

STATE OF FLORIDA
BOARD OF CHIROPRACTIC MEDICINE

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IN RE: LEGISLATIVE COMMITTEE MEETING
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BOARD OF CHIROPRACTIC MEDICINE
PUBLIC FORUM

The above entitled panel convened via conference
call on the 25th of November 2014, commencing at
2:00 p.m.

Reported by:

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KEVIN FOGARTY, D.C., F.I.C.A., CHAIR
DANITA HEAGY, D.C., VICE-CHAIR
CHRISTOPHER FOX, D.C., MBA, NHA
JULIE HUNT, D.C, DICCP
KENNETH DOUGHERTY, D.C.
DAVID COLTER
RUTH PELAEZ

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TELEPHONIC PROCEEDINGS

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MS. RODGERS: This is Adrienne Rodgers,
Executive Director for the Board of Chiropractic
Medicine. Let's Go ahead and start recording.

This is a meeting of the Legislative
Committee on November 25, 2014. We're commencing
the meeting at 2:00 p.m., Eastern Time.

Dr. Heagy, would you like me to call roll of
the committee?

DR. HEAGY: Sure.

MS. RODGERS: Dr. Danita Heagy?

DR. HEAGY: Heagy, present.

MS. RODGERS: David Colter?

MR. COLTER: Here.

MS. RODGERS: Thank you. Those are the
committee members. If anyone else would like to
identify themselves, please do so now.

DR. FOGARTY: Kevin Fogarty.

DR. DOUGHERTY: Yes, Ken Dougherty.

MS. RODGERS: Anyone else want -- who is
participating and not a board member wish to
identify themselves?

MS. LOUCKS: This is Deborah Loucks.

MS. RODGERS: Hi, Ms. Loucks.

MS. LOUCKS: Hello.

1 MR. HEBERT: This is Jack Hebert with the --

2 MR. LAMBERT: This is Paul Lambert
3 representing the Florida Chiropractic Association.

4 MS. RODGERS: Thank you, Mr. Lambert.

5 All right, Dr. Heagy, I'll turn the meeting
6 over to you.

7 DR. HEAGY: Dr. Fogarty, did you have some --
8 anything you wanted to say to begin the meeting as
9 Chair of the Board of Chiropractic Medicine?

10 MR. FOGARTY: Just thank you all for holding
11 this meeting. Every -- I think everybody's been
12 identified, as far as staff and guests and board
13 members, right now.

14 I just thought that as far as the rules of
15 engagement (inaudible) just ask the board members
16 to first bring to the agenda that's -- that you
17 have sent out to everybody that has asked me
18 comments that open back to our guests and go
19 forward on that.

20 I just wanted to take a moment to -- before
21 the meeting started -- just have a brief moment of
22 silence. I don't know if everybody was aware, but
23 Dr. Gary Pennebaker went ahead and passed this
24 weekend. He was in an automobile accident on
25 Sunday.

1 And Dr. Pennebaker was part of the FCLB and a
2 Palmer graduate and a strong supporter with the
3 ITA. It's just sad to hear of his passing this
4 weekend. And I know several of you had worked
5 with him in the past. So if you could just allow
6 me that indulgence for a minute. Anyway, thank
7 you for the indulgence.

8 Without any further ado, Dr. Heagy?

9 DR. HEAGY: So I'd like to go ahead and just
10 begin on the agenda. On Number II, Section
11 460.403 to remove the word "human" so that we can
12 allow chiropractors to adjust animals without
13 veterinary approval or supervision. That's
14 460.403 (9) (a). And I also think that (c) (1) has
15 to be addressed.

16 I think this would be a great way for
17 chiropractors to be able to care for animals.
18 Certainly a part of our rule of law says that we
19 can't do anything that we're not trained to do.

20 Anybody else have any feedback, board
21 members?

22 DR. DOUGHERTY: Dr. Heagy, this is
23 Ken Dougherty. I'm kind of not in favor of this.
24 I feel that "human" is there for a reason. We can
25 adjust animals now with the veterinarian

1 supervision. I'm just not in favor of going
2 there.

3 DR. HEAGY: And -- and why is that? Is it
4 about change or --

5 MR. DOUGHERTY: I mean, you know, or how much
6 training would someone take in a -- in a weekend
7 or even in a several weekend course on anatomy of
8 all the different animals? You know, I just don't
9 feel it's our area of expertise.

10 And for an owner of an animal, who wanted
11 chiropractic, just ask a veterinarian and, you
12 know, he would prescribe it, and we're covered
13 under the vet's license.

14 You know, this is opening a door to possible,
15 you know, malpractice stuff. I -- I feel more
16 secure the way it is worded now, which "human"
17 being in the legal statute.

18 DR. HEAGY: Thank you. Any other feedback,
19 board members?

20 DR. FOGARTY: This is Kevin. The reality of
21 it is that there are chiropractors out there that
22 are adjusting animals. You know, in places like
23 Wellington, where the Polo Ponies are a big thing.

24 There's a tremendous amount of docs that are
25 flying in outside from Florida that are almost

1 with without vet supervision. Not that they're
2 (inaudible). I think that is the (inaudible)
3 chiropractic --

4 THE COURT REPORTER: I'm sorry -- I'm sorry
5 to interrupt, but I can't hear anything.

6 DR. HEAGY: Could -- could I have the
7 indulgence of the people on the phone that if
8 you're not contributing, could you hit your mute
9 button so we don't -- we (inaudible) the
10 background noise.

11 THE COURT REPORTER: Thank you.

12 DR. HEAGY: Thank you.

13 DR. FOGARTY: Is that better?

14 DR. HEAGY: Good.

15 DR. FOGARTY: Okay. So I -- I think that it
16 would (inaudible) the public a little bit more by
17 making sure that people are -- are qualified to do
18 it. And I think that, you know, it's not just the
19 vet standing over somebody's animal watching them
20 adjust. It's just the same (inaudible).

21 So we do have somebody that's on speakerphone
22 right now that's outside. It's really (inaudible)
23 at this point. (Inaudible). Thank you.

24 DR. HEAGY: Any other feedback from board
25 members?

1 DR. DOUGHERTY: Ken Dougherty. I guess if
2 "human" is removed and we're treating animals, we
3 would be the portal of entries of the animal,
4 meaning we're responsible for a diagnosis. I mean
5 there could be other health issues going on
6 besides adjusting the spine. There could be, you
7 know, pathology. There could be, you know, blood
8 pressure issues. Things like that.

9 And, you know, this would mean -- I would
10 imagine that we will be responsible to diagnose
11 the whole, you know, the whole animal.

