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**DEPARTMENT OF HEALTH  
BOARD OF CHIROPRACTIC MEDICINE  
LEGISLATIVE COMMITTEE MEETING**

**OMNI RESORT AT CHAMPIONS GATE  
1500 MASTERS BOULEVARD  
CHAMPIONS GATE, FLORIDA**

**JUNE 5, 2015**

**REPORTED BY:  
CYNTHIA R. GREEN, COURT REPORTER  
NOTARY PUBLIC, STATE OF FLORIDA**

**A P P E A R A N C E S:**

**DANITA HEAGY, D.C., CHAIR**

**DAVID COLTER, VICE-CHAIR**

**CHRISTOPHER FOX, D.C.**

**JULIE MAYER HUNT, D.C., D.I.C.C.P.**

**KEVIN FOGARTY, D.C., F.I.C.A.**

**KENNETH DOUGHERTY, D.C.**

**RUTH PELAEZ, CONSUMER MEMBER**

**ANTHONY B. SPIVEY, DBA, EXECUTIVE DIRECTOR**

**DEBORAH B. LOUCKS, ESQUIRE, BOARD COUNSEL**

**JOSEPH LESHO, PROGRAM OPERATIONS ADMINISTRATOR**

**CYNTHIA R. GREEN, COURT REPORTER**

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P R O C E E D I N G S

June 5, 2015

1:30 p.m.

DR. FOGARTY: I'm going to call the meeting to order. I want to welcome everybody to the Florida Board of Chiropractic Medicine, which we're holding a Legislative Committee Workshop, on Friday, June 5th of 2015.

For the record, if we can go around the room and please introduce ourselves.

Mr. Colter, would you start off?

MR. COLTER: David Colter, Palm Coast, Florida.

DR. HEAGY: Danita Heagy, St. Augustine, Florida.

DR. DOUGHERTY: Ken Dougherty, New Smyrna Beach.

MR. LESH0: Joseph Lesho, Program Operations Administrator, Tallahassee, Florida.

DR. SPIVEY: Dr. Anthony Spivey, Board Executive Director.

DR. FOGARTY: Kevin Fogarty, Chair, Rockledge, Florida.

MS. LOUCKS: Deborah Loucks, Board Counsel.

DR. FOX: Chris Fox, West Palm Beach,

1 Florida.

2 DR. HUNT: Julie Mayer Hunt, Clearwater,  
3 Florida.

4 MS. PELAEZ: Ruthie Pelaez, West Palm  
5 Beach.

6 DR. FOGARTY: Very good. Thank you all for  
7 attending.

8 What I'm going to do is turn the meeting  
9 over to Dr. Heagy, who's the Chair of this  
10 Committee.

11 What I'm going to ask is that anybody in  
12 the audience who is going to participate, please  
13 be recognized by Dr. Heagy as the Chair, then  
14 come up to the microphone, and for the purposes  
15 of our record, please go ahead and give your  
16 name. And we appreciate that.

17 So without any further ado, Dr. Heagy, I'll  
18 give you the big stick.

19 DR. HEAGY: I'm not sure I need that.

20 DR. FOGARTY: Will you pass that on to her.

21 DR. HEAGY: Thanks.

22 It's been requested -- the reason that we  
23 began this whole process is because of a number  
24 of issues that have come up before the Board.

25 Primarily what really started this ball

1 rolling was foreign graduates. And once we took  
2 that on we saw that we had a lot of revision to  
3 do in the Chapter.

4 And so we've -- we started in December  
5 working on this process. We've had -- I think  
6 this is our third meeting on the subject. And  
7 so today I'd like for us to hear from the -- the  
8 gallery, and also discuss among ourselves any  
9 nuances or issues that we might have as a Board.

10 So someone has asked me to take Animal  
11 Chiropractic first, so at an FCLB meeting that  
12 we went to in New Orleans recently, what came to  
13 my attention was that there were veterinarians  
14 who are trained to do animal chiropractic, and I  
15 say that in quotations, because in Florida, you  
16 know, it's obviously not chiropractic because of  
17 the way our statute is written. And so because  
18 people are doing it anyway, there is a sense  
19 that perhaps some regulation is needed in that  
20 arena.

21 So I really -- in this particular subject,  
22 I want to get a sense for the Board's  
23 motivation, because I know that if we do take on  
24 this subject, I'm going to have to collaborate  
25 with the Veterinary Board. And before I

1           invested that time and energy, and our resources  
2           as a Board, I wanted to see the desire of our  
3           Board about carrying that subject further.

4           You have some legislation, a draft that was  
5           altered and passed on to me through the FCLB, so  
6           I wanted to just get y'all's feedback.

7           Anybody?

8           DR. HUNT: For the record, we're on page  
9           32?

10          DR. FOGARTY: 32, yes.

11          DR. HEAGY: 32. Thank you.

12          Go ahead.

13          DR. DOUGHERTY: My feeling is that right  
14          now we can do animal chiropractic under a  
15          prescription from the vet, and, you know, the  
16          door is open for anybody who wants to do that.

17          You know, our statute defines as treatment  
18          of the human body, and I feel that that's how we  
19          should keep it.

20          DR. HEAGY: Okay.

21          DR. HUNT: I tend to agree.

22          DR. HEAGY: Okay.

23          DR. FOGARTY: I think one of the things  
24          that have brought up the discussion on this is  
25          that with -- where especially in South Florida

1 where the polo ponies are, there's an  
2 accumulation of money and animals, we're seeing  
3 complaints from chiropractors in the field that  
4 you're -- you're getting other chiropractors  
5 that are coming in specifically from Canada and  
6 other northern states that practice this for a  
7 living. They're coming down to the polo fields,  
8 they're adjusting -- the average polo guys has  
9 three to seven horses. They're charging a  
10 hundred to two hundred dollars per session with  
11 the horse. They're not licensed in the state of  
12 Florida, so it becomes a licensing issue.

13 The second thing is that they're also going  
14 ahead and doing things with the owners and  
15 adjusting them without a Florida license.  
16 They're adjusting, you know, trainers and  
17 everything else on the bales of hay, and it's --  
18 it's taking away from the income from licensed  
19 chiropractors.

20 Some of the vets don't believe in adjusting  
21 the animals or -- so they won't provide notes to  
22 the guys that -- or gals that are licensed  
23 chiropractors in Florida that want to go ahead  
24 and do it properly. So we're -- we're having  
25 that issue go about.

1           When we were at the FCLB meeting, we found  
2           that there were people that were -- even  
3           farriers that were out there learning on weekend  
4           courses, adjusting the -- the animals.

5           I think that it becomes a public safety  
6           issue with -- when there is unlicensed activity  
7           is occurring in the state; I think you're  
8           inviting it. I think you've got people that are  
9           practicing the animal adjusting whether or not  
10          they're getting notes from the vets or not, so  
11          let's regulate it. Let's keep an eye on it;  
12          let's do it properly. Let's work with the  
13          Veterinary Board to figure out to how to do it  
14          properly.

15          We've got other states that have a very  
16          good partnership with their vet boards. Why not  
17          go ahead and be proactive and do this, as  
18          opposed to the knee-jerk reaction of waiting for  
19          somebody that hurts an animal or hurts a -- you  
20          know.

21          I mean the worse thing in the world is that  
22          you have an animal get hurt by a non-licensed  
23          person, calling it chiropractic, and then it  
24          doesn't matter if it wasn't a chiropractor or  
25          not. It becomes a black mark against the

1 chiropractic, and then everybody's against the  
2 whole chiropractic thing.

3 So my feeling was is that this is something  
4 that -- that -- we have a certain amount of  
5 interest, too, and that we should be proactive  
6 on it.

7 That's my opinion.

8 DR. FOX: I work very closely with the  
9 equine world in Wellington in West Palm Beach,  
10 and adjusting horses is rampant, and I just  
11 would -- if it's done, I want it done properly  
12 where an animal is not going to get hurt or  
13 another human. And what you said is correct.  
14 Most of the activity is unlicensed and  
15 unregulated, and I would hate to see -- I don't  
16 want the Veterinarian Board getting stepped on;  
17 nor do I want the chiropractic profession  
18 getting beat up on for something that -- whether  
19 it's manipulation, chiropractic -- I don't care  
20 what you call it, it's being done and there's  
21 got to be some form of oversight to protect the  
22 public or protect horses, and maybe not  
23 necessarily taking a weekend course and then  
24 calling yourself a veterinarian chiropractic,  
25 which I think is sad to say, but that's

1           happening across the Board -- chiropractors as  
2           well as veterinaries as PTs.

3           So I'd to hear open dialog and see what we  
4           can do to make a better situation.

5           DR. FOGARTY: I think what you see, too, is  
6           that, you know, you've got vets that are  
7           practicing animal chiropractic. They're not  
8           supposed to advertise the animal chiropractic or  
9           animal adjusting or however it goes, but the Vet  
10          Board for the last 30 years will not enforce  
11          that. And complaints in the past have been  
12          brought up to them and it just gets pushed under  
13          the rug.

14          So, you know, I understand that you -- you  
15          have veterinary groups that would like to say,  
16          "Well, we're going to regulate it and make sure  
17          that's not going to happen," well, they're not  
18          regulated. And a complaint comes -- has come to  
19          this Board before -- not recently, but in the  
20          past and the thought was from the Board and the  
21          Board counsel -- and this was before you, and I  
22          think even before Ed, Mr. Bayo -- was that it's  
23          not a chiropractic issue because we're not  
24          policing the vets, dealing with this issue.

25          So I think that was a problem, too.

1 DR. HEAGY: Consumer members, do you have  
2 any --

3 MS. PELAEZ: I have also been close in --  
4 living in Wellington for ten years before where  
5 I just moved now, I used to go a lot to the polo  
6 matches and the equestrian jumpers, and you'd  
7 always hear -- there was the thump or something.  
8 There's, you know, this guy with a board  
9 adjusting horses. I don't -- I don't know.  
10 And, like Dr. Fogarty said, they are coming from  
11 Canada with their doctors.

12 So, I agree with what's been said.

13 DR. HEAGY: Mr. Colter?

14 MR. COLTER: I've heard of some instances  
15 where there's been animals in -- in pounds and  
16 Humane Society care that have been helped by  
17 treatment --

18 MS. PELAEZ: Uh-huh.

19 MR. COLTER: -- of this sort. So my  
20 opinion is we should pull it out from under the  
21 rug and start looking at it. And even a first  
22 hack at it is better than none.

23 MS. PELAEZ: I personally -- I have  
24 Dachshunds. They're known for back problems.  
25 And don't you know it, I had asked a very close

1 doctor I worked with, "Mini can't walk," and  
2 after a couple of adjustments Mini starts  
3 walking again.

4 So I -- you know, it's something I know and  
5 it helped my dog.

6 So horses, dogs -- if it works for me, I --  
7 but it's how it's going to be seen in the  
8 chiropractic and by the others.

9 DR. FOX: (Unintelligible) question on the  
10 effectiveness. If you look at -- if you'd speak  
11 to any jumper, US, overseas, they -- I wish I  
12 could give you a percentage -- they all -- I  
13 would almost say all of them have their animals  
14 manipulated or adjusted on a regular basis, and  
15 you speak to the rider and they say it's night  
16 and day, depending on what -- so I don't think  
17 that's the -- the question is effectiveness. Is  
18 this protecting the public or the animals from  
19 someone who is not licensed or not qualified to  
20 do so to do damage to either the veterinary  
21 world or the chiropractic profession.

22 Either/or, I think that's probably the goal. At  
23 least I would like to see it. Not necessarily  
24 questioning the effectiveness. That's -- you  
25 speak to any rider --

1 MR. COLTER: It's purely -- it's purely the  
2 legislative arena.

3 DR. FOX: Yeah.

4 MS. PELAEZ: I have -- I have a question.

5 DR. FOX: There's not many veterinarians --  
6 or at least I shouldn't say that. I can't speak  
7 for veterinarians. At least the ones that I  
8 deal with that I work on, that I am contact with  
9 in Wellington, they all know it's happening.  
10 They agree with it. There's a couple that  
11 don't, but it's -- they do adjusting themselves,  
12 and they believe they're way superior, or they  
13 know more, which they do about a horse.

14 DR. HEAGY: They do.

15 MR. COLTER: They do.

16 DR. FOX: And I don't question that.

17 MR. COLTER: I think the two professions  
18 might, in this case, be better served by -- by a  
19 little marriage, by a little marriage between  
20 the two professions.

21 DR. FOX: Absolutely.

22 DR. HEAGY: Collaboration.

23 MR. COLTER: Working together.

24 DR. FOX: Absolutely.

25 DR. DOUGHERTY: Well that's what the

1 prescription is for, that you can go and get a  
2 prescription, you know, from the vet to treat  
3 animals.

4 I feel that the veterinarian profession has  
5 their domain as animals, and ours as human, and  
6 if we start tracking into their -- other than by  
7 the prescription, where they are the ones  
8 responsible, they are the ones prescribing it,  
9 sure chiropractic works on animals, of course it  
10 works, yeah. But it's their domain.

11 DR. HEAGY: But without -- without training  
12 how do they know it's a chiropractic problem?

13 You know, so do they have the education to  
14 recognize a chiropractic problem when it occurs.

15 DR. DOUGHERTY: Right. Is it our place to  
16 be telling them that this a chiropractic  
17 problem? I mean, this is their field.

18 DR. HEAGY: They're telling us.

19 DR. DOUGHERTY: They're telling us what?

20 DR. HEAGY: That it's a chiropractic  
21 problem or not -- or not.

22 DR. DOUGHERTY: By giving us a prescription  
23 -- by giving a prescription.

24 DR. HEAGY: Right. But the ones perhaps  
25 that could benefit from chiropractic care are

1 not being seen because the veterinarian is not  
2 trained to recognize a chiropractic problem.

3 DR. DOUGHERTY: Well -- and because there's  
4 no real legislation already, so they're already  
5 operating.

6 DR. HEAGY: Right.

7 DR. DOUGHERTY: We know they're operating.

8 MR. COLTER: Yeah. Well you say it's  
9 prevalent down there. Maybe what we need is  
10 enforcement, that this shouldn't be happening,  
11 and then they can do prescriptions for the  
12 chiropractors who want to do it. But it seems  
13 like it's unlicensed activity if they're -- I  
14 mean, if the veterinarian's doing it himself,  
15 that's legit, but if they have these other  
16 people coming in --

17 DR. FOX: It's farriers.

18 MR. COLTER: Right.

19 DR. FOX: It's apprenticeships from --  
20 there's people from New Zealand, they're doing  
21 apprenticeships, and it's --

22 MR. COLTER: Right.

23 DR. FOX: -- handed down --

24 DR. HEAGY: And so it's been going on for  
25 30 years, so we've not really resolved the

1 problem.

