

Termine, Joann (DPL)

From: Drbones911
Sent: Sunday, May 31, 2015 2:18 PM
To: Termine, Joann (DPL)
Subject: Executive Order 562, issued by Governor Baker

Chiropractic Board of Registration

As per the executive order number 562 by Gov. Charlie Baker I do hereby submit a suggestion in order to decrease complexity, financial burden, confusion as well as improve the chiropractor's ability to provide superior services.

A minor amendment to a board policy is urged:

Policy # 09 – 002: "Policy guideline on the performance of chiropractic supportive procedures and therapies by unlicensed assistants."

The policy guideline dated April 2, 2009, section 1 states the following: "The patient must be properly evaluated by the licensed chiropractor and a determination made that a supportive procedure or therapy is clinically indicated before any supportive procedure or therapy may be applied to the patient by an unlicensed assistant **during the same patient visit.**"

I suggest deleting "during the same patient visit." These last five words can be, and has been, used by insurance companies in order to find a "technicality" for not paying a doctor's bill. It limits the Doctor's ability to provide rational and clear clinical decisions to benefit their patients. For example, many Chiropractors use electrical stimulation and hot packs (or other therapy) in order to help *prepare* the patient by relaxing muscle tension and reducing inflammation *prior* to the chiropractic adjustment. Forcing the chiropractor to see the patient first, **for free**, prior to receiving electrical stimulation/hot pack or other therapy goes against good clinical judgment. It would be entirely inefficient and costly to have the Chiropractor see every patient 2 times on the same day just so the Chiropractor can tell the chiropractic assistant (CA) that they can provide the therapy that was already recommended in the prior examination or re-examination. In fact, there would be no reason to have the CA provide the therapy at all that point.

Public safety logic is a false.

The safety of these therapies is self-evident. Less sophisticated equipment such as TENS units, hot packs, ice packs, cervical/lumbar traction devices, stationary bikes, treadmills etc. are already approved by the FDA to be performed at home or in a gym, by patients where they do not have the luxury of a pre-treatment assessment by a trained/certified health care professional or even the need for a physician examination to determine the appropriate use and prescribe the therapy.

The certified CA (a health care professional) is already trained to provide pre-therapy evaluation in order to rule out any red flags ie, new injury, complaint, diagnosis, skin infection, sunburn or pregnancy. There is no evidence that a trained/certified CA is more likely to cause injury or bad outcomes. Having the Doctor burdened to providing these low-skilled services is far more likely to lead to poor outcomes, bad clinical decisions and financial hardship.

A trained CA will likely provide a superior pre-therapy assessment than a busy Dr. would. This is particularly true when the CA speaks the primary language of the patient but the doctor does not. In a vastly expanding multicultural country this situation is occurring more and more and in many clinics is the norm.

A medical physician can prescribe a standing order for medication, including black box drugs, which does not then require pre-assessments by a licensed health care professional prior to the taking of that medication.

Forcing the chiropractor to provide a pre-therapy assessment, for free, prior to the application of an FDA approved therapy that can be done at home, without a prescription and without the need for pre-therapy assessment is the definition of an unnecessary regulatory burden.

Chiropractors routinely perform pre-manipulation assessments but this is quite different than a pre-therapy assessment. With the current regulations if a chiropractic assistant uncovers a significant change or red flag, the therapy is not provided until the chiropractic physician authorizes treatment.

Forcing the Chiropractic to provide chiropractic manipulation prior to receiving therapy will increase wait times for patients, reduce overall office efficiency and is forcing the Chiropractor to practice in a way that he or she may believe is not in the best interest of their patient.

Under the current healthcare system, insurance companies often provide very limited coverage for therapies provided by the Chiropractor. Often limiting the patient to only one therapy and/or paying a nominal fee at best. Anything that decreases the efficiency in the chiropractic office would represent a significant, additional financial burden.

I urge the board to remove the words "during the same patient visit" from Policy 09 - 002.

Thank you,

Philip Barron DC, DACAN