12 DR. HEAGY: That's true. That's with humans;
13 right? I mean, we comanage --

14 DR. DOUGHERTY: It means to examine humans.
15 I think, you know, with animals, all the different
16 types there are -- I don't know. Are these
17 adjusting courses -- animal adjusting courses
18 veered mainly towards the adjustment as opposed to
19 doing a full exam and coming up with a diagnosis?

20 DR. HEAGY: I don't know the answer to that.
21 Does anybody here know the answer to that?

22 DR. FOGARTY: No, I'm not familiar with that.

23 DR. HEAGY: So is there any comment from the
24 public? Please identify yourself first so we know
25 with whom we're speaking.

1 MR. LAMBERT: Madam Chair, this is Paul
2 Lambert representing the Florida Chiropractic
3 Association.

4 Chiropractors have for decades, many decades,
5 been working with veterinarians at racetracks and
6 in their offices sometimes under written protocols
7 of -- with a veterinarian. This accommodation has
8 worked well over those decades and keeps an accord
9 that was made decades before that when the
10 legislature passed the Veterinarian Practice Act.
11 They would work on animals. Other physicians
12 would work on humans.

13 When you take that -- drop that "human" out
14 of there, you're going to take an entire
15 profession, an association, that has no conflict
16 with chiropractic or any chiropractic association
17 and turn them into an immediate adversary in the
18 legislature. This is going to cause a very, very
19 ugly fight before the legislature that will only
20 denigrate the image of chiropractic, and it's a
21 losing cause.

22 I will ask Jack Hebert, who is our -- the FCA
23 Legislative Chief Lobbyist, if he would explain
24 the politics of it. But Florida Chiropractic
25 Association would strongly oppose this rule.

1 Jack, do you have something that you can add to
2 that? Jack, are you on the phone?

3 MR. HEBERT: Yes, thank you. I'm sorry. It
4 was muted. This is Jack Hebert the Governmental
5 Affairs Director for the Florida Chiropractic
6 Association.

7 I can't say it anymore eloquently than
8 California Lambert. I think this would be a
9 pretty large food fight before the legislature,
10 and I -- and I question what -- what the board's
11 trying to achieve.

12 I mean we do have doctors that do this now
13 and they seem to be able to do it well. This is
14 not an item of complaint, at least, that -- that
15 we hear a lot from our association position. But
16 I think it would cause -- could potentially cause
17 some problems in the legislature.

18 DR. HEAGY: Thank you, Mr. Hebert. Any other
19 public comments? Okay. Hearing none.

20 Let's take up the next item on the agenda.
21 Discussion on a new definition for accredited
22 college, 460.403 2(f), like Frank. We're having
23 -- we're not able to allow international students
24 into Florida because of the United States
25 Department of Education language that's there in

1 the law.

2 So I would like for us to find language that
3 broadens the identity of the schools that would be
4 acceptable to be licensed in the State of Florida.

5 Any other board members like to speak on
6 that?

7 MR. COLTER: This is David Colter. I would
8 propose that we (inaudible) a language,
9 definition, or accredited, which means a
10 chiropractic college, which is accredited by a
11 board approved member council of the Councils on
12 Chiropractic Education International, CCEI. That
13 way we could have -- the board could retain the
14 ability via rule to accept certain colleges and
15 deny applicants from other colleges.

16 MS. LOUCKS: Dr. Heagy, this is Deborah
17 Loucks.

18 DR. HEAGY: Yes.

19 MS. LOUCKS: So accredited college that's
20 referred to in 460.403 (2)(f) relates to the
21 acupuncture certification. Did you want to
22 (inaudible) that acupuncture certification to
23 outside the United States? Because that's what's
24 changing it in this particular. The regular form
25 grabs you at education in statement 406.

1 DR. HEAGY: Sorry. Next thing on the agenda.¹²
2 MS. LOUCKS: I mean, that's fine. You can do
3 it. I just want to make sure that -- that you
4 are -- you know -- we're all talking about the
5 same thing.
6 DR. HEAGY: No. I'm sorry. That's on the
7 agenda under 460.403 so.
8 MS. LOUCKS: Yeah. I was like, well, I don't
9 know. (Inaudible). But, you know what, I think it
10 goes to -- unless you want us to look at -- look
11 at it under (9)(a) under the definition of what
12 the practice of chiropractic is. Maybe that's
13 where --
14 MS. ROGERS: That's correct. This is
15 Adrienne Rogers. That's correct. It was under
16 (9)(a).
17 DR. HEAGY: Sorry.
18 MS. RODGERS: Oh, you're fine.
19 DR. HEAGY: (9)(a).
20 MS. LOUCKS: It talks about: You can only
21 use the techniques that are taught in CCE approved
22 accredited colleges.
23 DR. HEAGY: So can we use the language that
24 Mr. Colter proposed with the board approved school
25 and CCEI? I'm asking you, Ms. Loucks.

1 MS. LOUCKS: And I'm -- I'm thinking. I -- I¹³
2 don't have any problem with the CCEI. I'm just
3 wondering if you add the word "board approved"
4 then you'll have to add some of the authority for
5 the board. You would need to set up criteria that
6 you would use to review the -- the accreditation
7 of schools.

8 But I'm not sure of how much of that the
9 board actually wants to get into or if you want to
10 look at -- you know -- look at the CCEI and then
11 if there are any other accrediting form -- you
12 know -- form school accrediting entities out there
13 that we may want to look at to see if their
14 criteria would be acceptable.

15 So I guess -- I guess what -- what you all
16 should look at is -- we don't have it with us
17 today, but I know Mr. Colter had given it to the
18 board members at your last meeting was the -- the
19 requirements for CCEI and, you know, what they
20 look at, as far as granting accreditations to
21 schools. It seems, from what I have read, that
22 CCEI was kind of an umbrella organization that
23 accredited all -- like, I know that CCE is a
24 member of the CCEI.

25 So I don't know if -- I guess, you know, it's

1 up to you all. We could certainly just try to add¹⁴
2 that language in there, but I -- I don't know how
3 you want to deal with the board approved. Do you
4 really want to get into reviewing accreditation
5 forms from other schools that aren't CCEI?

6 DR. HEAGY: What about at (inaudible) some of
7 the other state (inaudible) of FCLB, for example?

8 MS. LOUCKS: (Inaudible). I mean with the
9 statute you can look at whatever entities you want
10 to (inaudible).

11 MS. HEAGY: So can we direct board staff --
12 actually, let's take feedback from other members
13 if anybody would like to contribute on this
14 subject.