2 Is there any feed back? Mr. Bayo?

3 MR. BAYO: Thank you, Madam Chair, for the  
4 opportunity to earn my living. Yes.

5 Ed Bayo on behalf of the Florida  
6 Veterinarian Medical Association and I'd like to  
7 pass for the record some letters to be accepted.

8 (Documents passed out to the Board.)

9 It's interesting because I have been living  
10 with this issue at least since 1998. I was  
11 counsel to both Boards at the same time, both  
12 the Vet Board and the Chiropractic Board.

13 So I have a letter dated February 18, 1998  
14 that I wrote to the Chair of the Board of  
15 Veterinarian Medicine on behalf of this Board,  
16 saying, "We have a concern with the use animal  
17 chiropractic and veterinary chiropractic.  
18 Chiropractic is a term protected. Only  
19 chiropractors can use that term. So I wrote  
20 that letter to the Board of Vet Medicine on  
21 behalf of the Board of Chiropractic.

22 Then I wrote a letter to Dr. LaRusso in  
23 2001, as the counsel to the Board of Vet  
24 Medicine, commenting on the issue of  
25 manipulations on animals, and I noted on that

1 letter the definitions of the practice of  
2 veterinarian medicine, which really is very  
3 expensive, any treatment, of whatever nature.

4 And there is also a definition of the  
5 complementary and alternative veterinary care,  
6 which specifically includes manipulation in that  
7 definition.

8 The present of the state of the law, right  
9 now, is as Dr. Dougherty explained or observed,  
10 if a vet authorizes a chiropractor to perform  
11 manipulation, the chiropractor can do that off  
12 premises in their own facility, whatever. Okay?

13 Now just like the standard of practice on  
14 the human side would require before you  
15 manipulate a human being, you have to make a  
16 diagnosis, run certain tests, do certain  
17 protocols. Okay?

18 It's -- it's how then can a person that  
19 not's trained as a veterinarian undergo that  
20 diagnosis the be able to say, "Yes, manipulation  
21 will in fact benefit or not hurt the animal."

22 So these are -- these are sort of the gaps.  
23 I looked at the proposed statutory language and  
24 the notion that one practice can dictate  
25 requirements for another practice is a little

1 out there. Imagine if you will the Board of  
2 Osteopathic Medicine saying, "We feel, as the  
3 Board of Osteopathic Medicine that these type of  
4 manipulations should only be reserved for  
5 people, either DOs or DCs that have this  
6 additional training." The DCs would have a cow  
7 over that. So that's -- that's one aspect.

8 Also the definition of chiropractic in the  
9 state of Florida, specifically refers to humans,  
10 that's it. So -- and there's a number of  
11 possible unintended consequences here.

12 People adjusting animals on their own  
13 without veterinary input, it's a risk management  
14 issue; you may hurt the animal. Something --  
15 something can go wrong and now you are on the  
16 hook. Whereas, if a vet has authorized it,  
17 that's a whole different ball game.

18 Now, I've listened to the problems in Palm  
19 Beach and the polo ponies and all that, and  
20 perhaps -- and I'm thinking outside the box  
21 here, perhaps the Board of Vet Medicine might  
22 consider a rule that indicates that it's as a  
23 standard of practice, if a vet is going to  
24 delegate -- see, because in the statute you can  
25 only delegate things to people that have the

1       adequate training, experience or licensure to  
2       perform that task.

3               So perhaps the Board of Vet Medicine could,  
4       in a rule, state if a Florida vet is going to  
5       delegate these types of manipulations, they need  
6       to make sure that it's a properly licensed  
7       person doing that. And maybe that could take  
8       care of the issue -- and, you know, because what  
9       happens is unlicensed activity on top of  
10      unlicensed activity, because probably the vet  
11      that comes with that team is not licensed and  
12      he's coming in under this team exemption. And  
13      then they bring in the other licensed  
14      chiropractor and then it kind of like mushrooms  
15      from there.

16             So I think there's just some -- some issues  
17      that perhaps could be explored with the Board of  
18      Vet Medicine, that, you know, might address some  
19      of these problem. And then at the end of the  
20      day, you know if somebody that is using the term  
21      veterinary chiropractic, turn them in, and let's  
22      us know, you know.

23             I mean, the Florida Veterinary Medical  
24      Association does not stand for the use of that  
25      term. They don't agree with that, you know,

1           there's manipulation, there's alternative,  
2           complementary health care. There's all kind of  
3           other terms.

4           And with that, I'll be more than happy to  
5           answer your questions.

6           And, my wife thanks you very much for  
7           getting me out of here.

8           DR. HEAGY: Thank you.

9           MR. LAMBERT: Madam Chair, I'm Paul  
10          Lambert. I'm general counsel to the Florida  
11          Chiropractic Association. And the Florida  
12          Chiropractic Association will have to disagree  
13          with the Board, respectfully, on this issue.

14          This is something that's been going on for  
15          a long time. As you know, under the protocols  
16          of veterinarians with the auspices of the Board  
17          of Veterinary Medicine, and it has been working  
18          well.

19          Now the solution for those who are -- who  
20          don't know how to do it, that's up the Vet  
21          Board. And this Board can work the Vet Board to  
22          ask them to -- to enforce that more. And if a  
23          -- if a chiropractor to whom a vet has delegated  
24          some work on an animal, and if the animals gets  
25          hurt, that's the veterinarian's responsibility,

1 not the person who is working as, in essence, a  
2 veterinary tech working.

3 It's been doing fine for a long time, which  
4 is why I think this is a solution in search of a  
5 problem, a problem that's going to manifest  
6 itself politically in the legislature because  
7 you are going to have the Veterinary Association  
8 opposing this. The Florida Chiropractic  
9 Association will have to oppose this.

10 But more importantly, the FCA has been  
11 working quietly for a number of years on a Bill,  
12 especially one that's pending right now in the  
13 special session, to include chiropractic within  
14 the definition of primary care provider. Now  
15 that means working on people, primary people.

16 Something like this would be very  
17 distracting. You're going to ask, "Are you a  
18 primary care provider or are you a veterinary  
19 provider," and that -- that probably could tip  
20 the balance away from voting for that very  
21 important Bill if we can get it though.

22 And so I would ask you to work with the  
23 Board of Veterinary Medicine to -- to ask them  
24 to enforce those Canadians who are coming down  
25 here; make sure they know what they're doing.

1 If they're treating people, the owners, then  
2 that's this Board's issue of unlicensed  
3 practice.

4 But I think this is a solution in search of  
5 a problem.

6 Thank you.

7 DR. DOUGHERTY: Excuse me, Mr. Lambert.

8 Do -- do you know if veterinarians have  
9 training in the same sort of ideas as  
10 chiropractors with -- with subluxations and  
11 alignment? Do they -- do they --

12 MR. LAMBERT: No. I do not -- that's a  
13 question best asked to Mr. Bayo, who works with  
14 veterinarians, has worked with them for years  
15 and years.

16 I worked with chiropractors and other types  
17 of physicians. I don't work with veterinarians.  
18 I have observed the beneficial effects of  
19 chiropractic of principles applied to animals.  
20 In fact, it was first demonstrated to me by the  
21 Chairman of the Board of Chiropractic Examiners,  
22 as it was known then back in the very early 70s  
23 on his own horse, and he showed me and explained  
24 the whole thing to me. But he -- he was very  
25 clear that chiropractors would be working as

1           veterinary techs way back then and before that,  
2           and he -- when he worked on people's animals, he  
3           did it under the auspices of a protocol he had  
4           with a veterinarian.

5           And so that was -- a big guy, help me.

6           DR. DOUGHERTY: Kaplan?

7           MR. LAMBERT: Who?

8           DR. DOUGHERTY: Stan Kaplan?

9           DR. HUNT: No.

10          MR. LAMBERT: No, before that, back in the  
11          early 70s.

12          His name will come to me.

13          (CROSSTALK.)

14          DR. FOGARTY: Harris?

15          DR. HEAGY: Harris.

16          MR. LAMBERT: Harris. Harris.

17          DR. HUNT: Sounds like Paris.

18          MR. LAMBERT: I beg your pardon?

19          DR. HUNT: It sounds like Paris.

20          (Laughter.)

21          DR. DOUGHERTY: Thank you.

22          MR. LAMBERT: Okay.

23          DR. HEAGY: So, would anyone else like to  
24          contribute to the discussion?

25          DR. WINEGARTEN: I would. As a practicing

1 chiropractor -- do I have to state my name and  
2 everything?

3 DR. FOGARTY: Please.

4 DR. WINEGARTEN: Okay. My name -- is it  
5 on?

6 DR. FOGARTY: Yes.

7 DR. FOX: Yes.

8 DR. WINEGARTEN: Mindy Winegarten. I'm a  
9 chiropractor in Port Orange, Florida.

10 I'm going to speak as a chiropractor who  
11 has patients that have animals that are  
12 suffering and have vets that don't believe in  
13 chiropractic, that we have to find different  
14 vets for them to get the prescription so that I  
15 can take a look at their animal. In the  
16 meantime they go through weeks and weeks of  
17 suffering.

18 So I think sometimes -- I don't know if  
19 it's two issues when it comes a horse, and that  
20 whole industry, or just us everyday  
21 chiropractors who are seeing people that have  
22 domestic animals, that their veterinarians would  
23 rather pump them with all kinds of medicine,  
24 rather than at least have a chiropractor look at  
25 it.

1           And on the other aspect is I'm a dog owner.  
2           And when my dog needs to be adjusted, I do the  
3           best I can for my own animals. I don't go to my  
4           vet and first ask, "Can I check my own dog?"

5           So I think it's something that you need to  
6           look at in a broader perspective for the people  
7           of Florida that have domestic animals that need  
8           the chiropractic care.

9           That's all.

10          DR. HEAGY: Thank you.

11          MS. PELAEZ: I was about to ask the same  
12          thing earlier, and maybe Mr. Bayo can help us.

13          What would a vet need to do additionally to  
14          know how to properly adjust a spine? And also  
15          would you -- if you need an x-ray because this  
16          horse isn't walking.

17          I mean, what would you do with something  
18          like that.

19          MR. BAYO: There are a number of courses  
20          that are taught to veterinarians, both in school  
21          as well as additional continuing educations that  
22          specifically deal with manipulation with these  
23          techniques.

24          I submit to you that there may be some vets  
25          out there that, you know -- but the market takes

1 care of things. In other words, I believe that  
2 there's people out there that are willing to  
3 explore and offer alternative complementary  
4 health care, veterinary health care, and that's  
5 -- the Board of Veterinary Medicine has  
6 recognized and the legislature recognized that  
7 there's a statute that authorizes -- there's a  
8 rule that authorizes such things. Okay.

9 And in regard to Dr. Winegarten's  
10 observation, you are legally authorized to treat  
11 your own animal. So if you -- your own animal,  
12 you have every right to adjust your animal, do  
13 whatever you feel is necessary; that's for your  
14 -- to your own animal. That's not -- that's not  
15 an issue. But there are a number of courses  
16 available out there.

17 And in a way, you know, a veterinarian that  
18 sought to manipulate an animal and did it  
19 incorrectly, and harmed the animal, will be  
20 subject to discipline. Just like if he  
21 undertook a surgery that went wrong. Just like  
22 if you took any of the service that he did not  
23 -- he or she did not have the proper training  
24 and expertise to perform.

25 So I think it's a matter of -- a number of

1 veterinarians realize that this is a valuable  
2 service, and have partnered with chiropractors  
3 to offer -- and to go and do this. And perhaps,  
4 you know, chiropractors that have developed an  
5 expertise or interest in this may be should  
6 reach out to the vets in the area and say, "Hey,  
7 just so you know, I'm available, this is my  
8 training. I can offer some additional relief to  
9 your patients, and I'm here. This is my number  
10 -- you know, I'm available.

11 What you cannot have legally, however, is a  
12 person that's not a vet hanging a sign, saying  
13 "I treat animals." You've got to be a vet to do  
14 that.

15 DR. FOX: Looking over this well-written  
16 proposal by the Florida Veterinarian Medical  
17 Association, essentially they've done the work  
18 for us. They're asking what we -- they've  
19 written out what we kind of want here, and maybe  
20 a few sticking points, but they're proposing  
21 regulation here to allow us to perform animal  
22 chiropractic without -- without a referral,  
23 given that you have the proper education.

24 (CROSSTALK.)

25 Then I'm reading it wrong. I apologize.

1 (CROSSTALK.)

2 DR. HEAGY: Go ahead.

3 MR. HINKLE: Phil Hinkle. I'm with the  
4 Florida Veterinary Medical Association and  
5 Florida Association of Equine Practitioners.  
6 I've been with veterinarian medicine for about  
7 30 years now.

8 I've benefited from chiropractic medicine  
9 where my medical doctor would not send me to a  
10 chiropractor to get the relief that I needed, so  
11 I totally appreciate the value that you bring to  
12 health care.

13 Like you stated, there are some  
14 veterinarians that do not see that; there are  
15 also some medical professions that see the value  
16 of chiropractic medicine.

17 I agree with our attorney, that the doctor  
18 -- the doctor from Port Orange, you're more than  
19 welcome -- able to treat your animals. However,  
20 you as a chiropractor are not trained for the  
21 treatment of animals, and I don't mean that in a  
22 disrespectful manner.

23 There are veterinarians -- there's a vast  
24 number of anatomies that you have to deal with  
25 in veterinary medicine. A lot of physiology --

1 physiological issues that you have to deal with.

2 And we would love to be at the table to  
3 work with you to try to work through this. We  
4 do not condone unlicensed activity. That is  
5 prevalent in every profession. That's not  
6 specific to chiropractors, it's not specific to  
7 veterinary medicine.

8 We've got the problem with farriers doing  
9 dentals. They're doing all kinds of unlicensed  
10 activity in Florida. And you've got some  
11 foreign practitioners that are coming over here  
12 practicing as if they have a license from  
13 Florida to be able to practice.

14 So we understand some of the concerns you  
15 have, but at the same time we're going to  
16 protect our profession as you would the  
17 chiropractic profession.

18 The Veterinary Medicine does have training,  
19 specific training for these other complimentary  
20 and alternative therapies for those clients that  
21 want to pursue those alternative therapies  
22 instead of the traditional veterinary medicine.

23 So there are courses. There's a Holistic  
24 Veterinary Medical Association that does have  
25 training. The AVMA recognizes that. The Model

1 Practice Act lays out alternate and  
2 complementary therapies as the practice of  
3 veterinarian medicine to be governed and to be  
4 regulated by the veterinary boards.

5 But we're willing to sit at the table and  
6 discuss those options with you. The attorney  
7 just reached over to me and said, you know,  
8 "Would y'all be opposed to the possibility of  
9 referring to a licensed Florida practitioner  
10 when we do write prescriptions for those  
11 chiropractic procedures.

12 Personally I have no problem with that. Of  
13 course I've got to go to my Board and make sure  
14 that we really think this through, but I don't  
15 see a problem with that. I think that we would  
16 only want a licensed chiropractor to provide  
17 those in Florida.

