Meetings

The executive director explained that a request would be submitted to the division regarding reimbursement for board members attending the state convention July 26-29, 2012.

Dr. Quigless indicated an interest in attending the October 19-20, 2012 District II meeting of the Federation of Chiropractic Licensing Boards (FCLB). An out of state will be submitted to the division, when an agenda is available.

Dr. Quigless will attend the administration of the Part IV examination administered at Logan Chiropractic College as Dr. Carver will be administering the examination in Kansas City. Dr. Freihaut stated she had a schedule conflict for the November, 2012 test administration however she would likely be available for the May, 2013 administration.

At 9:45 a.m., the state board took a recess and reconvened at 9:58 a.m.

At 9:58 a.m., a motion was made by Dr. Carver and seconded by Dr. Quigless 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. Carver, Dr. Freihaut, Dr. Quigless, and Dr. Rushin. Motion carried unanimously.

At 2:41 p.m., a motion was made by Dr. Carver and seconded by Dr. Quigless to convene in open session. Board members voting aye: Dr. Carver, Dr. Freihaut, Dr. Quigless, and Dr. Rushin. Motion carried unanimously.

At 2:45 p.m., a motion was made by Dr. Carver and seconded by Dr. Quigless to adjourn the meeting. Board members voting aye: Dr. Carver, Dr. Freihaut, Dr. Quigless, and Dr. Rushin. Motion carried unanimously.



Executive Director

Approved by State Board on July 18, 2012