15 DR. DOUGHERTY: Ken Dougherty. I feel we
16 need to do a lot of research on this. We can't
17 just board in our statute and -- you know -- it's
18 got to be researched. Something does need to be
19 done. Chiropractic is worldwide, and it wasn't so
20 much so 30 years ago when some parts of the
21 statutes were written. It does need to be
22 updated. The --

23 DR. HEAGY: Dr. Fogarty?

24 DR. FOGARTY: I think that, you know, we
25 should -- I'm sorry. I -- somebody -- I can

1 barely hear everybody on this, and I took myself
2 off speaker.

3 I think that we need some type of avenue to
4 go ahead and bring foreign graduates in there. I
5 think what Dr. -- Mr. Colter's proposing is -- is
6 a way to do it. I'm kind of open to any type of
7 research field that we think that the board needs
8 to do, but we need to start it with -- at -- at
9 this point in the game, I think we've had some
10 information that David brought to us before. I
11 thought that was good.

12 I think it should be -- you know -- not
13 that -- in case CCEI goes broke or -- you know, I
14 think we need to go ahead and have the board
15 retaining some ability to go ahead and reject
16 proposals for (inaudible) too foreign to what CCE
17 standards are. In that regard, if they have the
18 ability to go ahead and test out and take apart
19 four tests and if they have met all the other
20 requirements, we should be allowed foreign
21 graduates to come in there -- into the state.

22 MS. LOUCKS: This is Deborah Loucks. I know
23 that there are other statutes where -- with the
24 way that it's set up is that the burden is on the
25 applicant to demonstrate where they went to

1 school, their training, and education is
2 substantially equivalent to that what he would
3 have gotten from a CCE accredited school.

4 So that may be -- instead of saying it has to
5 be board approved -- that would put the burden on
6 the applicant to show -- I mean it still requires
7 the board to review, you know, what -- what
8 courses or coursework they took, but it would be
9 on an individual basis as opposed to, you know,
10 here's the (indiscernible) school and here's the
11 curriculum.

12 DR. HEAGY: Then we get into the requirements
13 for the bachelor's degree that we have in the
14 State of Florida that other international schools
15 do not have. So could we then require that they
16 have a bachelor's degree even though it may be
17 after the fact to come to Florida or can we do a
18 reciprocity for a certain number of years
19 practiced in a foreign country? I mean how are we
20 going to work around this bachelor's degree issue,
21 Ms. Loucks?

22 MS. LOUCKS: Well, that would be something
23 that you would have to consider. Because right
24 now you don't allow anyone to basically endorse or
25 reciprocate with a Florida license. So you have

1 the people who enrolled in chiropractic school
2 before they got their bachelor's degree that had
3 been practicing in other states.

4 And my understanding is what they have
5 done -- is the way the statute is written -- it
6 doesn't allow you to count -- like say you spent
7 two -- two or three years as an undergraduate and
8 then you started, you know, your fourth year you
9 started in chiropractic school. You're not
10 allowed to use the hours that you got that first
11 year in chiropractic school -- I mean your
12 bachelor's hours to count (inaudible) accelerate
13 you through chiropractic school, but you can take
14 your chiropractic school hours and finish off your
15 bachelor's degree.

16 I know that people that have been -- who have
17 been licensed in other states previously and want
18 to come to Florida that don't have their
19 bachelor's degree (inaudible) have not met
20 whatever undergraduate coursework they had
21 (inaudible) chiropractic degree and send it to
22 some colleges that will review their coursework
23 and then give them a bachelor's degree after the
24 fact.

25 I don't know if they have to take additional

1 courses or, you know, how -- how much that -- what
2 that entitles. But, you know, si in the Florida
3 Board, they have a bachelor's degree, but it
4 doesn't have to be bachelor's degree then your
5 chiropractic.

6 DR. HEAGY: So can we direct you, Ms. Loucks,
7 and Ms. Rodgers to find language that would allow
8 or -- or to retain a certain amount of authority
9 with CCE, the Department of Education, and CCEI
10 and handle the bachelor's degree issues all in one
11 self swoo?

12 MS. LOUCKS: What may be helpful is: If you
13 look at what specifically you think are the
14 requirements for the chiropractic license and if
15 you say, well, what we believe is: In order to be
16 licensed as a chiropractor in the state, you need
17 to have, you know, a bachelor's degree, you need
18 to have graduated from an accredited chiropractic
19 college -- however you define what an accredited
20 chiropractic college is -- and then you have to
21 have, you know, passed parts 1 through 4 of the
22 exam. You know, (inaudible) requirements
23 (inaudible) want.

24 And -- and I guess I'm saying it's easier to
25 tell me what requirements you want for people to

1 have licenses and then we can craft language that
 2 says, these are the Florida requirements and if
 3 you're coming from somewhere else then you have to
 4 take all of the -- you know -- if you don't meet
 5 all these requirements then we can do
 6 substantially equivalent language and then the
 7 applicant would have to show that -- for example,
 8 well, I may not have gotten a bachelor's degree,
 9 but, you know, I (inaudible) for whatever reason
 10 they got a doctoral degree or a master's degree in
 11 wherever -- whatever country I was working in.

12 But if you look at my doctoral program in
 13 other countries, you know, it -- it's actually
 14 more than what a bachelor's -- I mean that would
 15 be the kind of issues that you would be looking
 16 at, but we can certainly do that.

17 DR. HEAGY: Because what he stated was
 18 exactly what our requirements are. So if we could
 19 craft language, not only make the bachelor's
 20 degree language simpler and more understandable, I
 21 think we'd go a long way to also being able to
 22 include foreign graduates.

23 Do we have any other feedback from board
 24 members?

25 MR. DOUGHERTY: I feel -- this is Ken

1 Dougherty. I feel that the -- the -- that
2 bachelor requirement is a real mess to read in our
3 statute so that definitely needs to be simplified and
4 cleaned up.

5 I'm all for getting foreign graduates, you
6 know, to practice in Florida -- able to practice
7 in Florida. As I said, though, my feeling is:
8 Some research needs to be done to, you know, not
9 mix apples and oranges and, you know, come up with
10 some, you know, guidelines there.

11 DR. HEAGY: Thank you. How about public
12 comments?

13 MR. LAMBERT: This is Paul Lambert. The
14 Florida Chiropractic Association Board of
15 Directors earlier this year has requested the Board
16 of Chiropractic Medicine consider this issue and
17 (indiscernible) to support it. But with a copy,
18 it'd be clearer that (inaudible) is a foreign
19 graduate has the equivalent education and
20 accreditation as a U.S. chiropractic school
21 graduate does.