18 But for a chiropractor to hold oneself out  
19 to be an animal chiropractic practitioner, which  
20 we don't agree with the term because of the  
21 human implication, we would probably -- more  
22 than likely -- I'm saying 99.9 percent would  
23 have no problem with that.

24 But for y'all to go out and say that you  
25 can go hang a shingle without going through the

1 prescription and through the protocol and  
2 referral from a veterinarian, we would be in  
3 direct opposition with that availability for you  
4 to do so.

5 DR. HEAGY: Thank you. Any other public  
6 comment?

7 THE REPORTER: Could I get your last name  
8 again, please.

9 MR. HINKLE: Hinkle, H-I-N-K-L-E.

10 THE REPORTER: Thank you.

11 DR. HEAGY: So shall we vote? I'm happy to  
12 collaborate with the Vet Board on, you know,  
13 creating, you know, some sort of compromise, if  
14 that's the wish of the Board. And if it isn't,  
15 then, you know, great. Take one more thing off  
16 my plate.

17 MR. COLTER: Can I throw something in  
18 there?

19 DR. HEAGY: Sure.

20 MR. COLTER: I see all the revisions that  
21 we're trying to do with a chiropractic statute  
22 as being about opportunity, making it possible  
23 for people to come to the state and work with a  
24 license, getting a license and working with the  
25 license in the two other areas that we're

1 getting ready to discuss later. And with this  
2 one I see it also as an opportunity.

3 Let's suppose for a moment that in Sebring  
4 there is no vet who's familiar with  
5 chiropractors in his area and is not familiar  
6 with -- with these sort of things that we're  
7 talking about for adjustments.

8 How is there going to be an opportunity  
9 there? Granted, that's hypothetical. I don't  
10 think that -- I think we need to find a medium  
11 ground here between making it in statute and  
12 somehow making a better connection with the vet  
13 -- with the Veterinary Board about creating  
14 opportunity for an animal that -- perhaps not a  
15 horse, but for a dog that's in a pound  
16 somewhere, who's already in pain, already in a  
17 bad way, being helped. Opportunity.

18 DR. FOGARTY: I agree with Mr. Colter and I  
19 appreciate Dr. Hinkle coming in to the meeting  
20 and offering that collaboration --

21 DR. HEAGY: Collaboration.

22 DR. FOGARTY: -- of both the Chiropractic  
23 and the Vet Board. I think that would be an  
24 excellent thing for you to go ahead and pursue  
25 and I think that's a good opportunity all the

1 way around.

2 DR. HEAGY: Is that a motion?

3 DR. FOGARTY: It's a motion.

4 DR. HEAGY: Second?

5 MS. PELAEZ: Second.

6 DR. DOUGHERTY: Could you restate it so I  
7 can --

8 DR. FOGARTY: Motion for Dr. Heagy to  
9 continue -- to continue as a representative for  
10 the Chiropractic Board to have the liaison that  
11 is appointed by the Veterinary Board to go ahead  
12 and pursue these opportunities --

13 DR. DOUGHERTY: And then bring them back to  
14 us again.

15 DR. FOGARTY: Bring it back to the Board  
16 later on.

17 DR. DOUGHERTY: Okay.

18 DR. HEAGY: Discussion?

19 MR. COLTER: And what do we do with this?

20 DR. HEAGY: Table it for the moment.

21 MR. COLTER: Table this?

22 DR. FOGARTY: They wouldn't tell the --

23 DR. HEAGY: To we come back.

24 DR. FOGARTY: -- her task forces come back  
25 with it.

1 DR. HEAGY: Yes. So I'll add that to my --  
2 any other? (No response.)

3 Call the question. All in favor?

4 (Board members responded.)

5 Any opposed? (No response.)

6 Okay. Motion carries. Thank you.

7 The next item that I'd like to take -- I'd  
8 like to take it by subject.

9 We had a student -- actually a chiropractor  
10 who applied for Florida licensure, but because  
11 he had attended school overseas, we had no path  
12 for giving him a Florida -- even the application  
13 process for a Florida license.

14 I see this issue as two pronged. At the  
15 FCLB meeting, Dr. Sal LaRusso talked about how  
16 fluid the international market is, and how, you  
17 know, from month to month it's hard to tell just  
18 exactly who's responsible for, you know,  
19 regulating the schools in a particular country.

20 So we're suggesting with the statute,  
21 changing it so that as the international  
22 situation changes we can easily respond as a  
23 Board, rather than having to go to the  
24 legislature a year out by removing the CCE  
25 language. And instead, putting in place some

1 mechanisms for Board approved chiropractic  
2 colleges so that we can use accrediting agencies  
3 domestically and internationally as that  
4 evolves.

5 The second issue is the bachelors degree,  
6 the pre-matriculation bachelors degree. An  
7 international student, you know, perhaps their  
8 life changes. They can't turn the clock back  
9 and go back to chiropractic college -- go back  
10 to undergrad to get a bachelors degree, and then  
11 re-matriculate into chiropractic college. So  
12 that that issue -- those two issues are  
13 inextricable interrelated.

14 And so the proposal you have before you is  
15 our -- our effort at resolving those issues.

16 We also can take into account the  
17 endorsement issue, but -- because it's slightly  
18 related. But for now I'd like to just talk  
19 about the international piece.

20 Anybody?

21 DR. HUNT: Something that comes to mind is  
22 that I've had some patients who have gone  
23 international to go to med school because it  
24 doesn't require a bachelors. I mean, I'm trying  
25 to recall the specifics, but it's just

1 conversational over the years of practice, and  
2 they're doing that specifically because they  
3 don't want to have to go through the bachelors  
4 program to get to med school or whatever that  
5 may be.

6 And so, you know, I'm not sure how they  
7 handle that with respect to them coming back to  
8 the states to practice, but, you know, that's  
9 something that could be looked at.

10 DR. HEAGY: Yes. And I also understand  
11 that there are domestic medical programs who  
12 don't require a bachelors degree.

13 MR. COLTER: Correct.

14 DR. HEAGY: And Mr. Lesho has been on the  
15 Florida Medical, you know, staff; he can speak  
16 to that. But, you know, it's kind of unique to  
17 chiropractic that we would require a bachelors  
18 degree before matriculation.

19 DR. DOUGHERTY: Is that really our  
20 requirement? Because I think you only need --

21 MS. LOUCKS: It's not before matriculation.

22 DR. DOUGHERTY: Right.

23 MS. LOUCKS: Well, there's different parts  
24 of the statute, but --

25 DR. HEAGY: Yes.

1 MS. LOUCKS: -- but, no. They need to have  
2 a bachelors degree before they can get licensed.

3 DR. HUNT: Yeah. That's --

4 DR. DOUGHERTY: Right. Not before  
5 matriculation.

6 MS. LOUCKS: But not before matriculation.  
7 Well there's -- I think before July 1st, 2000, I  
8 think, but --

9 DR. DOUGHERTY: Yeah. There was a little  
10 window there, but I -- since then it's been --

11 MS. LOUCKS: Yeah. But they do have to  
12 have -- and actually I just spoke to an attorney  
13 last week who's representing a client who's been  
14 practicing for years in another state, and it's  
15 like they have to have a bachelors degree and  
16 this is how you can do it. But -- yeah. And so  
17 it impacts both domestic as well as if the  
18 statute were opened up to foreign; it would  
19 impact them as well.

20 DR. HEAGY: So they would just have to have  
21 a bachelors degree before they applied for  
22 Florida licensure.

23 MS. LOUCKS: Before -- yes.

24 DR. HEAGY: And is that how the Board --  
25 the Board staff has been applying it; do you

1 know?

2 DR. DOUGHERTY: Yes.

3 DR. HEAGY: Great. I stand corrected.

4 MS. LOUCKS: Well, the statute is written  
5 now, if they enrolled after July 1st, 2000, I  
6 believe, it's pre-matriculation, but that  
7 statute -- that part of the statute --

8 DR. DOUGHERTY: That was only a window of  
9 maybe two years where that was the case. It  
10 wasn't that it was required before  
11 matriculation, the chiropractic. One or two  
12 years, and it was overturned, is my  
13 recollection. But, again, that was 15 years  
14 ago.

15 Just my -- my feelings on this is I think  
16 we all want to find ways to get -- open up  
17 Florida to the foreign graduates. I think we  
18 all want to do that.

19 My feeling is this is a very complicated  
20 issue. I have concerns about dropping the CCE  
21 requirements. CCE is the one chiropractic  
22 accrediting agency that is recognized by  
23 U.S. Department of Education, and dropping that  
24 is, I just don't think, the right way for us to  
25 go.

1           But, again, I want to see us being able to  
2           find a way. And I know, you know, legislatively  
3           you have to really research and it's -- it's a  
4           good thing for us to do, but I just think it  
5           needs to be done slowly, a little slower than  
6           we're going.

7           DR. HEAGY: Thank you. Anybody else?

8           MR. COLTER: I think this is a good start.  
9           I had a couple of questions, or comments  
10          actually, on the proposal.

11          Paragraph (c) --

12          DR. HEAGY: What page are you on?

13          MR. COLTER: -- on 30, for the marked up  
14          area. Well, it's all new, so -- is a graduate  
15          of a board-approved foreign chiropractic  
16          college, and in my research I saw some notes  
17          about case by case -- other states doing case by  
18          case, taking a look at these things.

19          So I would -- I would ask us to maybe look  
20          at being -- in an effort to take Dr. Dougherty's  
21          idea into -- in account, do we want to do it by  
22          rule by putting the schools in a rule, or by  
23          studying it case by case and voting on it as a  
24          Board?

25          There's not many -- the one advantage is

1 there's not many of them coming in all the time  
2 foreign, so we could potentially look at it case  
3 by case, but on the other hand I see how are we  
4 going to give XYZ college in Spain a good  
5 look-see to compare how their degree is, right?  
6 That's on the one side. And on the other hot  
7 side, I think that the United States of America  
8 isn't the only place that can produce quality  
9 and capable chiropractors.

10 So on the one hand we have to open the  
11 door, but we also have to make sure that we have  
12 a way to control (QC) who's coming through the  
13 door.

14 DR. HEAGY: Right.

15 MR. COLTER: But I think it's really  
16 important to open the door, and I would disagree  
17 with going slowly. I don't want to go hastily,  
18 but I think we need to flush out a few more of  
19 the ideas in here to -- to make the door open  
20 with safeguards that everyone, I think, is  
21 interested in.

22 DR. HEAGY: And I would -- I would say that  
23 we're not suggesting we eliminate the CCE. I'm  
24 suggesting that we add to the CCE and do it more  
25 generically by rule, perhaps --

1 MR. COLTER: Correct.

2 DR. HEAGY: -- as opposed to -- you know,  
3 because I don't want to be in the accrediting  
4 business.

5 MR. COLTER: Right.

6 DR. HEAGY: Right? I mean, we're  
7 regulating and protecting the public. We can do  
8 that through avenues that are already  
9 established --

10 MR. COLTER: Right.

11 DR. HEAGY: -- accrediting bodies that are  
12 already established.

13 MR. COLTER: I think what I heard about  
14 this over the past year, and what' stuck with me  
15 directly to your comment, is what happens in the  
16 future? We already have a document, a statute  
17 that in my review had some stuff that is  
18 nonapplicable anymore and should be removed.  
19 But we've -- we've -- when was the last time  
20 there was a revision to the statute? Okay?

21 So with that in mind my idea undertaking  
22 this over the past was let's -- and the way I  
23 understand the thing with CCE is what happens if  
24 they go away? What happens if something wild  
25 occurs? We have no idea in the political arena,

1 and they lose their ability to do that? Then  
2 we're stuck.

3 DR. DOUGHERTY: Then we'd have to go back  
4 to the legislature and say, "This accrediting  
5 body no longer exists and we need to make --

6 MR. COLTER: And how long is that going to  
7 take? And we're going to be right back here at  
8 this same situation again going slowly to put --  
9 to plug a hole in -- well, to open a hole in the  
10 dam so we can let new chiropractors come in.

11 DR. DOUGHERTY: Yeah.

12 MR. COLTER: So from my understanding we're  
13 not trying to eliminate CCE; we're trying to  
14 augment and make it so that there's a few places  
15 -- make the statute be a little bit less  
16 directive and put that in the rule where we can  
17 make quicker changes to it.

18 DR. DOUGHERTY: My feeling is I'd like see  
19 CCE start addressing this issue. I know they  
20 are, but I mean make some progress.

21 You know, again, my feeling is CCE is the  
22 only accrediting body in the United States  
23 that's accepted by the U.S. Department of  
24 Education. If we drop that requirement we're  
25 going to go into the legislature and it's like

1 you don't even recognize your own -- accredit --  
2 you're only accrediting --

3 MR. COLTER: So -- but we're talking about  
4 foreign graduates.

5 DR. DOUGHERTY: Correct.

6 MR. COLTER: CCE has nothing to do with --

7 DR. DOUGHERTY: Correct.

8 MR. COLTER: -- someone at College XYZ  
9 Chiropractic College in XYZ in Spain.

10 DR. DOUGHERTY: Which is what I said we  
11 need CCE to start. Because, you know, 20 years  
12 ago there were only four or five chiropractic  
13 college outside the United States. You know,  
14 now there are dozens and more are coming.

15 DR. HUNT: More are coming.

16 DR. DOUGHERTY: So the times have changed  
17 and we need to address this.

18 MR. COLTER: Exactly.

19 DR. HEAGY: Absolutely.

20 DR. DOUGHERTY: You know, we've got a  
21 little bit of a conundrum here that that's our  
22 only accrediting body, and if we're not  
23 accepting them, what are legislators going to  
24 think? You're not accepting your one  
25 accrediting body.

1 DR. HEAGY: It's isn't -- and I'm not  
2 suggesting we not accept that. I'm suggesting  
3 that we make the statute more flexible.

4 DR. FOGARTY: I understand your concerns  
5 and -- and I think that something that we might  
6 consider is say we have -- list your CCE or --  
7 and then have the "or" in there to allow for  
8 another accrediting body, whatever it might be.

9 Now when you're talking about European, you  
10 know, it might be ECC. It might be -- there's  
11 another one that's out there, too. There's  
12 different bodies that are out there.

13 DR. DOUGHERTY: Right.

14 MR. COLTER: Right.

15 DR. FOGARTY: And in the United States you  
16 never know. Sometimes there's talk that there  
17 might another one because they saw the issue  
18 that came up with CCE before that was a problem  
19 and people thought that maybe they would be shut  
20 down, and then that scenario that Dr. -- that  
21 Mr. Colter -- you're upgraded today.

22 MR. COLTER: Thanks.

23 DR. FOGARTY: -- that Mr. Colter has been  
24 talking about, you know, is a reality. And the  
25 last thing we want to be doing is sitting here

1 where CCE goes away, for whatever reason, for  
2 political -- what a great way to get rid of our  
3 profession. Just say get rid of CCE. Because  
4 it'll be a knee-jerk response.