22 And so I think that Dr. Dougherty hit it on
23 the head when he said we need some more
24 information here to do it right, to avoid the kind
25 of messy language that we now have and that

1 bachelor bill section. And if we get some
2 educators from CCE -- from -- and some input from
3 the national or the Federation of Chiropractic
4 Licensing Boards, it could be worded correctly,
5 hopefully the first time, but it has to be well
6 done.

7 DR. HEAGY: Thank you so much. Any other
8 public comments? Hearing none.

9 MR. MORRIS: (Inaudible) --

10 DR. HEAGY: I'm sorry. Go ahead.

11 MR. MORRIS: Mr. Don Morris from Miami. I
12 have a question: Has any other state done this?

13 DR. HEAGY: Yes. Yes, and they've done it
14 successfully. And so I'd like to direct
15 Ms. Rodgers and Ms. Loucks -- well, Ms. Rodgers to
16 do the research to get the language. Is that an
17 appropriate directive, Ms. Rodgers?

18 MS. RODGERS: Yes, ma'am.

19 DR. HEAGY: And using the FCLB as a resource
20 and other state laws that have successfully
21 allowed foreign graduates and then perhaps bring
22 that, you know, sort of rough language to a full
23 board meeting for us to -- either to nail it down
24 the first time.

25 MS. RODGERS: I will do that.

1 DR. HEAGY: Thank you so much. Anything else
2 on that? So we got 460.406 in that discussion.

3 Now, let's move onto 460.4062, continuing ed
4 for faculty certificate. I taught at Palmer
5 Florida and felt that that was a huge learning
6 experience in and of itself. This certainly --
7 the clinic doctors would benefit from being
8 contemporary with their laws and rules and, you
9 know, the same continuing ed requirements that a
10 practicing field doctor has. Any other
11 commentary?

12 DR. FOGARTY: This is Kevin. I agree with
13 you. I think that you're -- I have no problem
14 with that -- the faculty certificate. But I think
15 there should be some continuing education
16 requirements, which should be at least the 13
17 required hours that everybody has to have for
18 their biennium.

19 You have teachers that are teaching that
20 are -- that do not have a firm grasp on some of
21 the similar laws and rules from everything from
22 documentation (indiscernible) to -- you know -- to
23 even some of our ethical matters. And they're --
24 they're the ones teaching some of the students and
25 some of it's incorrectly so.

1 So I think by allowing them to have this
2 extra hours, which would be the 13 required, that
3 everybody's (inaudible) with the rest of us.

4 DR. HEAGY: Any other feedback from board
5 members?

6 DR. DOUGHERTY: Ken Dougherty. I'll make
7 agreement of -- I feel there should be some CE
8 hours there and the 13 -- certainly the 13
9 required, if not the full 40 or (inaudible), but
10 I'm in agreement. We need some CE there.

11 DR. HEAGY: Any other public comments?

12 MR. LAMBERT: This is Paul Lambert.

13 We -- we can't really comment from the FCA
14 perspective until the board of directors has an
15 opportunity to review this issue. At that time we
16 can comment whether we would support or not
17 support it. I don't see how they wouldn't support
18 this particular issue, though.

19 DR. HEAGY: Thank you so much. Any other
20 public comments? Hearing none.

21 Can we move to item (b) on this same subject?
22 Discuss it -- discussion of adding foreign
23 accredited chiropractic graduates to (1)(a).
24 Again, we have the CCE language. If we come up
25 with acceptable language for CCE (indiscernible)

1 equivalent, you know, whatever language we decide
2 on there, can we add it to this section to allow
3 for foreign grads to be faculty on United States
4 chiropractic colleges? Any board comment on that?

5 DR. FOGARTY: This is Kevin. I think you
6 should direct staff, while they're crafting the
7 other language and doing the research, just to go
8 ahead and add this to that part. It is sort of
9 all of those together. Is it not?

10 DR. HEAGY: It does. Ms. Loucks, can you --
11 I'm sorry. Ms. Rodgers, could you do that
12 research and help craft that language?

13 MS. RODGERS: Yes, ma'am, we will.

14 DR. HEAGY: Thank you so much.

15 MS. RODGERS: Yes.

16 MR. COLTER: David Colter. I picked out that
17 (inaudible) 460, I counted 15 iterations of the
18 words "accredited by council on chiropractic
19 education," 15.

20 DR. HEAGY: So we need to look at all of
21 those then.

22 DR. FOGARTY: Potentially, some don't -- some
23 don't seem to apply that accreditation is
24 specifically for U.S. residence. But in many of
25 the other cases, it might just tie together or not

1 tie together.

2 DR. HEAGY: So, Ms. Rodgers, would you be
3 willing to look at that within our law what --
4 where we would have to craft language for changing
5 the CCE piece?

6 MS. RODGERS: I could look at it and get a
7 report ready for the board meeting in January.

8 DR. HEAGY: Thank you so much.

9 The next -- on Section V, 460.408, discussion
10 of adding a show cause proceeding for a CE
11 provider approval review.

12 Ms. Loucks, I have a sense that I don't fully
13 grasp what -- what that's getting at. Could you
14 illuminate me, please?

15 MS. LOUCKS: Sure. This is the board of the
16 review and approval of the continuing education
17 courses and providers. You really don't have any
18 mechanism to address providers or courses, like if
19 you approve the provider and then they can do the
20 course, you know, for the biennium. You don't
21 have any way to pull back that course once it's
22 been approved. Once you all have approved it then
23 that provider can offer that course for the
24 duration of the biennium is my understanding.

25 So you -- there's no way for you to resend

1 your approval. I know there are other boards who
2 have in their statute the authority to have a
3 provider if they found, for some reason, that
4 they're not meeting the requirements of your CE
5 rule to come before the board and the board can
6 issue a cause order.

7 And it basically makes the provider come and
8 say -- you know -- the board can say, well,
9 (inaudible) that you had indicated was the
10 information that was presented in their syllabus
11 isn't what it seems that the courses they're
12 offering. So the course that was approved isn't
13 technically the course that's being offered.

14 It would be a mechanism for the board to be
15 able to have those people come in and then to give
16 the board the authority to resend that approval
17 for the, you know, the remainder of that course
18 for that biennium.

19 DR. HEAGY: Thank you. I would definitely be
20 in favor of that based on some of the issues that
21 we've had on the continuing ed committee.