5 What other states are doing, and I guess  
6 that's the -- why I keep liking the FCLB thing,  
7 is that, you know, we can do a power poll, we  
8 can see what other states do, which I think  
9 we've done in the past. But more importantly,  
10 we've got other states that are recognizing that  
11 as an issue. You've got NCMIC that's on record  
12 of saying, "Your language is archaic. You need  
13 to update it. How can we update it?"

14 And by putting that "or equivalent" allows  
15 the flexibility of Boards to go ahead and to  
16 say, "All right. I like what he started in his  
17 program. We'll go ahead and say that's  
18 equivalent to what our Board is willing to  
19 accept."

20 DR. DOUGHERTY: I think the "or" might be  
21 the way to go, but I just feel it needs more  
22 study. What are these organization's standards?  
23 I don't know. I mean, you know, here we are  
24 making votes or you know --

25 DR. HEAGY: Any other Board members?

1 DR. HUNT: I'm aware of a chiropractic  
2 college that's opened and functioning in Mexico  
3 and they're very sublaxation based, but I don't  
4 think they're going to come across the border  
5 and have the same training that our  
6 chiropractors have had. So, you know, I can see  
7 misfits along the way.

8 DR. HEAGY: So what about a stop-gap in  
9 place like parts 1 through 4 --

10 DR. HUNT: Yeah.

11 DR. HEAGY: -- you know, national board, to  
12 see --

13 DR. HUNT: Yeah.

14 DR. HEAGY: -- if, you know, they're  
15 equivalent.

16 DR. HUNT: I --

17 DR. HEAGY: Dr. Fox?

18 MR. COLTER: Can I just talk to this a  
19 minute?

20 DR. HEAGY: Sure.

21 MR. COLTER: Because this is exactly what I  
22 was trying to get to when I pointed out (c). Is  
23 a graduate of a board-approved foreign  
24 chiropractic college period.

25 MS. LOUCKS: Mr. Colter, what page are you

1 on?

2 MR. COLTER: 30.

3 DR. HUNT: 30.

4 DR. HEAGY: Paragraph (c).

5 MR. COLTER: Smack dab in the middle.

6 MS. LOUCKS: I wasn't sure which version.

7 Thank you.

8 MR. COLTER: So the way I see this going  
9 forward is, "Okay. Let's say we get this  
10 statute approved. How are they going to be  
11 approved? Case by case? So that we look at the  
12 Mexico school -- and I have the exact same  
13 concern. Oh, wait a minute, I don't know  
14 anything about Mexican chiropractic schooling.  
15 So are we going to vote on that -- give the  
16 future Board members the opportunity to vote on  
17 that case by case, or put it into a rule and  
18 keep amending the rules as -- as we find out  
19 certain schools are accredited.

20 For instance, Mexico right now, as far as I  
21 know, has no accrediting body. Okay? But there  
22 is, for European schools --

23 DR. HUNT: Right.

24 MR. COLTER: -- there are a bunch of  
25 European schools that are in Europe, CCE Europe,

1 that are meeting the standards that CCEI has set  
2 out.

3 So I'm going to look at that with a little  
4 more open mind, but I -- I want to see us expand  
5 this. And, in doing so, when we write the rule,  
6 if we're going to make it a rule, then we can  
7 incorporate these bodies that we want, or this,  
8 or that, or however many, and how we want to do  
9 that, or even just the schools into the rules,  
10 in rules development.

11 MS. PELAEZ: I have a -- how do  
12 chiropractors now from, you know, Spain, if they  
13 graduate and they're chiropractors there, if  
14 they come to Florida and they want to practice,  
15 do they need to take a test?

16 DR. HEAGY: Well they can't practice here.  
17 They can't get a license.

18 MS. PELAEZ: Okay. And is the Florida test  
19 not show that they're --

20 DR. HEAGY: Competent?

21 MS. PELAEZ: -- competent?

22 DR. HEAGY: The national board -- well, the  
23 problem is is the language in our current  
24 statute does not allow for foreign colleges --  
25 graduates of foreign colleges. It only is CCE

1 accredited colleges that can get -- that can  
2 apply for a Florida license.

3 So in order to get the opportunity to apply  
4 for a Florida license we have to change the CCE  
5 language in some way. Does that help?

6 MS. PELAEZ: Yes.

7 DR. HEAGY: And other states had their laws  
8 written in such a way that there's some wiggle  
9 room, but we do not. We have to actually change  
10 the statute in order to have those foreign grads  
11 be able to sit.

12 MS. PELAEZ: Would you be comfortable if  
13 this person, this chiropractor that's practiced  
14 five years in Spain, comes to Florida and sits  
15 for the Florida board, their test, and passes it  
16 with flying colors, you'd be comfortable to get  
17 your treatment from this chiropractor?

18 DR. HEAGY: That would be an endorsement  
19 question, right?

20 DR. FOGARTY: There is no more Florida  
21 board test.

22 (CROSSTALK.)

23 It would be national board, if that's what  
24 your talking about.

25 MS. PELAEZ: Yeah.

1 DR. HEAGY: The test.

2 DR. FOGARTY: So they would have to fit  
3 through 1 through 4, plus the PT.

4 MS. PELAEZ: Okay.

5 DR. FOGARTY: And then they would be  
6 qualified to practice in Florida along with the  
7 juris prudence.

8 MS. PELAEZ: But would -- in your guys'  
9 opinion would you feel that if this person  
10 passed all these tests, would you be comfortable  
11 with that?

12 DR. HEAGY: For me it depends on the  
13 education.

14 DR. HUNT: Yeah.

15 MS. PELAEZ: But they'd have to be pretty  
16 well to pass them.

17 DR. FOGARTY: Typically what happens is  
18 that in European schools, and the way it's set  
19 is different, is that they'll do their basic  
20 sciences as we do before, so they -- they have a  
21 different structure as far as their education.  
22 You know, where the chiropractic program they're  
23 going through is what they call a three-two  
24 program where they've -- it's more of a masters  
25 degree as opposed to a doctorate level.

1           So they're getting -- U.S. people would be  
2 taking more school. But if they could pass all  
3 four parts --

4           MS. PELAEZ: Uh-huh.

5           DR. FOGARTY: -- it's hard to argue that  
6 they're not competent.

7           MS. PELAEZ: Uh-huh.

8           DR. FOGARTY: And nobody's trying to change  
9 the standards in the States, but, you know, it's  
10 like how can you say that -- there's a fairness  
11 issue, too.

12          DR. DOUGHERTY: Right.

13          DR. HEAGY: Right.

14          DR. FOGARTY: So how do you allow them to  
15 --

16          DR. HUNT: The caveat is, you know, a good  
17 board review could get almost anybody through  
18 the boards.

19          DR. DOUGHERTY: That's true. I still have  
20 one other --

21          DR. FOX: Irene will get you through. You  
22 know, there's another thing you have to look at  
23 with this. We allow -- we allow this to go, and  
24 I have no idea with someone foreign passing all  
25 four boards in physio and most likely to

1 practice in the States.

2 We will see a trend if this starts to occur  
3 where students will actually start to go to  
4 school in Europe because it's a whole lot  
5 cheaper. You're not going to come out of  
6 chiropractic education \$200,000 in debt, and you  
7 can actually go to Europe and get your education  
8 for a fraction of the cost and come back to the  
9 United States and be a whole lot better off than  
10 you are in the amount of debt that they're  
11 coming of, especially my alma mater, so it's --  
12 it's very difficult for a new practitioner to  
13 come out here and make a decent living and not  
14 be exposed to the sharks and to practice in a  
15 pit mill --

16 DR. HEAGY: Yeah.

17 DR. FOX: -- and get totally disengaged in  
18 what they went to school for.

19 DR. DOUGHERTY: Yes.

20 DR. FOX: And so that's a can of worms that  
21 we're going to be opening up, and then we may  
22 see a backlash from some of the universities in  
23 the States.

24 DR. HUNT: You mean, like cutting their  
25 prices?

1 DR. FOX: That would be a beautiful thing.

2 (Laughter.)

3 DR. HUNT: Sorry.

4 DR. FOX: I would like to see that happen.

5 So I'm not -- I'm not saying I'm against that.

6 I'm actually for that. I would love to see

7 education --

8 DR. HEAGY: Yeah.

9 DR. HUNT: Yeah.

10 DR. HEAGY: I think it would improve the

11 situation in Florida --

12 DR. HUNT: Oh, yeah.

13 DR. HEAGY: -- particularly.

14 DR. HUNT: Yeah.

15 DR. FOX: So that's --

16 DR. HEAGY: So --

17 DR. FOX: -- that another thing to look at,

18 but --

19 DR. HEAGY: -- is there anything else from

20 the Board before we take public comment?

21 DR. DOUGHERTY: Yes. And I direct your

22 attention to paragraph (2), "The Department

23 shall not license any foreign graduate who has

24 committed or who is under investigation for any

25 act or offense in this or any other

1 jurisdiction.

2 What if they've been before their own  
3 governing body and -- and suffered the  
4 consequences of their decision? So I have a bit  
5 of a problem with the word "committed" because  
6 that is going to essentially say "no second  
7 chances".

8 DR. HEAGY: So maybe a time limit?

9 DR. DOUGHERTY: You're going to jail and  
10 you're going to jail forever.

11 DR. HEAGY: Well, so maybe a time limit?

12 DR. DOUGHERTY: Maybe a time limit.

13 DR. HEAGY: Because we have seen cases -- I  
14 think on our application it says something about  
15 in the last ten years or something like that.

16 DR. DOUGHERTY: And what more specifically  
17 is this trying to say when I try to interpret  
18 the language? The Department shall not license  
19 --

20 MS. LOUCKS: Well, actually -- and I'm not  
21 going to speak for Mr. Lesho, but he took that  
22 provision out of -- that's the way it's  
23 currently written in 456, and technically the  
24 Department of Health is the licensing authority.

25 You all technically are just certifying

1           these people as eligible to be licensed by the  
2           Department, is what the Board's function is.

3           DR. DOUGHERTY: Okay.

4           MS. LOUCKS: And so what this provision  
5           says is if there's someone that's under  
6           investigation or prosecution in another  
7           jurisdiction you all would get the application  
8           and review it, and even if you were to say,  
9           "Yes, they're eligible for license once this is  
10          completed," or whatever, because they have 15  
11          days to notify the Department of the outcome of  
12          that investigation.

13          So basically you all can say, "Yes, they're  
14          fine," however, the Department can't issue the  
15          license to them until this matter is resolved.

16          It doesn't say they'll never get licensed  
17          necessarily. It's also a grounds to, you know,  
18          deny someone a license if for some reason they  
19          went on some chiropractic killing rampage in  
20          another country and wanted to come here to, you  
21          know, be licensed, where you would have a way to  
22          say, "Well, you know, you got disciplined by  
23          your jurisdiction for, you know, chiropractic  
24          malpractice in that area and we're going to deny  
25          you."

1           I mean, it doesn't preclude you from not  
2           licensing someone -- or from license someone  
3           that's --

4           DR. DOUGHERTY: Who has committed? It  
5           does.

6           MS. LOUCKS: Well, like I said, that's the  
7           way that --

8           DR. DOUGHERTY: "Shall not license any  
9           foreign graduate who has committed --

10          MS. LOUCKS: I guess we need a copy of the  
11          way that it should be.

12          (Laughter.)

13          The way that it is -- well, I was like the  
14          way that it is in 456 says that a Board of the  
15          Department may refuse to issue a license to any  
16          applicant who's investigation or prosecution for  
17          an action that would constitute a violation of  
18          this chapter.

19          DR. HEAGY: So let's --

20          MR. COLTER: Can we strike that?

21          MS. LOUCKS: Sure.

22          DR. HEAGY: Maybe refuse.

23          MR. COLTER: Has committed.

24          MS. LOUCKS: Well, and if you say that  
25          would constitute a violation.

1 DR. HEAGY: Yeah. May refuse, as opposed  
2 to shall refuse.

3 MS. LOUCKS: Yeah.

4 DR. HEAGY: Anything else? Mr. Colter?

5 DR. FOGARTY: Was that --

6 (CROSSTALK.)

7 MR. COLTER: Well, I still --

8 DR. FOGARTY: -- was that electronic --

9 MR. COLTER: I still -- I still -- I'm  
10 thinking we're a bit vague on (c) and I haven't  
11 heard any proposals to -- to shore that up.

12 DR. HEAGY: So let's take public comment  
13 and see if that is helpful in any way.

14 DR. DOUGHERTY: Brings it back.

15 DR. HEAGY: Please introduce yourself.

16 DR. WATTS: Thank you, Dr. Heagy.

17 My name's Dr. Brad Watts. I'm a  
18 chiropractor in Melbourne, Florida, and past  
19 president of the Florida Chiropractic Society.

20 And even though I'm in Melbourne, Florida,  
21 I'm actually South African, not Australian. I'm  
22 actually now American and truly blessed to be an  
23 American. I love living in the great States.

24 This issue has some interesting -- I don't  
25 want to say consequences for me, but for

1 possibly friends or family of mine, and I've  
2 experienced it through a different field than  
3 the health care. My sister is a child  
4 psychiatrist who graduated from a mid-school in  
5 South Africa, and I watched her take the boards  
6 in this country, go through her residency and  
7 she's one of the lead child psychiatrists at  
8 Duke University, an incredible asset to one of  
9 the most prestigious medical school in this  
10 country.

11 I definitely believe that this statute  
12 actually limits potential assets to the States.  
13 I feel that the education system in this country  
14 is kind of a unique system where you get  
15 associates degrees which don't mean anything,  
16 even bachelors degrees, to be quite truthful,  
17 you can't get a job with. It's almost -- the  
18 educational system has almost become a big  
19 business.

20 MR. COLTER: Yeah.

21 DR. WATTS: And the -- I want to go back to  
22 the bachelor degree before your DC degree. I  
23 feel that if you've graduated from a  
24 chiropractic school in a foreign country --  
25 there is a chiropractic school in South Africa,

1           whether it's good or bad is of an opinion, and  
2           I'm not even going to give that opinion -- but  
3           there's great schools around the world that are  
4           producing phenomenal chiropractors. They may be  
5           limited because they go to chiropractic school  
6           and they don't get an associates or a bachelors  
7           degree because that's not the requirements of  
8           schools, and actually most countries to get into  
9           chiropractic school.

10           Now if they want to come here and we  
11           require a bachelor degree, they should be able  
12           to go and take a bachelor degree in health  
13           science which, again, it is challenging to get a  
14           job in the health science with a bachelor  
15           degree, which a lot of pre-chiropractic classes  
16           are taken. And be able to get licensure, I  
17           don't think that lacking a bachelor degree  
18           before the DC degree should limit chiropractors  
19           in any way.

20           I definitely feel that -- Dr. Fox, you  
21           actually summarized an opinion that I really am  
22           in agreement with, is possibly allowing some  
23           competition in education.