22 Do I have any other feedback from board
23 members? Hearing none.

24 If I could direct Ms. Rodgers, would you be
25 willing to craft language in that direction?

1 MS. RODGERS: Yes, ma'am.

2 DR. HEAGY: The next one: Discussion of
3 defining the Practice Act as "chiropractic" not
4 "chiropractic medicine."

5 I -- I get questions about this all the time
6 from members of my practice. They ask me "What's
7 chiropractic medicine?" So I think it's confusing
8 to the public. You know, if there's a historical
9 context, I would love to hear it. But I'm -- I'm
10 not -- I -- my understanding of this wording is
11 that there was a movement 20 years ago to do super
12 boards so that we wanted to be included with the
13 physicians. I don't think that thread is still
14 around. I'm -- I'm open to hearing the opinions
15 of the other board members.

16 DR. DOUGHERTY: Ken Dougherty. My
17 understanding is that the -- the legislatures
18 tended -- before it was chiropractic medicine --
19 tended to be lumping chiropractors in with, say,
20 physical therapist and nurses and not with the
21 other physician classes. And, you know, that was
22 put in there so that we wouldn't be grouped with
23 the physicians, as we should be.

24 Also the insurance companies were starting to
25 question medical necessity. And if we're

1 practicing chiropractics -- you know -- is
2 chiropractic necessity is not medical necessity
3 but if we're practicing chiropractic medicine, it
4 falls under medical necessity, so they couldn't
5 deny chiropractic claims. That's my understanding
6 why it was put in there.

7 DR. HEAGY: Thank you. Anyone else have
8 feedback on that?

9 MR. COLTER: This is David Colter. Has this
10 arrived, this question and this specific
11 discussion, because of the definition of number --
12 of (e) under chapter -- subchapter 403? Because
13 it says, "The term chiropractic medicine,
14 chiropractic, doctor of chiropractic, or
15 chiropractor shall be synonymous with chiropractic
16 physician." And to me it feels like the first
17 one, chiropractic medicine, is not a person, it's
18 a philosophy more than the doctor.

19 I raised this question a few weeks ago. And
20 so I'm wondering if this discussion is regarding
21 that and not changing the practice -- defining the
22 Practice Act.

23 DR. HEAGY: Well, it's really about the
24 language. Someone else spoke up. Was it Dr. --

25 DR. FOGARTY: Yeah, this is Kevin. I just

1 wanted to -- since Mr. Lambert has the -- the most
2 history here with -- when this bill went through,
3 perhaps he could go ahead and help -- help us with
4 the history on this.

5 DR. HEAGY: Mr. Lambert?

6 MR. LAMBERT: We're -- we're dancing all
7 around it. About twenty years ago, the AMA and
8 the FMA picked up the ball on that. We're trying
9 to garner a monopoly on the term "medicine" so
10 that medical necessity would only be determined by
11 physicians' license to practice medicine to wit
12 the allopaths and the osteopaths. That would have
13 been disastrous for insurance purposes or for a
14 lot of other purposes, and it would have relegated
15 chiropractic and podiatry to a second class to
16 them. And in order to put the -- put this to an
17 end of the Podiatry Association and the Board of
18 Chiropractic Association argued that the term of
19 "medicine" is generic, and it has to be modified
20 to be given a meaning allopathic medicine,
21 chiropractic medicine, podiatric medicine, et
22 cetera.

23 And therefore if bills were introduced to
24 insert the term "medicine," everywhere where
25 chiropractic or podiatry or podiatric was filed in

1 the statutes, the president was argued at that
2 time that there were several statutes before that
3 time that had defined a physician license to
4 practice medicine under Chapter 458, Chapter 459,
5 Chapter 460, or Chapter 461 were in a few places
6 in the statutes. And so the legislature passed
7 those bills, and we put the matter to rest since
8 then.

9 And so the Florida Chiropractic Association
10 position has been to protect that in order to
11 protect the -- the -- the equal status of
12 chiropractic with the allopathic and osteopathic
13 disciplines. And so we -- we wouldn't urge that.
14 We just leave that alone.

15 There was no philosophy. There was nothing
16 sinister behind it, other than protecting the
17 profession from being encroached or squashed by --
18 by other professions.

19 MR. COLTER: This is David Colter. I think
20 we might have the wrong target in the cross
21 errors. When I thought this up a couple weeks
22 ago, it was specifically about chiropractic
23 medicine not being equal to a person. In the
24 definition 460.403 it's defining the terms that
25 are a synonymous for chiropractic physicians.

1 So I still don't -- I still haven't heard the
2 answer to the question: Is this about the
3 Practice Act or is it about a definition -- this
4 discussion? Adrienne, could you shed some light
5 on that, possibly?

6 MS. RODGERS: No. I don't think I can shed
7 anymore light on that. I may have misunderstood
8 your initial question.

9 DR. DOUGHERTY: David, Ken Dougherty. In our
10 statute, defining chiropractic is defined as
11 drugless and no surgery. So it is not changing
12 what we do. It's just making sure that we are
13 included with the group of physicians and not
14 excluded from a physician class.

15 So it's not, you know, telling anybody in the
16 public that we practice medicine, absolutely not.
17 We practice chiropractic medicine, which is
18 drugless and surgeryless. And again, Mr. Lambert
19 was eloquent in giving the reasons why that needed
20 to be done.

21 MR. COLTER: Okay. I'm trying to (inaudible)
22 that that's not the issue. The issue for me is
23 that if I look at the definitions, I see the term
24 chiropractic is synonymous with -- excuse me.
25 Chiropractic medicine and a few other things is

1 synonymous with chiropractic physician. And I
2 suggest that those are. I'm not -- I have no
3 intention of opening up the Practice Act or any of
4 these other discussions with this.

5 MS. LOUCKS: Mr. Colter, this is Deborah
6 Loucks. I think the reason that it's put in the
7 statute that way is if you look further back in
8 the statute, there's less (inaudible) protective
9 terms, and chiropractic medicine is a protective
10 term that if someone -- if you didn't include that
11 as a term that you needed to have a license for, I
12 could represent to the public that I'm a person
13 who performs chiropractic medicine and since I'm
14 not using the term "Doctor Chiropractic" or
15 "Chiropractic Physician," if it wasn't included as
16 a term that you need to be licensed as a
17 Chiropractic Physician for then I couldn't be
18 prosecuted for using that term.

19 So I think that's why it's including --
20 because in 460 -- I think it's 401 (inaudible).
21 Yeah, 460.411 it lists (inaudible) all the
22 protected terms and "Chiropractic Medicine" is one
23 of them.

24 MR. COLTER: So in that definition, I see
25 that it quotes "Chiropractic Medicine is not a

1 person; A Doctor of Chiropractic Medicine is a
2 person," and that might address it. It just
3 doesn't sound clean to me.