24           The reality of it is that I've just hired a  
25           young doctor that has graduated from one of the

1 chiropractic schools in this country with  
2 \$250,000 in student loans, and it is a scary  
3 thing trying to fall in love with a profession  
4 with a debt that size over your head.

5 If you can go to a school that is going to  
6 teach you to become a quality chiropractor, you  
7 should be allowed to go and come back and  
8 practice, and I think for Americans to be  
9 limited to go anywhere else and study, I don't  
10 know any other profession that -- that if you  
11 were invited to go study at a prestigious --  
12 I've lost that word -- a well recognized school  
13 in London, it's considered a huge honor to go  
14 study, and we go, "No, you can't come and  
15 practice in Florida if you've gone abroad."

16 I thought that taking the boards was one of  
17 our criteria for becoming a licensed  
18 chiropractor. I didn't know the accrediting  
19 agency was what was the determining factor,  
20 whether you're a good chiropractor or not. I  
21 know that there are chiropractors that have gone  
22 to school in this country that cannot pass the  
23 boards. That's it job, is to theoretically  
24 screen and show clinical competency in our  
25 profession.

1           So there are a few -- a few of the points  
2           that I definitely agree with the Board, and then  
3           there are, like I said, some opinions that I do  
4           feel strongly about that I don't feel we should  
5           limit potential assets to the States because of  
6           -- of the way the laws are written.

7           Thank you.

8           DR. HEAGY: Thank you. Any questions for  
9           -- I don't see any. I don't see any. Thank  
10          you.

11          Anybody else? Mr. Lambert?

12          MR. LAMBERT: Thank you, Madam Chair.

13          The FCA board of directors has voted to  
14          support foreign licensure, but it has to be done  
15          on a basis that is uniform and has certainty.  
16          Make sure that we have apples being licensed as  
17          apples and not being licensed as oranges.

18          Now, what the legislature has done right  
19          now with U.S. chiropractic colleges is delegate  
20          to the CCE the authority to accredit U.S.  
21          schools.

22          So you can pick up the Chapter 460 and  
23          anyone can look at it to see what is required  
24          for licensure. It's not arbitrary. It's there.

25          But if you have something like Board

1 approval and you want to adopt rules to flesh it  
2 out, the Administrative Procedure Act, and  
3 Ms. Loucks can better explain that to you later,  
4 says that you can adopt rules, but only within  
5 the authority delegated by the legislature.

6 The Constitution, the Florida Constitution  
7 delegates to the legislature -- grants to the  
8 legislature the power to adopt laws, not to the  
9 Board. A rule is a form of law. It's a quasi  
10 law.

11 The legislature can't micromanage  
12 everything, so it creates agencies and grants  
13 limited authority to interpret those laws by  
14 rules. But it doesn't mean that it's a carte  
15 blanche. They give you a -- like a picture  
16 frame and you have to stay within that picture  
17 frame. So the way this needs to be written is  
18 that the legislature will designate to somebody  
19 to determine how to figure out which schools are  
20 equivalent to U.S. school in education quality,  
21 something or other. The academics know how to  
22 do that. The CCE knows how to do that. And if  
23 they're not doing that we need to build a fire  
24 under them right now to start doing it.

25 But this -- this proposal starts that

1 conversation in a good way, in a good way, but  
2 it needs work. It's not going to be done this  
3 year. If you rush it's -- it's just going to  
4 get balled up.

5 Rushed legislation, in my experience, turns  
6 out to be bad legislation, if it passes. It's  
7 very difficult to pass a good Bill. It takes  
8 effort; it takes a lot of effort. The FCA wants  
9 to put that effort into -- into this, but it's  
10 not going to be right away. A lot of  
11 information needs to be obtained.

12 Those of you who were around -- I think  
13 maybe Dr. Dougherty might be the only one --  
14 might remember that this Board asked the FCA to  
15 help it pass a Bill in 2007 that addressed  
16 fraud, addressed non-physician ownership of  
17 practices. And I wrote -- I spent about 14  
18 months writing that Bill and going back to the  
19 Board. I thought it was a brilliant Bill; we  
20 introduced it in 2008.

21 The other associations came and shot holes  
22 in it. The committee members shot it to pieces.  
23 It was awful. Well, back to the drawing boards.  
24 Tried it in 2009. Got a little bit better, but  
25 it was all shot to pieces. 2010. Finally, in

1 2012, we got it right and by golly that was a  
2 good Bill. And that's what happens with  
3 legislation, but we need to go first with a  
4 product that will have at least some chance of  
5 getting first committee reference.

6 And so I think this is a good start, but to  
7 think that it can be introduced for the next  
8 session, it might be unrealistic. We need to  
9 work on this. We need to visit with the CCE. I  
10 understand that Dr. Sal LaRusso really knows  
11 this stuff. I'd love to see him at the table.  
12 He's a good starting source to start working and  
13 pulling this together and getting something we  
14 can all be proud of.

15 DR. HEAGY: Do you -- what is our deadline  
16 for having legislation completed for 2016 now?

17 MR. LESH0: To be honest, I'm not really  
18 sure. I've been told that we may have already  
19 missed it.

20 DR. HEAGY: For 2016? Do you know,  
21 Mr. Lambert?

22 MR. LAMBERT: No.

23 DR. HEAGY: Thank you so much.

24 Dr. Fox?

25 DR. FOX: If you were at the FCLB meeting

1 recently --

2 DR. HEAGY: Uh-huh.

3 DR. FOX: -- the European Chiropractic  
4 Association, are they separated or stopped  
5 negotiations with CCE or the FCLB regarding all  
6 this --

7 DR. HEAGY: My take from FCLB meeting --  
8 Dr. Fogarty was in the room with me, I believe.

9 Dr. LaRusso talked at length about a  
10 \$200,000 budget that went to 20,000 because the  
11 international community sees this as an American  
12 problem and they don't necessarily -- you know,  
13 there's some pushback on that.

14 So there's a fluid situation there.

15 DR. FOGARTY: That was with national boards  
16 itself on what -- the effort that they were  
17 going to put out towards the international --

18 DR. HEAGY: Okay. Towards the  
19 international thing. Okay.

20 DR. FOGARTY: -- product --

21 DR. HEAGY: So I misunderstood.

22 DR. FOGARTY: -- on trying to create  
23 testing and to help --

24 DR. HEAGY: Okay.

25 DR. FOGARTY: -- integrate more of that.

1 DR. HEAGY: Okay.

2 DR. FOGARTY: But because it's American  
3 they push back. So, you know, I understand  
4 where Mr. Lambert's coming from, but, again,  
5 this is something that I think you could massage  
6 to death.

7 You've got -- you know, I'm -- I wish --  
8 and I'll ask Mr. Lambert, if he would please,  
9 what -- what things where -- I mean, having  
10 talks with CCE, they're going to say, "Well, no,  
11 it's us. We're the best."

12 DR. HEAGY: Right. We're the only ones.

13 DR. FOGARTY: And they're going to go ahead  
14 and argue back that, we'll go for CCEI or doing  
15 that which is their -- their arm of that, which  
16 there's pushback European-wise where they don't  
17 want any of that because it's an American  
18 product still, and the Europeans have their  
19 different types of Australasia and all the other  
20 types of ways that they want to approach it.

21 I'm open to negotiation. I'm open to  
22 talking, but I don't want to sit here a year  
23 from now and have the same conversation.

24 DR. HEAGY: Yes, that we keep going.

25 DR. FOGARTY: I want to be able to -- I

1 want to be able to -- and I don't want to miss  
2 the deadline for 2017, if that's what the --

3 DR. HEAGY: Right.

4 DR. FOGARTY: -- the issue's going to be.  
5 I think we -- I think we've got to --

6 DR. HEAGY: Move forward.

7 DR. FOGARTY: Well how are we going to go  
8 forward? We've asked the FCA. We've asked the  
9 FCS. Come to the table. Talk to us. I don't  
10 know. Has that been done to this point?

11 DR. HEAGY: No.

12 DR. FOGARTY: No, it has not.

13 DR. HEAGY: I've gotten feedback from  
14 different groups. The FCA tells me that it's  
15 too fast, too soon, to whatever. So I haven't  
16 really gotten any feedback, you know, about what  
17 they would accept.

18 DR. FOGARTY: So that's -- that's my  
19 concern. You know, Dr. Kent wants to --

20 DR. HEAGY: Dr. Kent?

21 DR. FOGARTY: -- maybe he can --

22 MS. LOUCKS: And if I could just -- and  
23 maybe I'm going to misstate your -- Ms. Pelaez's  
24 question, but I think her question was -- part  
25 of the basis was regardless of where the person

1 graduated from, the foreign graduate, if they  
2 pass the part 4 and the physiotherapy, is that  
3 an acceptable measure?

4 Are you really going to look at where --  
5 whether the school they went to was accredited  
6 and if it was accredited only by their country,  
7 I guess.

8 Was that what your question was?

9 MS. PELAEZ: Yes.

10 MS. LOUCKS: Yeah. I think that was what  
11 her question was.

12 DR. FOGARTY: There are accrediting  
13 agencies. There's -- in fact, I know all the  
14 colleges use it, and I don't remember what the  
15 name of the service is, but if somebody comes to  
16 me from South Africa and they look at -- they'll  
17 view those transcripts and they'll figure out  
18 what courses are equivalent to the courses that  
19 are taught in the States, and whether or not  
20 they meet the standards -- I think Dr. Watts had  
21 to go through that when he came over into the  
22 States before he went to Life. And every --  
23 everybody is that.

24 So there are agencies that are already in  
25 place that -- that are saying, "All right. This

1 is a good school you went to," versus "this  
2 school doesn't -- is a correspondence school.  
3 There's no credence to it."

4 DR. HEAGY: And Mr. Lesho gave me, I think,  
5 the World Education Service is what the medical  
6 profession uses as the agency for deciding --

7 UNIDENTIFIED SPEAKER: World Health  
8 Organization.

9 DR. HEAGY: Oh, the World Health  
10 Organization, okay.

11 Dr. Kent?

12 DR. KENT: I think we can address a number  
13 of concerns that have been expressed.  
14 Dr. Dougherty spoke of --

15 DR. HEAGY: Please introduce yourself.

16 DR. KENT: Oh, I'm Christopher Kent. I am  
17 licensed to practice chiropractic in Florida, as  
18 well as five other states.

19 I'm admitted to practice law in California,  
20 but not Florida, and I'm here in my capacity as  
21 an individual.

22 DR. HEAGY: Thank you.

23 DR. KENT: You correctly stated the CCE is  
24 currently the only accrediting agency for  
25 chiropractic that's recognized by the

1 U.S. Office of Education. And I think if we  
2 look at this foreign graduate thing more  
3 holistically in the context of some of the other  
4 proposals, you'll see that some of these issues  
5 can potentially be addressed.

6 For example, under, you know, the proposed  
7 stuff -- you know, I know it may be improper to  
8 jump ahead. I'm simply trying to tie some of  
9 these pieces together, because I think you folks  
10 have done a yeoman's job in putting together  
11 some -- some pretty good stuff and addressing  
12 some very difficult and complex issues.

13 But if we look at board-approved  
14 chiropractic colleges -- in other words, that  
15 would be under Proposed 460.406(6) -- this is on  
16 page 21.

17 DR. HEAGY: Page 10.

18 MR. LESH: Page 10 as well.

19 (CROSSTALK.)

20 DR. HEAGY: Page 10.

21 DR. KENT: But anyway, board-approved  
22 chiropractic college means any college, school  
23 or program that teaches chiropractic and is  
24 accredited by an accrediting agency recognized  
25 by the U.S. Department of Education or its

1 international equivalent. Now I have some  
2 concerns with the international equivalent.  
3 But, again, that would provide coverage under  
4 some of the scenarios that have been described  
5 previously by members of the Board.

6 What happens if CCE goes away? What  
7 happens if there's another agency that's  
8 recognized by the Department of Education as a  
9 chiropractic accreditor? By getting you out of  
10 the business of evaluating evaluators, as it  
11 were, and deferring to the U.S. Department of  
12 Education. I think you're on pretty solid  
13 ground.

14 My personal preference in legislative  
15 drafting, which is kind of a specialty of mine,  
16 are what are called transitive laws. And those  
17 are laws that minimize the discretion of an  
18 administrative agency and thereby tend to  
19 minimize their exposures as well as their  
20 discretion. And to me that's not a negative  
21 thing because it allows you to focus on what you  
22 can do, and that's enforcement and protecting  
23 the public and promulgating rules that are  
24 appropriate for licensees, rather than trying to  
25 be gatekeepers, test preparers, and evaluators

1 of far away schools.

2 So anyway, I like that. What I'm a little  
3 nervous about is "or international equivalent"  
4 because that, along with Proposed 460, XXX,  
5 under (c) would --

6 DR. HEAGY: Page 30.

7 DR. KENT: Yeah. Is a graduate of a  
8 board-approved Florida chiropractic college,  
9 which again gets you folks back in the  
10 accrediting business.

11 DR. HEAGY: Right.

12 DR. DOUGHERTY: Right.

13 DR. KENT: So, you know, what to do. Well,  
14 for the U.S. I think it's easy. I think the  
15 Department of Education gets it. CCE is in. As  
16 long as they maintain that status, no problem.  
17 Should that situation change the flexibility is  
18 there without having to go back to the statute.

19 In investigating how other states have  
20 handled foreign graduates, many of them do so  
21 either by rule or simply by administrative  
22 discretion. And the danger to that type of  
23 approach, of course, is allegations of arbitrary  
24 and capricious decisions should you be a  
25 graduate of a school that's denied. And you

1 say, "Well, what's your criteria," and you say,  
2 "Well, we just sit around and talk about it."

3 The good news is I think this -- this can  
4 be handled. There are organizations, as you had  
5 mentioned, such as the World Education Service,  
6 that is in the business of evaluating  
7 educational programs for substantial  
8 equivalence.

9 And I believe Ms. Loucks pointed out at one  
10 point that the medical laboratory technology  
11 people have a list of evaluators that can be  
12 used. You could do that. And I think that  
13 would be the safest course of action, would be  
14 to simply have those individuals conduct the  
15 evaluation rather than asking the legislature  
16 and the governor to put you back in the business  
17 of inspecting colleges, attractive as that might  
18 be in terms of foreign vacations.

19 (Laughter.)

20 Also, under (d), "Completed the National  
21 Board of Chiropractic Examiner Certification."  
22 That's what -- I remember the old ads from Amoco  
23 gasoline, the final filter. Well, that's the  
24 final filter. The final filter is that.

25 So if they have had an education that's

1 deemed to be equivalent to an American education  
2 in terms of chiropractic -- and we'll talk about  
3 the professional stuff momentarily -- yeah,  
4 we're good to go there.

5 In the unlikely event that someone slipped  
6 through or, you know, took a review course ten  
7 times or something -- you know, I'm being a  
8 little bit facetious -- you know, you still have  
9 the national board examination as a means of  
10 final quality control. And I think in the  
11 arguments that a person could somehow circumvent  
12 that process would be for the applicant, of the  
13 U.S. applicants, as it would be to graduates at  
14 foreign institutions. So that's -- that's my  
15 proposed solution for you there.

16 What gets a little dicey is the bachelors  
17 degree requirement and I think that can be  
18 handled, too. The idea of prolonging  
19 adolescents for four years before entering  
20 professional education is kind of an American  
21 thing, and it's spreading. My nephew just  
22 became a doctor of pharmacy. You know, it used  
23 to be a registered pharmacist, bachelor of  
24 pharmacy degree. Well, now it's a doctor of  
25 pharmacy.

1           We now have doctors of physical therapy  
2           clambering for direct access and they -- they've  
3           achieved it in many states. We have  
4           non-physician providers like nurse practitioners  
5           that in many jurisdictions enjoy privileges, you  
6           know, other than prescribing drugs, that doctors  
7           of chiropractic don't, for example, in my home  
8           state of New Jersey. A nurse practitioner can  
9           perform a pre-performance athletic physical that  
10          chiropractic cannot. You can examine children  
11          'til your heart's content, it's not recognized  
12          for that purpose.

13           So what I'm saying here is that the systems  
14          used in other countries tend to take people from  
15          secondary to tertiary professional education  
16          without the bachelors degree (unintelligible).

17           As a matter of fact, in many countries  
18          medical physicians are doctors of -- not of  
19          doctors of medicine by degree, but doctors of  
20          medicine by occupational title. They actually  
21          receive a bachelor of medicine, bachelor of  
22          surgery degree, yet they use the occupational  
23          title "doctor" even though few have doctoral  
24          degrees.

25           They have longer clinical training. They

1 combine the liberal arts with the basic science  
2 stuff. In many countries an attorney is a  
3 bachelor of law degree, rather than a juris  
4 doctor degree as we have here, which typically  
5 involves a bachelors prerequisite.

6 And the way that this can become a very  
7 serious barrier-- I don't want to get into  
8 ancient history, but as we look to the future, I  
9 think we have to look at the past. The  
10 pre-matriculation bachelors requirement, I just  
11 don't see how that can possibly be considered  
12 rationally related to determining one's  
13 qualifications as a chiropractor.

14 In my own case, for example, when I applied  
15 for licensure in Florida they only had a  
16 two-year prerequisite, which is what I had. Two  
17 years of college, a DC degree. I got my  
18 license. I subsequently got a bachelors, master  
19 and law degree. And if I had not applied for  
20 licensure in Florida then, but had waited, my  
21 only option would have been to retake the entire  
22 DC program. I don't think that's reasonable. I  
23 don't think it's reasonable to demand that  
24 foreign graduates have a pre-matriculation  
25 bachelors degree.

1           But here's the juice. The solution as I  
2 see it is that to my knowledge, the foreign  
3 programs that I'm familiar with do confer a  
4 bachelors degree on their graduates upon  
5 completion of the chiropractic program, and many  
6 a masters degree.

7           For example, I recently had some students  
8 from Anglo European College come and visit and  
9 they get a bachelors degree part way through.  
10 Then they continue with their clinical training  
11 and they get a master degree, and that qualifies  
12 them for registration with the General  
13 Chiropractic Council.

14           I know the query was raised, do other  
15 countries have recognition of the U.S. National  
16 Board? No. Some have no final examination  
17 whatsoever, but simply accept the qualification  
18 from the university, you know, the bachelors,  
19 masters degree in chiropractic. Others may have  
20 their own examination.

21           So I think, you know, in summary what you  
22 people have proposed is pretty good. My  
23 suggestion would be rather than delegate the  
24 assessment of bachelors degree equivalence for  
25 chiropractic degree equivalence to the Board

1 that you -- you consider using an existing  
2 agency. It's defensible. It protects you from  
3 potential accusations of being arbitrary and  
4 capricious in selecting one over the other  
5 because of political issues and so forth.

6 And also has the advantage of making it  
7 clear it to the applicant, as was brought up  
8 earlier, "Okay. What are the rules? Are we  
9 going to take anyone?" If someone, you know,  
10 comes from a questionable institution in another  
11 country, that perhaps has an abbreviated course  
12 or a questionable course, well the World  
13 Education Services or whatever evaluators you  
14 might select will pick that up.

15 So those are my thoughts, and if you have  
16 any questions I'd be happy to respond.

17 Okay. Thank you very much.

18 DR. HUNT: Very nice, thank you.

19 DR. FOGARTY: Thank you.

20 DR. HEAGY: Thank you.

21 DR. DOUGHERTY: Thank you.

22 MR. COLTER: Thank you.

23 MR. LAMBERT: Madam Chair, may I add to  
24 that?

25 Something I forgot to mention earlier is I

1 placed on the June agenda for the National  
2 Association for Chiropractic Attorney's Meeting  
3 this subject.

4 And the first person that I'll be  
5 contacting -- in fact, I'll probably copy  
6 everybody here -- is David Chapmas (ph). Some  
7 of you may know him.

8 He is the head -- I'm not sure what his  
9 title is -- but the World Federation of  
10 Chiropractic and his -- his association deals  
11 with all of the other countries, all of the  
12 colleges who work -- what we're doing today is  
13 we don't know what we're doing. We don't know  
14 the terminology. We don't know enough  
15 information. We're floundering, and Dr. Kent  
16 makes a good point.

17 To emphasize what I was talking about  
18 earlier, you want apples and apples, but if we  
19 don't know what we're looking at, it may look  
20 like an orange, because another country may  
21 grant a bachelors of something or other, but  
22 when you look at it, it's really the same thing  
23 (unintelligible) just by another name.

24 Ms. Loucks and I used to get a degree --  
25 what was it -- LLB -- letters of legal -- a

1 bachelors of legal letters.

2 MS. LOUCKS: Not me.

3 MR. LAMBERT: Because that's what a law  
4 degree used to be called, bachelors degree.  
5 Then they renamed it because it was confusing to  
6 a juris doctorate.

7 Okay. So that's -- that's what I'm talking  
8 about. We need facts, information. And when we  
9 get -- gather that information then the solution  
10 will present itself.

11 DR. HEAGY: Thank you.

12 DR. HUNT: Thank you.

13 DR. MATLOCK: Hello Chairman Heagy and  
14 Vice-Chair Colter. My name is Dr. Lucas  
15 Matlock. I'm the president of Florida  
16 Chiropractic Society.

17 I'm sitting back there and I keep hearing  
18 how fast we're going with this, and I happened  
19 to be at the October Halloween Board meeting  
20 where this all started, which was seven, eight,  
21 nine months ago. I don't know -- wherever we  
22 are right now? Seven months ago.

23 And I've gotten the revision and the  
24 revisions and the other revision and I see how  
25 much time, effort that Mr. Colter and Dr. Heagy

1 have put into this. And I've put in plenty of  
2 time looking through this and I don't feel as  
3 though we're rushing through it at all.

4 And I'm sitting back there and I'm hearing  
5 some people say the elimination of CCE or  
6 and/or. By taking the language of CCE out, you  
7 are not eliminating them from accrediting  
8 anybody. But I don't know if the lay people  
9 during -- on this Board are privy to it, but I  
10 hope that the chiropractors are -- that we were  
11 very very very close to CCE losing their  
12 accreditation. In every state, but three or  
13 four, would not have been able to accept  
14 chiropractors into their state because the --  
15 had CCE lost their accreditation.

16 So I believe that the elimination of the  
17 CCE language actually protects us as a  
18 profession and a state to welcome people in  
19 that, you know, God forbid something happens to  
20 the CCE.

21 And, you know, I -- I just want to thank  
22 you guys for the opportunity to do this because  
23 the language, as I'm reading through it all, you  
24 can tell this has not been opened or talked  
25 about or discussed for -- for many years. And I

1 appreciate the opportunity to -- to have a voice  
2 and I appreciate all the hard work that has gone  
3 into this so far in the months that it's already  
4 been happening.

5 So thank you.

6 DR. HEAGY: Thank you.

7 Any other public comment? (No response.)

8 So do we want to make a motion as a Board  
9 about how we want to proceed with this?

10 MS. PELAEZ: Can I ask something?

11 DR. HEAGY: Absolutely.

12 MS. PELAEZ: I just need a little bit of  
13 clarification.

14 I heard -- I hope I'm saying this right,  
15 Dr. Kent is it?

16 DR. KENT: Yes.

17 MS. PELAEZ: Okay. He mentioned something  
18 that was the basis of what I had asked earlier,  
19 something about the Board of Education. What  
20 does the Board of -- okay.

21 What does CCE -- is that not the one that  
22 -- that checks your accreditation and approves  
23 -- where does the Board of Education come in  
24 with this?

25 MS. LOUCKS: Well the --

1 DR. KENT: I'd be happy to answer that.

2 DR. HEAGY: Go ahead.

3 DR. KENT: It does get a little dicey  
4 because again we're dealing with the United  
5 States system which is very different from the  
6 rest of the world.

7 In the United States, the right to confer  
8 degrees is really vested in the states. The  
9 federal government has a number of economic  
10 incentives, notably student loans, to cause  
11 people to want to graduate from an accreditor  
12 that's recognized by the Department of  
13 Education.

14 And so what the Department of Education  
15 does is recognize accreditors. It doesn't  
16 accredit schools directly. So in the case of  
17 CCE, for example, or the Southern Association of  
18 Schools and Colleges, they are recognized by the  
19 U.S. Office of Education as being accreditors  
20 that qualify for the Title IV money and several  
21 other perks. And the states, which of course,  
22 reserve the right to license professionals, in  
23 many jurisdictions, have chosen to say, "CCE is  
24 our accreditor," or "Department of Education  
25 approved accreditors are acceptable to us," and

1 so forth.

2 In other countries it is generally the  
3 federal government itself that controls the  
4 conferring of academic degrees and the operation  
5 of schools.

6 So you don't have a situation where you  
7 have a regional or professional accreditor  
8 that's recognized by the government. Yet, the  
9 government itself said, "We recognize these  
10 schools."

11 So it's usually the Ministry of Education  
12 or the Ministry of Health or some combination  
13 thereof that would do that.

14 So again, it's difficult, as Mr. Lambert  
15 pointed out. You know, it used to be you got an  
16 LLB degree. Now we get a JD degree in law. In  
17 most foreign countries it's still an LLB. And  
18 here in the U.S. it generally requires a  
19 bachelors degree prerequisite.

20 So it's a different sytem. It's a  
21 different way of accrediting. And that's why I  
22 think rather than get into that business, my  
23 recommendation would be to consider using one of  
24 the -- the well-known recognized services for  
25 determining credential equivalency.

1 DR. HEAGY: Does that help?

2 MS. PELAEZ: No.

3 DR. HEAGY: Sorry.

4 MS. PELAEZ: I think --

5 DR. FOGARTY: Wrong answer, but complicated  
6 question.

7 MS. PELAEZ: I think -- I'm thinking at it  
8 because as the consumer representative and as an  
9 analyst for Palm Beach County School District, I  
10 see people come in with transcripts from  
11 Ecuador, Spain and we need to send it to the  
12 Department of Education for them. They need to  
13 have it translated by an established translation  
14 company, and those documents need to be sent to  
15 the Department of Education to see if they are  
16 eligible to teach.

17 Now the reason I was asking about if  
18 somebody comes from Spain and takes your state  
19 exam, you know, would you -- is because if  
20 somebody comes from Spain with their degrees,  
21 normally the Florida -- the Department of  
22 Education will review the transcripts, they'll  
23 evaluate them, and then say, "You are eligible  
24 to teach because you do have degrees from your  
25 country. You need to prove that you are

1 proficient in -- you want to teach math, take  
2 the subject area exam." And then there's a  
3 Florida general knowledge test. And with that,  
4 they do grant them.

5 DR. HEAGY: So -- so let me just make sure  
6 that I understand the question. The equivalency  
7 of the foreign education is determined by what?  
8 And so one of the things that we've proposed is  
9 that they be looked at through the -- was it  
10 World Education Service? What -- and there's a  
11 whole laundry list in the --

12 MS. LOUCKS: Other -- other boards have  
13 foreign credentials evaluated, and there's a  
14 bunch of different evaluation services that do  
15 that. And so the applicant is required -- they  
16 have to -- they submit their -- or they have  
17 their transcript submitted to this credential  
18 evaluation committee -- corporation -- and the  
19 corporation provides the Board with a report.  
20 They've got their --

21 DR. DOUGHERTY: Right.

22 MS. LOUCKS: -- degree translated --

23 MS. PELAEZ: Yeah.

24 MS. LOUCKS: -- and they'll go through and  
25 they'll do a course-by-course comparison.

1 MS. PELAEZ: Yes.

2 MS. LOUCKS: And at the end of it, they'll  
3 say, "We've reviewed this person's transcript  
4 and based on our review, this person --  
5 primarily -- for Clinical Lab it's people from  
6 Cuba -- they earn the equivalent of a medical  
7 doctor degree that would be (unintelligible) by  
8 a United States school --

9 MS. PELAEZ: Yes.

10 MS. LOUCKS: -- of medicine. And so the  
11 Board gets that evaluation as part of the  
12 application package when the person applies.

13 DR. HEAGY: So that's the solution to the  
14 problem right there.

15 MR. LESH0: That's written into the  
16 proposal for foreign graduates here under (b),  
17 where it states that they hold a degree from a  
18 college or a university and it's been deemed  
19 substantially equivalent to a bachelors degree,  
20 equivalency shall be determined by a credentials  
21 evaluations, which includes an evaluation of all  
22 college level courses by credit hours and  
23 subject sent directly to the Board office by a  
24 regionally-accredited U.S. college or  
25 university. The Board may establish by rule

1 additional credential evaluation entities to  
2 determine equivalency, which kind of addresses  
3 your comments, Ms. Loucks.

4 MS. LOUCKS: Uh-huh.

5 MR. LESHO: And that's how it's -- it's set  
6 up similarly for the Clinical Lab Board.

7 DR. SPIVEY: And also, Ms. Loucks, I've  
8 been knowing you wanted me to talk, and I've  
9 been doing some research over here. Because I  
10 remember when I had the electrical Board, and  
11 since your represent that Board now, I think  
12 they have the same situation where they  
13 recognize foreign graduates and there is an  
14 accrediting body that the individuals will have  
15 to submit their information to that body, then  
16 they certify to the Board, yes, this person has  
17 met similar qualifications.

18 DR. HEAGY: Uh-huh.

19 DR. SPIVEY: So that's what I was I was  
20 trying to find here.

21 MS. LOUCKS: Yeah. They -- since they --  
22 they allow education to count as part of their  
23 experience, and so they -- actually they used  
24 some of the similar -- Josef Silney is the --  
25 the predominant one that people use.