4 DR. HEAGY: Accept that there aren't any
5 colleges that actually give degrees in
6 Chiropractic Medicine, except for one.

7 MR. COLTER: But it says "a Doctor of
8 Chiropractic Medicine."

9 DR. HEAGY: Right. But it's a Doctor
10 Chiropractic. I hear what you're saying. The
11 terms don't go together. It's a semantic issue.

12 DR. DOUGHERTY: Dr. Heagy, Ken Dougherty. If
13 I could interject?

14 DR. HEAGY: Yeah.

15 DR. DOUGHERTY: -- (inaudible) degree in
16 Chiropractic Medicine.

17 Dr. HEAGY: I know, national. Yeah, I did
18 say. Maybe you missed that part of my comment.

19 DR. DOUGHERTY: Okay. I -- I'm on the Board
20 of Trustees Of National. National does not give
21 the --

22 DR. HEAGY: Oh.

23 DR. DOUGHERTY: -- Doctor of Chiropractic
24 Medicine degree.

25 DR. HEAGY: So the one in Florida or the one

1 in Chicago?

2 DR. DOUGHERTY: Both.

3 DR. HEAGY: Okay. And then the name of their
4 degree is not Doctor of Chiropractic Medicine?

5 DR. DOUGHERTY: Correct.

6 DR. HEAGY: Okay. I'm corrected then. Thank
7 you very much for that.

8 DR. DOUGHERTY: You're welcome.

9 DR. HEAGY: So there is a degree, as far as I
10 know, Doctor of Chiropractic Medicine. So we're
11 still stuck there.

12 So do we have any further comment on the term
13 "medicine" in our -- in this discussion?

14 MR. MORRIS: This is Don Morris.

15 DR. HEAGY: Okay. Hi, Don Morris.

16 MR. MORRIS: I'm pretty sure there is at
17 least one scholar that has used the term "Doctor
18 of Chiropractic Medicine" on their degree. They
19 use it a lot for whatever that's worth.

20 DR. HEAGY: Okay. Thank you very much.

21 Okay. Any other public comment? Hearing none.

22 Let's move onto (b), adding specific
23 authority to promulgate standards of practice
24 rules.

25 Ms. Loucks, could you enlighten me on the

1 direction here?

2 MS. LOUCKS: Yes. The board in the past has
3 tried to establish training and education
4 requirements to do various procedures in
5 chiropractic, such as -- I know there was some
6 discussion about practice rules for MUA and lasers
7 and -- I've always told the board that you don't
8 have any specific statutory authority to -- to
9 carve out standards of practice for particular
10 procedures.

11 And so I know that the board should -- I mean
12 everyone is concerned about allowing people that
13 don't have sufficient education, other than a
14 weekend course (indiscernible) or whatever it was,
15 you know, the laser light and EMG, to just be able
16 to do it. And so the board wanted to have rules
17 that will justify more rigid standards or
18 stringent standards.

19 And I think if you have in your statutes some
20 specific authority that allows the board to create
21 standards of practice rules then you -- at least
22 get over that hurdle, we (inaudible) into a
23 problem with the Drug Administrative Procedures
24 Committee when we try to do the (inaudible) last
25 year or the year before. But that's what this

1 suggestion is for.

2 And if you have the authority and the
3 Practice Act, that doesn't necessarily mean that
4 you have to have the rules on everything. But
5 certain procedures that you think would be too
6 dangerous or, you know, would require more
7 training than just a weekend course, maybe you
8 would have the ability to perhaps create some sort
9 of standards of practice rules. And that's all
10 (inaudible).

11 DR. HEAGY: I would certainly be in favor of
12 that. Any other board member want to give comment
13 on that? Members of the public? Comment?
14 Hearing none.

15 Ms. Rodgers, can I direct you to do some
16 research on perhaps what other state's language is
17 and draft some language for us to look at at the
18 next meeting?

19 MS. RODGERS: Yes, ma'am, I can do that.

20 DR. HEAGY: And on (c), adding language to
21 include "overutilization." I know that we had to
22 repeal the rules because the -- the Joint
23 Administrative Procedures Committee -- I think is
24 the name of the group -- said that we didn't have
25 statutory authority to discipline chiropractors

1 for overutilization.

2 So I certainly think that we see cases of
3 blatant overutilization. I would like to add
4 statutory authority, so we can discipline those
5 cases. (Inaudible).

6 MS. LOUCKS: This is Deborah Loucks. That's
7 not exactly how -- how it went. And I guess the
8 question for the board -- because your rule had
9 just said that overutilization is -- if you
10 don't -- if your records don't justify the course
11 of treatment.

12 DR. HEAGY: Okay.

13 MS. LOUCKS: And the way that the prosecutors
14 (indiscernible) that rule was sort of -- it was --
15 if your records then justify the course of
16 treatment, then they would charge you with
17 overutilization. And they sort of said that was
18 the presumption of guilt. And we actually had
19 gotten the rules challenged on that rule, and when
20 I was going through the statute, the
21 overutilization was (inaudible) that wasn't used
22 anywhere in the statute.

23 And so I guess when we repeal that rule, it
24 doesn't stop the prosecution from being able to
25 prosecute people for, you know, not having

1 (inaudible) justify the course of treatment. And
2 I guess the issue for the board is: The way that
3 that rule had been set up before, it was sort of a
4 presumption of guilt that we could convict you of
5 overutilization if your records then justified the
6 course of treatment.

7 So I know that there have been some
8 discussions about whether -- how the board wants
9 to prosecute the record cases. And I think that
10 this discussion would go into that, because I
11 don't know if you necessarily want to put -- to
12 put in the statute that rule. Because I'm not
13 sure that -- just defining overutilization is not
14 having records justify the course of treatment,
15 which is already part of your -- your record's
16 rule.

17 DR. HEAGY: Yeah.

18 MS. LOUCKS: You know, we can -- you could --
19 if the board wants to do that, you certainly
20 could. But I -- I don't know if you want to look
21 at the record. I mean, I -- I know that before we
22 had talked about it. I don't know if you
23 necessarily want to open up your record's rule.

24 But is there something else that you want
25 to -- I mean, is there some other issues that the

1 overutilization and -- because that was just kind
2 of a shortcut, and I don't know if there's some
3 other disciplinary violation that people are
4 committing that the board is -- is interesting in
5 adding? I guess is what my question is.

6 So because -- because you have the -- you
7 have the disciplinary guideline for, you know,
8 billing the insurance company for things that
9 aren't done. And your record's rule says your
10 records have to justify your course of treatment.
11 But I don't know, you know, the overutilization,
12 if you want to include that as a grounds for
13 discipline, you can, but then, of course, you
14 would have to define what overutilization is, and
15 I don't know -- you would have to define what that
16 is. Okay?