1           They evaluate their credentials to tell the  
2 Board what the education is equivalent to.

3           DR. SPIVEY: Right.

4           MR. LESH0: And the Clinical Lab statute,  
5 like I said, reads just like this. When they  
6 have Mr. Josef Silney listed in their rule.

7           MS. LOUCKS: Yeah. I think those are like  
8 13 -- 11 or 13 different credentialing agencies  
9 that are appropriate.

10          DR. DOUGHERTY: Joseph, it looks like maybe  
11 -- can you explain why this is directed to  
12 equivalent to a U.S. bachelors degree? Because  
13 now we also have the concern -- I think the  
14 primary concern is the chiropractic college.  
15 But it doesn't address -- this chapter does  
16 address that.

17          MR. LESH0: And this is -- this is kind of  
18 just a starting point.

19          DR. DOUGHERTY: Okay.

20          MR. LESH0: And so we can -- we can tweak  
21 that to make it apply the other way. It sounds  
22 like we are maybe possibly leaning towards  
23 removing the bachelors degree requirement  
24 altogether maybe.

25          DR. DOUGHERTY: Under discussion.

1 MR. LESHO: Because even --

2 DR. HEAGY: Under discussion.

3 MR. LESHO: Yeah. And even here in the  
4 U.S. as I understand it, it's the schools', the  
5 chiropractic colleges' requirements to have the  
6 bachelors degree, so we may not even need to  
7 have it written into the statute. Is that  
8 correct?

9 DR. HEAGY: I think some of the schools  
10 followed our lead.

11 DR. DOUGHERTY: Yeah.

12 MR. LESHO: Okay.

13 DR. HEAGY: I think that's kind of how it  
14 went.

15 MR. LESHO: Okay.

16 DR. HEAGY: Dr. Matlock?

17 DR. MATLOCK: I just wanted to make a quick  
18 comment. This is Lucas Matlock again.

19 That we sit here and he -- you know, I'm  
20 sorry, your last name?

21 DR. SPIVEY: Spivey.

22 DR. HEAGY: Spivey.

23 DR. MATLOCK: Spivey. Congratulations and  
24 welcome.

25 DR. SPIVEY: Thank you.

1 DR. MATLOCK: That everybody else seems to  
2 do it the same way, but chiropractic does it  
3 completely different and I just would like to  
4 ask as a Board how come that's the case?

5 MS. LOUCKS: Because the chiropractic  
6 statute says that the only people that can apply  
7 for licenses are graduates of a CCE accredited  
8 --

9 DR. MATLOCK: Right.

10 MS. LOUCKS: -- school and that's --

11 DR. MATLOCK: And that's -- and that's the  
12 issue.

13 MS. LOUCKS: -- and that's the issue.

14 DR. MATLOCK: And I want to try and make it  
15 clear for Ruthie because Dr. Kent speaks over my  
16 head quite often as well.

17 (Laughter.)

18 CCE has been the only accrediting body for  
19 chiropractic because of the languages in every  
20 state that are very similar to ours. Because  
21 the way that our state has it written right now,  
22 even if there was other accrediting agencies  
23 that are accrediting schools, nobody from those  
24 schools could come and practice in our country  
25 -- in our state.

1           So the -- that national education, you  
2 know, they oversee the CCE.

3           So, thank you.

4           DR. HEAGY: Anything else? (No response.)

5           Okay. So how would you like to proceed as  
6 a Board? Do we work with this language? You  
7 know, do we know if it's even a possibility for  
8 2016? Or shall we create a task force to, you  
9 know, urge all the interested parties to work  
10 together. What's the wish of the Board? I'd  
11 hate to table it again.

12           DR. FOGARTY: I think there are holes still  
13 that we --

14           DR. HEAGY: I agree.

15           DR. FOGARTY: -- have to answer. I think  
16 it would be prudent for Mr. Lambert with FCA to  
17 come back with his June meeting --

18           DR. HEAGY: Suggestions?

19           DR. FOGARTY: -- with the suggestions and  
20 he can talk to both Dr. Smith, Chatten (ph)  
21 Smith, but also bring in Dr. LaRusso from the  
22 National Board of Examiners.

23           Have him perhaps help chair the committee  
24 as far as -- use him as the liaison between the  
25 FCA, the other interested parties. I think you

1           took input already from Dr. Kent. I think bring  
2           -- keeping him in the loop, keeping also Joey  
3           Clum, former president of Life West in the loop.

4           I think if we can bring that in, we -- we  
5           should be able to get resolution fairly quickly,  
6           and I would ask that that be done -- I hate  
7           waiting until the next Board meeting but --

8           DR. HEAGY: Me, too.

9           DR. FOGARTY: -- but I don't see a way  
10          around it.

11          DR. HUNT: It's only two months from now,  
12          right?

13          DR. FOGARTY: It's better than the 18  
14          months that Mr. Lambert was promising.

15          (Laughter.)

16          So if you could -- I think there's a good  
17          balance between that and the next Board meeting.

18          DR. FOX: How do we get all the parties  
19          together so we don't do what our typical U.S.  
20          government does --

21          DR. HEAGY: Keep doing this.

22          DR. FOX: -- by kicking the can down the  
23          curb or sweep it under the carpet. So if we  
24          could figure out a way of moving faster, but  
25          prudently and --

1 DR. HEAGY: Set a deadline perhaps?

2 UNIDENTIFIED SPEAKER: That's what this is.

3 DR. HEAGY: I thought today was the

4 deadline, but hey.

5 DR. FOX: That's what I mean. But if we're

6 going to move forward and we're going to wait

7 until the next Board meeting, can we get

8 something in place before the Board meeting so

9 we can come back with something in writing that

10 we're going to agree upon and --

11 DR. HEAGY: And vote.

12 DR. FOX: -- hopefully -- and vote on and

13 not discuss it more and knock it down the curb

14 again.

15 MR. COLTER: I think Mr. Lambert's comments

16 are very important to take -- to hear what he

17 said.

18 We could shove this forward today, and it's

19 likely to come back looking like a piece of

20 Swiss cheese.

21 We could amend it again in August and send

22 it forward. It's likely to come back again.

23 You know, he talked about a couple of different

24 times. So I think we should -- I feel like it

25 has holes. It has -- it's missing clarity in a

1 few areas, in a few subjects, and that if we're  
2 going to send this whole thing, a bunch which we  
3 haven't even delved into yet, we need to go back  
4 and do a little more homework --

5 DR. HEAGY: Fill the holes.

6 MR. COLTER: -- and get out a little more  
7 polish.

8 DR. HEAGY: So if we're going to delay it  
9 --

10 MS. LOUCKS: I just have a question for  
11 Mr. Lambert. Generally before a session, how  
12 soon before the committees meet do you need to  
13 have the legislation -- hopefully with sponsors  
14 in place, how quick -- because this would kind  
15 of give you when your deadline needs to be. And  
16 if you're talking about 2017 -- I know we don't  
17 know the specific dates, but is it like six  
18 months?

19 MR. LAMBERT: If you're talking about a --  
20 if you're talking about a standalone Bill, the  
21 problem is in the House. House members are  
22 restricted to six Bills, and so they fill up  
23 kind of quick. And some House members hold back  
24 so that they will carry Bills that the  
25 leadership asks them to file.

1           If it's going to be a Department, part of a  
2 Department package, then the Department lobbyist  
3 will try to get somebody in the Senate and the  
4 House. They usually go through a committee  
5 process to get there.

6           So I don't know if this is going to -- if  
7 you intend this as a standalone Bill -- that's  
8 going to be tough. It would be better as the  
9 Department.

10           MS. LOUCKS: And if it was going forward  
11 for the -- a Department Bill, how soon do they  
12 have to have it before the committees meet? Does  
13 it have to sort of be -- I mean, I know you  
14 don't know the Department's timeline, but --

15           MR. LAMBERT: Yeah. This --

16           MS. LOUCKS: -- just in general.

17           MR. LAMBERT: -- this year the legislature  
18 is going to meet in January and February rather  
19 than in March and April as it has been. It used  
20 to be in March -- April and May. And so the  
21 committee meetings will probably start in  
22 August.

23           And so Bills -- the earlier a Bill gets  
24 filed, the better chance it has of going, but  
25 it's going to be kind of -- a lot of people are

1 scrambling right now to get -- to get Bills  
2 developed. It's going to be a new -- it's a new  
3 experience.

4 The only time this happens when they  
5 meeting in January is during restructuring every  
6 ten years -- redistricting, I mean, every ten  
7 years.

8 So it's a new process. I don't know.

9 DR. HEAGY: So it sounds like from that  
10 feedback, the only possible way that we could  
11 have it ready for 2016 is to have it done by  
12 August, right? Otherwise, it's next August  
13 before we can move this forward.

14 So having said that, is that a timeline  
15 that the task force could work together over the  
16 next two months and have something ready for the  
17 August meeting for us to vote on? I mean, I  
18 know I'm asking you -- but we've been talking  
19 about this for nine months.

20 MR. LAMBERT: Because of the accelerated  
21 session this year, I think it's -- it's going to  
22 be difficult for the Department to get anything  
23 -- if they haven't gotten a sponsor by July.

24 DR. HEAGY: Okay.

25 MR. LAMBERT: And --

1 DR. HEAGY: Thank you.

2 MR. LAMBERT: -- and I know the FCA has  
3 some Bills that we're putting of because of --  
4 for another session because we just can't polish  
5 them in time. And it's -- it's just part of the  
6 process.

7 DR. HEAGY: Thank you.

8 MR. LAMBERT: It's not a fast process.  
9 It's not intended to be fast. It's hopefully  
10 deliberate.

11 DR. FOGARTY: I'm sorry. I thought the  
12 question was to --

13 DR. HEAGY: With the FCA.

14 DR. FOGARTY: -- you and the FCA, would you  
15 be willing to work with the task force for a --

16 DR. HEAGY: An August meeting.

17 DR. FOGARTY: -- for us for the August  
18 meeting?

19 MR. LAMBERT: You mean on the foreign  
20 licensure? Sure.

21 DR. FOGARTY: Thank you.

22 MR. LAMBERT: I mean, that's -- that's  
23 something I've already put into play with the  
24 NACA. And I'll be -- I'll be contacting David  
25 Chapman Smith next week.

1 DR. FOGARTY: Great. Okay. I'm not saying  
2 that we might have -- it's not your  
3 responsibility to have a sponsor for us.

4 MR. LAMBERT: No.

5 DR. FOGARTY: We just want to be able to at  
6 least have something that we can perhaps look at  
7 again in August and perhaps even vote on as a  
8 Board that this -- that we have agreement,  
9 consensus here between all the players.

10 MR. LAMBERT: For all I know, the World  
11 Federation of Chiropractic may have some model  
12 language right now.

13 DR. FOGARTY: Thank you.

14 (CROSSTALK.)

15 Dr. Heagy, if we need a motion then my  
16 motion is then to table this, create the task  
17 force as so stated, and to have the principals  
18 come back to this body by the August meeting for  
19 a vote.

20 DR. HEAGY: Okay. Second?

21 DR. DOUGHERTY: Second.

22 DR. FOX: Second.

23 MR. COLTER: Second.

24 DR. HEAGY: Discussion? (No response.)

25 Hearing none, all in favor? (Board members

1 responded.)

2 Opposed? (No response.)

3 Motion carries.

4 So if the FCS, the FCA, any other  
5 interested parties, we'll ask Dr. LaRusso if  
6 he's willing, you know, to move this forward.

7 DR. FOGARTY: Excuse me, Madam Chair, could  
8 we --

9 DR. HEAGY: Yes?

10 DR. FOGARTY: -- perhaps because of the  
11 time, can we take a micturition break?

12 DR. HUNT: Micturition.

13 DR. HEAGY: We're going to take a break for  
14 ten minutes; is that enough?

15 DR. FOGARTY: Thank you.

16 (A break was had.)

17 DR. HEAGY: We're going to go ahead and  
18 reconvene this Committee meeting.

19 (Pause while parties reentered the meeting  
20 room.)

21 Go ahead and start? Okay.

22 So while she's coming back in I wanted to  
23 go ahead and go to the next interrelated piece  
24 which is about endorsement, licensure by  
25 endorsement.

1           We had a candidate at our last meeting who  
2 was ineligible and really kind of had to start  
3 again. So I wanted to go to the -- in your  
4 agenda, it is page 28, Licensure by Endorsement.

5           We didn't fill in the number of years. We  
6 wanted to sort of get the sense from the Board  
7 members what their ideas were.

8           So what say you?

9           DR. FOGARTY: Active and clear license in  
10 another state for five years. No discipline.

11          DR. HEAGY: And why five years?

12          DR. FOGARTY: It sounds good.

13          DR. HEAGY: Okay.

14          DR. FOGARTY: Do you want to say -- do you  
15 want to say six-and-a-half or ten? I am not  
16 opposed. That's a starting point.

17          DR. HEAGY: Okay.

18          DR. FOGARTY: Five. I think in our other  
19 -- in our statute with other things, like you  
20 have to be in practice five years to be a  
21 (unintelligible); is that correct?

22          DR. HEAGY: To be on the Board?

23          DR. FOGARTY: To be on the Board is five  
24 years.

25          DR. DOUGHERTY: Right.

1 DR. HEAGY: Okay. Feedback?

2 MS. PELAEZ: Hi.

3 DR. HEAGY: Hi. We're talking about  
4 endorsement and how many years you've been --

5 DR. DOUGHERTY: Page 28.

6 DR. HEAGY: We're on page 28. That we're  
7 -- have to be actively in practice before we  
8 would be eligible for licensure by endorsement.

9 MS. PELAEZ: Dr. Fogarty says five years?

10 DR. FOGARTY: That was my number.

11 DR. HEAGY: Dr. Dougherty?

12 DR. DOUGHERTY: Yeah. I'm aware that we --  
13 Florida did have licensure by endorsement  
14 somewhere --

15 DR. HEAGY: Uh-huh.

16 DR. DOUGHERTY: -- either the late-80s or  
17 --

18 DR. HEAGY: Uh-huh.

19 DR. DOUGHERTY: And you were on the Board  
20 at that time, maybe?

21 DR. HEAGY: No. But I remember it.

22 DR. DOUGHERTY: Okay. And it lasted one  
23 year and then it got repealed.

24 DR. HEAGY: Why?

25 DR. DOUGHERTY: I do not know.

1 DR. HEAGY: Okay.

2 DR. DOUGHERTY: That's -- you know, that's  
3 my point. Are we opening something here that's  
4 got issues?

5 DR. HEAGY: I don't know.

6 DR. DOUGHERTY: I don't know either.

7 DR. HEAGY: But I would be interested to  
8 know why it was repealed.

9 MR. LESHO: I spoke to Mr. Lambert about  
10 the old endorsement statute and why it was  
11 repealed. He did not know off the top of his  
12 head and he said he would do some research. He  
13 never got back to me on that, and so I can  
14 follow up with that and try to get that answer  
15 for you.