17 DR. FOGARTY: Deborah, this is Kevin. How --
18 how can we go ahead -- and this has always been
19 (inaudible) to me. You know there's a difference
20 between somebody that comes before the board that
21 does something and they make a mistake. They do
22 something wrong and they screwed up and their
23 records aren't quite up to snuff. And -- and we
24 know that, okay, you want to do things to
25 rehabilitate then and move them on and that's

1 fine.

2 But then you got the people that are down
3 right stealing, and it doesn't take a rocket
4 scientist to figure out that these people are
5 really posing up the system, and they're ruining
6 our profession. I've always had an issue where
7 we -- we were -- we were out there giving the same
8 amount of justice to those people. The same
9 amount of justice to those people.

10 There should be a way that if we know
11 somebody is stealing that we can go ahead, besides
12 finding more -- whatever it is -- shouldn't there
13 be a way to prosecute them based on this
14 overutilization umbrella, to say, hey, he's not
15 the guy that's screwed up his records; this is the
16 guy that's actually stealing?

17 MS. LOUCKS: Well, and if you included a
18 disciplinary ground that says, you know,
19 "overutilization is the grounds for discipline,"
20 and the board would have to define what
21 overutilization is. And then I guess at that
22 point you would need to look. Because the way it
23 was defined before was just -- you didn't -- your
24 medical records failed to justify the course of
25 treatment, which was the same -- was the same

1 thing that you have in your records rule.

2 But if you want to ask what were utilization
3 as a disciplinary grounds then perhaps you could
4 have a rule that more is said, you know,
5 overutilization is when you're making people come
6 in five days a week for, you know, two hours or
7 whatever it is. I mean, you -- of course, you
8 can't say that because somebody may need you,
9 but --

10 DR. FOGARTY: Right.

11 MS. LOUCKS: -- but I mean then -- I think
12 then the board would be able to use its
13 professional judgement and say, well, here's how
14 it works -- you know -- what overutilization
15 means. And I guess my only issue with it is: I
16 think it's hard if you just say your records that
17 justify the course of treatment, because that's
18 your -- just basic minimal records keeping.

19 DR. FOGARTY: Correct.

20 MS. LOUCKS: So, you know, and so I don't
21 practice chiropractic. I don't know, you know,
22 what the overutilization -- how you would -- how
23 would you -- how you could define that, but I mean
24 you certainly could do that. And you could do
25 that either in the statute or if you just want to

1 say, you know, overutilization is the grounds for
2 discipline and the board is going to have the
3 authority to justify it by rule what
4 overutilization means.

5 DR. HEAGY: I would like to see us direct
6 overutilization as a part of the statute and then
7 craft a rule that -- that lays out what
8 overutilization is.

9 MS. LOUCKS: And you could certainly do that.
10 I mean, you could just include, you know, that as
11 a separate grounds for discipline or maybe at --
12 you know -- at -- and then do -- and then have the
13 statute say that the board has the authority to,
14 you know, have rules that define what
15 overutilization is.

16 MR. COLTER: And why do we want to add to the
17 statute "overutilization"? Is it to address what
18 Dr. Fogarty brings up? That -- that we -- we like
19 to have a lesser penalty against someone who's
20 made a mistake?

21 DR. HEAGY: Well, and --

22 MR. COLTER: What's -- what's the
23 justification? I'm -- I'm trying to understand
24 the justification.

25 MS. LOUCKS: In the past, Mr. Colter, there

1 have been a rule of the board that said
2 overutilization means that your medical records
3 then justify your course of treatment. And when
4 the prosecutors were prosecuting people for
5 records violation, they would charge them with
6 violating 460.413(m), and they would charge them
7 with violating the record's keeping rule, which is
8 (inaudible) and then they would also charge them
9 with violating this other rule for
10 overutilization.

11 Last January, there was a rule challenge
12 filed by a chiropractor who had been -- a probable
13 cause had been filed on his record and the rules
14 challenge was: Well, you're charging me with
15 overutilization which is not -- the rule doesn't
16 have any basis for statute. So when I went
17 through to do the research on the rules challenge,
18 I realized that that must have been a remnant from
19 the past because the word "overutilization" was
20 not used anywhere in the statute. So you can't
21 have a rule that defines the term that's not in
22 the statute.

23 And so the board didn't have any authority to
24 define that rule. So we had to repeal that rule.
25 And this was added at the request of the

1 prosecutor, Ms. Rosita Van Winkle (phonetic), had
2 wanted this discussion and then wanted to add it.
3 But that's the genesis of it.

4 DR. HEAGY: And then that would give us the
5 discretion, once it reaches the board, to decide
6 Dr. Kevin's issue. You know, is this someone
7 who's blatantly stealing and giving the profession
8 a bad name or just somebody that's made a mistake
9 and --

10 MS. LOUCKS: Well -- (inaudible) that
11 discretion now. And I guess if you're going to
12 add a separate disciplinary charge for
13 overutilization, then perhaps if you define
14 overutilization in a way that it gears more
15 towards the people who are (inaudible) the system
16 or, you know, really doing inappropriate things
17 and that they're charged with that violation
18 instead of just (inaudible) charging them with the
19 regular (inaudible) violation as well.

20 But you would be able to look at those and
21 say, well, you know, we don't really think that
22 this case rises to the level of the
23 overutilization, and it's just the regular record
24 keeping and then perhaps they would have separate
25 tracks that way.

1 DR. HEAGY: And ca we do that by rule now
2 without changing the statute or do we have to
3 change the statute to -- to define overutilization
4 by rule?

5 MS. LOUCKS: Well, you don't have any --
6 overutilization isn't used in your statute. I
7 mean the board can certainly now look at any of
8 the cases. The problem that we have at probable
9 cause is -- is where the panel members are looking
10 at a case and they tell the prosecutors, you know,
11 this is clearly a case where this person is
12 committing fraud.

13 The prosecutors -- and I don't mean and I'm
14 speaking for them as best as I can, because I
15 don't look at the cases as thoroughly as they do.
16 A lot of times what the prosecutors will say is --
17 (inaudible) what we call specific intent crime and
18 you have to prove that the person knew at the time
19 that they were submitting the insurance form --
20 claim that they were submitting something -- a
21 document that was a lie. And that's a pretty
22 tough burden for the prosecutors.

23 And so there isn't anything between the
24 specific intent fraud crime and just the general
25 record's keeping violation in your statute now.

1 So when you have someone that has submitted the
2 claim -- I mean you have a separate violation for
3 submitting claims to an insurance company's
4 services that wont render and the prosecutor that
5 (inaudible) charge people with that, but they
6 weren't charging with them before.

7 A lot of times the prosecutors will say,
8 well, you know, we don't have enough evidence to
9 show that fraud happened, but we, you know, can
10 show that the record's aren't right. And so they
11 were billing the -- they were charging them with
12 the overutilization when it was -- after they were
13 charging the overutilization with almost every
14 record case but some cases where they couldn't
15 prove the fraud part.

16 DR. HEAGY: So is there any other feedback
17 from other board members?

18 MS. LOUCKS: Did that help?

19 DR. DOUGHERTY: This is Ken Dougherty. I --
20 I agree. Dr. Fogarty hit it right on the head.
21 You got people who just have sloppy record
22 keeping, you know, but the treatment is
23 reasonable, it's effective, wasn't drawn out
24 passed ridiculous amounts. They have those that
25 treat forever and, you know, my, you know,

1 utilization on (inaudible), et cetera, et cetera.

2 And, you know, whether in front of the board
3 we know the difference, you know, who made
4 mistakes with their record keeping and who is
5 potentially, you know, just trying to, you know,
6 maximize here. I'd like to see something that we
7 could do, but I know there's been some issue with
8 the overutilization. You have to define it and
9 everything.

10 I'm not familiar, but we have ranges in our
11 penalties. Is the range -- in the record keeping
12 rule, is the range there -- or statute -- is the
13 range reasonable to accommodate both situations,
14 where you have somebody who made a mistake and has
15 sloppy records but the care was reasonable still
16 have record keeping violation versus somebody, you
17 know, we feel you know we feel is really grossly
18 overutilizing. I'm not familiar with the -- what
19 the limits are -- the -- the guidelines on the
20 penalty phase of that.

21 DR. HEAGY: Ms. Loucks, can you answer that?

22 MS. LOUCKS: Sure. Right now, for a first
23 time record keeping violation, the minimum penalty
24 is a \$500 fine and/or one year of probation up to
25 a maximum fine of \$7,500, a three months license

1 suspension and then six months of probation.

2 However, the board has the ability to either
3 lower that penalty or increase that penalty. And
4 in order to do either one of those, you would just
5 need to site in the record -- or to the record --
6 you know, why you want to impose something less
7 than the minimum or impose something more than the
8 maximum.

9 And you know that's where you could say,
10 well, you know, this person, you know, we think
11 that they just -- you know -- it wasn't a major
12 issue. Their -- you know -- their records just
13 didn't conform with the standard but, you know, we
14 dont really think, you know, whatever. And you
15 could -- (inaudible) the \$500 fine and probation.
16 And you're not even required -- it isn't a
17 requirement that even the first time violation of
18 record keeping would even have to want the
19 probation in the record keeping the way that the
20 guidelines are now.

21 DR. HEAGY: So as it is -- we have a lot of
22 discretion even without changing the statute. Is
23 that -- is that what you're saying? Is that what
24 I'm hearing you say?

25 MS. LOUCKS: Yeah. I mean as far as

1 determining what kind of penalty you want to
2 impose for a record keeping violation, sure.

3 DR. HEAGY: So -- so we could solve the
4 problem without changing the statute. You know,
5 what's the sort of (inaudible) of the board on,
6 you know, adding to the discipline or the
7 discipline statute or just doing it on a
8 case-by-case basis as a board at our discretion?

9 DR. FOGARTY: Well, the guidelines that we
10 have set up isn't statute, it's board rule.

11 MS. LOUCKS: Right.

12 DR. FOGARTY: And that's (inaudible). I
13 guess -- and -- and I agree with Ken. I think if
14 we could go ahead and just, you know, (inaudible)
15 a different amount of justice for the person,
16 based on who we're seeing before us. I don't
17 know. Maybe the case-by-case might be the way to
18 do it.

19 DR. HEAGY: So are you saying that you dont
20 think we need to change the statute or we do need
21 to change the statute?

22 DR. FOGARTY: I do not -- I don't know. Ken,
23 what do you think?

24 DR. DOUGHERTY: I'm looking at MS. Loucks
25 and, you know, I think I can, you know, kind of

1 tend to go with what she recommended on this.
2 Again, overutilization, you got to define it. Is
3 somebody going to challenge how you define it, and
4 use one guideline, we're going to use another
5 guideline.

6 I'm leaning towards not changing and just
7 using the penalty guidelines. I mean if it can be
8 done, and it can be done clearly and safely, it's
9 not a big mess, I would -- I would like to see it.
10 Because people overutilize, I'd like to see them
11 get, you know, disciplined for that.

12 DR. FOGARTY: Maybe if prosecution came back
13 to us -- to the board and said this is what we
14 were sort of looking at doing, maybe then we could
15 go ahead and say yeah or nay. But my concern
16 again is to go ahead -- and I don't want the
17 chiropractors in a -- in a box, you know, where as
18 soon as you go outside that box, you're
19 overutilizing.

20 DR. DOUGHERTY: Agreed.

21 DR. FOGARTY: There's got to be some --
22 there's got to be discretion.

23 DR. HEAGY: It's like a domino effect too
24 that has --

25 DR. FOGARTY: Right.

1 DR. HEAGY: Could we ask the prosecution to
2 give us feedback on language that they feel would
3 be helpful and then decide at the board meeting as
4 a board together, you know, our general take on
5 that?

6 MS. LOUCKS: This is Deborah Loucks.
7 I was going to suggest that you do that. Because,
8 like I said, Ms. Rosita Van Winkle had requested that
9 this be added, and I think she's out possibly --

10 DR. HEAGY: So could we -- who would be in
11 charge of getting that language from them?
12 Ms. Rodgers or (inaudible)?

13 MS. RODGERS: I'll talk with Ms. Rosita Van
14 Winkle and get some language for you for the next
15 board meeting.

16 DR. HEAGY: Beautiful. That concludes the
17 business to come before our legislative committee.
18 Is there any other feedback?

19 With that, I'd like to adjourn our meeting.
20 Thank you so much to each of the individuals who
21 have attended. I really appreciate it.

22 (Thereupon, the proceedings were concluded at
23 3:06 p.m.)

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CERTIFICATE OF REPORTER

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I, JESSICA RENCHEN, Registered Professional Court Reporter, certify that I was authorized to and did stenographically report the foregoing proceedings and that the transcript is a true and complete record of my stenographic notes.

DATED this 25th day of November, 2014.

JESSICA RENCHEN, Court Reporter

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