16 DR. HEAGY: Great. Great. Thank you.

17 Ms. Pelaez?

18 MS. PELAEZ: I'm sorry, Dr. Heagy. You're  
19 talking about an endorsement?

20 DR. HEAGY: Yes. It's -- we had a  
21 candidate at our last meeting who was ineligible  
22 for Florida licensure because she had practiced  
23 in Michigan for 30-some years and, because the  
24 requirements at that time were so different than  
25 our current requirements, she was ineligible.

1           And so --

2           MS. LOUCKS: Yeah. She had to -- she  
3 hasn't taken and passed Parts 1 through 4 in the  
4 physiotherapy because when she was licensed in  
5 Michigan they had a state exam, so she was  
6 actively practicing in Michigan for 20-some  
7 years and was on the disciplinary board in  
8 Michigan. But because -- and she didn't want to  
9 have to necessarily go back and take all the  
10 parts of the national exam that she hadn't taken  
11 before.

12          MS. PELAEZ: Okay.

13          MS. LOUCKS: But you don't have any  
14 flexibility to waive that requirement.

15          MS. PELAEZ: This would be like a  
16 reciprocity then?

17          MS. LOUCKS: Exactly.

18          MR. COLTER: Let me clarify. Reciprocity  
19 is different, and I had a discussion shortly  
20 after the last meeting with Mr. Bayo about  
21 reciprocity. And with reciprocity we would not  
22 -- as a state would not have much oversight.

23          DR. HEAGY: Yes.

24          MS. LOUCKS: Reciprocity basically mean if  
25 I am licensed -- for example, I have a license

1 to practice law in Nebraska before I came to  
2 Florida. There's not reciprocity between those  
3 two states, meaning I could reciprocate with  
4 other states, perhaps -- like I could go into  
5 the Washington DC bar, at least at the time I  
6 got licensed, just on the fact that I had passed  
7 a Nebraska state bar.

8 There wasn't reciprocity, so I couldn't  
9 automatically practice law in any other state.  
10 So when I came to Florida I had to take the full  
11 bar exam again. So --

12 MS. PELAEZ: Okay.

13 MS. LOUCKS: -- that's -- reciprocity  
14 basically means if you have got a license in  
15 once place then you can take that license and go  
16 to other places without having to do anything  
17 really additionally.

18 Endorsement is you have requirements for  
19 people that have been licensed in other states,  
20 but you're still putting some conditions on them  
21 to be able to come and practice here, so you're  
22 still able to look at their application and make  
23 decisions based on those criteria.

24 MS. PELAEZ: Like we'll accept you if you  
25 take this, Florida Laws and Rules?

1 DR. FOGARTY: Right. For example, like the  
2 case that Dr. Heagy said. Here's a woman that  
3 was in practice 30-something years. She sat on  
4 her state board.

5 MS. PELAEZ: Yes.

6 DR. FOGARTY: She's politically active.  
7 She gave back to the profession. Why wouldn't  
8 they want her to come in the state?

9 MS. PELAEZ: Yes, I remember.

10 DR. FOGARTY: And we have -- based on the  
11 rules, we do not have the ability to do that.

12 So what I would like to see in this is that  
13 we have the ability as a Board to say, "That's a  
14 good person."

15 I mean, I've got people with, you know,  
16 that's on national boards currently or FCLB  
17 that's politically active, have clean and  
18 actives licenses, gives back to the profession,  
19 wants to be part of this state, and they cannot  
20 do it without taking all their national boards  
21 again. And that's just -- it's just -- why --  
22 if they have a good license in that state, why  
23 not allow them to take Laws and Rules and juris  
24 prudence. They can pass that. Let them come  
25 into the state. That's my opinion. That's what

1 I'd like to see.

2 This isn't a lot of rocket scientists for  
3 us to decide as a Board whether or not we want  
4 this or not. I don't need anybody else's  
5 opinion from other organizations. We've got the  
6 input. Let's pick the number of years and let's  
7 move on with it. My opinion.

8 MR. COLTER: I would like to bring up --  
9 Ms. Loucks, did you make a comment on (d) of  
10 this proposed? Was your comment about --

11 DR. HEAGY: Yes.

12 MS. LOUCKS: Well, I guess --

13 MR. COLTER: -- whether we should be having  
14 them take the -- requiring the parts?

15 DR. FOGARTY: Again, I would just require  
16 --

17 MS. LOUCKS: I guess I was asking because  
18 if you're going to let them -- if you basically  
19 are looking at people who have been practicing  
20 in other states for a certain number of time, it  
21 seems to me that looking -- (d) is you're making  
22 them look at -- behind their application.

23 You're making -- you're going back to look  
24 at their education to see if they took the  
25 national board, and it's like do you really want

1           --

2           MR. COLTER:  Exactly.  And that's licensure  
3 by examination.  So I'm proposing that we strike  
4 (d) from the -- from the -- from the -- this  
5 paragraph.

6           DR. FOGARTY:  I would agree.

7           MS. LOUCKS:  And I guess, Mr. Colter, your  
8 comments regarding number 2 in the previous  
9 would apply to number 2 --

10          MR. COLTER:  Exactly.  Again, who has  
11 committed --

12          DR. DOUGHERTY:  Yes.

13          MR. COLTER:  -- I'd like to see that go  
14 away.

15                 And perhaps you have better language.  When  
16 we were talking about it earlier, your language  
17 sounded a little bit more better -- "a little  
18 bit more better".  (Laughter.)  A little bit  
19 better.  Mor better.

20                 (Laughter.)

21          MS. LOUCKS:  Well I was just reading 456,  
22 but I guess the question is the way that  
23 Dr. Fogarty had phrased it is if you want to  
24 allow -- because Dr. Fogarty had said clear and  
25 never been disciplined, which is different than

1 if you want to allow people who's license had  
2 been disciplined in another jurisdiction to  
3 still apply by endorsement, and then just have  
4 it be reviewed like you do initial applicants  
5 now where -- like we had this morning. They had  
6 disciplinary action taken against them in  
7 another state. Just making those have to be  
8 Board reviewed.

9 So, you know, they might -- the would --  
10 they would have to have a clear license before  
11 they could get a Florida license because other  
12 statutes say that you can't have an encumbered  
13 license and then come here and get licensed  
14 without the same kind of encumbrance.

15 DR. FOGARTY: Clear and active is what  
16 we're saying?

17 MS. LOUCKS: No. Other states don't call  
18 it that exactly. But, yes.

19 DR. HEAGY: So additionally, infractions in  
20 other states don't necessarily translate to  
21 infractions in Florida.

22 MS. LOUCKS: That's correct.

23 DR. HEAGY: So that that would have to be  
24 something we would review case by case. You  
25 know, I'd want to make sure that it wasn't

1 automatic, that it had to be reviewed before --

2 MS. LOUCKS: No. But if there --

3 DR. HEAGY: -- if there was an encumbrance.

4 MS. LOUCKS: -- was a change -- the  
5 language in (2) to the language that's in 456 -  
6 well, that talked about investigations. But if  
7 you've got someone -- as long as their license  
8 is clear when they apply, if they've had  
9 previous discipline, it would be something that  
10 would have to be reviewed, and then what other  
11 Boards have done -- and I think this Board's  
12 done it for other criminal convictions in the  
13 past --

14 DR. HEAGY: Uh-huh.

15 MS. LOUCKS: -- you look at a list of  
16 things that you delegate approval to Board  
17 staff, and other like -- a certain --  
18 misdemeanor crimes, or whatever -- I'm not sure  
19 for this particular profession if you've done  
20 that in a while. I don't remember.

21 But there are certain things that you  
22 delegated to the Board staff that they can  
23 approve without bringing it to the Board. The  
24 things -- well -- and we had the discussion at  
25 the last meeting about the malpractice, whether

1 you wanted that to be delegated to the staff as  
2 well since there's really no grounds to deny  
3 someone for a malpractice payout of over  
4 \$300,000, or whatever it was.

5 DR. HEAGY: Okay.

6 MS. LOUCKS: So it's kind of what -- those  
7 individual issues is what's probably either come  
8 to the Board, if they have to, or you've allowed  
9 staff to approve them with the Board's consent.

10 DR. HEAGY: Yeah. Delegate that authority.  
11 Dr. Dougherty?

12 DR. DOUGHERTY: I think Dr. Fogarty makes  
13 very good points and this is something that may  
14 be a very good thing for us to do.

15 I would just like to wait until Mr. Lambert  
16 comes back with what happened back in whenever  
17 it was, the late-80s or early-90s when we had  
18 this for one year and it got repealed.

19 So I -- I know -- he told me he put a phone  
20 call into the archives and -- how long does it  
21 usually take?

22 MR. LESH0: I'm not sure.

23 DR. DOUGHERTY: I mean, it shouldn't take  
24 more than a -- when did you ask? Oh, you did.  
25 Okay. I thought you said he did.

1 MR. LESHO: Well he put in the call, but I  
2 spoke with him and we initiated that together.

3 DR. DOUGHERTY: Right.

4 MR. LESHO: And he -- I guess it was maybe  
5 three weeks ago or more. It's been kind of a  
6 while.

7 DR. DOUGHERTY: Okay.

8 DR. HEAGY: And how do you guys feel about  
9 five years? Is that good to everybody?

10 DR. DOUGHERTY: Yes.

11 MR. COLTER: Five years is good with me.

12 DR. HEAGY: Okay.

13 MR. COLTER: But, again, I would like to  
14 see what happened.

15 We've waited this long, and waiting two  
16 more months until the next Board meeting, I  
17 don't think, is unreasonable.

18 MS. LOUCKS: And if I could just ask, on  
19 number 3, if they've been -- well -- it says  
20 that you -- you may require someone who  
21 graduated from chiropractic school more than ten  
22 years before the application to take the SPEC,  
23 but if they've been actively practicing they  
24 wouldn't necessarily -- would you want that?

25 DR. HEAGY: So do we need to differentiate

1 between people who have been practicing?

2 MS. LOUCKS: Because you could have --

3 DR. HEAGY: A license.

4 MS. LOUCKS: You can hold an active license  
5 and not be practicing. So because you can have  
6 -- like an example, and, see, you can have a  
7 valid license and not be practicing. So if you  
8 change (c) to -- well, it says "actively  
9 practice" there. But -- I guess do you need  
10 both or does 3 need to be changed.

11 DR. HEAGY: We could just strike 3. If  
12 they had been actively practicing, have an  
13 unencumbered license. If they've been -- go  
14 ahead.

15 DR. DOUGHERTY: And what if there's a  
16 person who's taken some time off for problems or  
17 whatever and realize they can't stand it in New  
18 York anymore, it's cold, and you come to sunny  
19 Florida for their health.

20 DR. HEAGY: Well, if it's been --

21 DR. FOGARTY: Then they're not actively  
22 practicing.

23 MS. LOUCKS: Well --

24 (CROSSTALK.)

25 DR. DOUGHERTY: What do we do with them?

1 MS. LOUCKS: You may not want to do it from  
2 the graduation date, but from their late date of  
3 practice --

4 DR. HEAGY: Okay.

5 MS. LOUCKS: -- maybe is what you might  
6 want to look at.

7 DR. HUNT: We should just advise everybody  
8 to take Florida requirements before they  
9 graduate.

10 MR. COLTER: Right.

11 DR. HEAGY: Have it be the standard.

12 DR. HUNT: In 30 years you're going to want  
13 to go there.

14 DR. HEAGY: Have that be the standard of  
15 everybody.

16 (Laughter.)

17 MS. LOUCKS: That's just a question that I  
18 had.

19 DR. DOUGHERTY: It's a good point.

20 DR. HEAGY: So on number 3 how about the  
21 idea that if they've not been in active practice  
22 we would require a SPEC exam.

23 DR. FOGARTY: I think that's -- I think  
24 it's reasonable.

25 DR. HEAGY: I think so, too.

1           So ten years? Five years?

2           MS. PELAEZ: Five years with --

3           MR. COLTER: Over five?

4           DR. DOUGHERTY: I'd go shorter than that.  
5           Maybe three or four. You're not adjusting.

6           You're not diagnosing anybody. Three or four  
7           years goes by, you could get rusty.

8           DR. FOGARTY: I tend to agree. Because I  
9           think you need that. You need that clinical  
10          competency.

11          MR. COLTER: Right.

12          DR. FOGARTY: And I don't want somebody  
13          that's going to go ahead and come in and then  
14          all they do is insurance reviews, to come in and  
15          they don't have patient contact for that period  
16          of time, too. And they say, "Well, I review  
17          files and I want a Florida license so I can  
18          review other files."

19          You want somebody that's clinically  
20          practicing.

21          DR. HEAGY: So --

22          DR. HUNT: Three?

23          DR. HEAGY: -- can we direct Mr. Lesho to  
24          finish drafting this in a completed form for us  
25          to review and vote on, or do you want to vote

1 now? What's your pleasure, Board?

2 I feel like we have a sense for --

3 DR. HUNT: I'd like to see final draft  
4 form.

5 DR. HEAGY: Okay. Is that a motion to --

6 DR. HUNT: Yes.

7 DR. HEAGY: -- table it?

8 DR. DOUGHERTY: I'll second.

9 DR. FOGARTY: To have five years' practice,  
10 is what we're asking for.

11 DR. HEAGY: Yes. And then two years in  
12 active practice, right?

13 DR. FOGARTY: That's fine.

14 DR. HEAGY: Before they take the SPEC exam,  
15 okay?

16 DR. HUNT: Yeah.

17 DR. FOGARTY: Very good.

18 DR. HEAGY: Mr. Lesho's going to bring a  
19 final?

20 MR. LESHO: Yes. And I will still try to  
21 get with Mr. Lambert about the history of the  
22 previous --

23 DR. HEAGY: Okay. So any other discussion?

24 (No response.)

25 Call the question. All in favor of tabling

1 this to get Mr. Lesho's final draft, say aye.

2 (Board members responded.)

3 Any opposed? (No response.)

4 Okay. The next one that I want to take on  
5 is the terminology.

6 There are a number of issues that were  
7 brought to my attention. One that I know will  
8 be a bold move for us to remove the word  
9 "medicine" from the word "chiropractic".

10 So I would love to hear your feedback as a  
11 Board.

12 DR. DOUGHERTY: It's interesting.

13 My feeling is that this was put in in the  
14 mid-90s, and it was as a result of the Medical  
15 Association trying to say that they were the  
16 only ones who give medical opinions and make  
17 medical necessity --

18 DR. HEAGY: Uh-huh.

19 DR. DOUGHERTY: -- determinations. A big  
20 effort by that. So this was done -- not just  
21 the chiropractors -- podiatrists, somebody else  
22 -- I forget -- to put medicine in their title.

23 DR. HEAGY: Uh-huh.

24 DR. DOUGHERTY: You know, it's nothing to  
25 do with drugs or anything like that. It was

1 done to prevent -- I mean, if we lose the right  
2 to say "medical necessity", you know, we're --  
3 we're going to be in trouble. So I think it's  
4 -- it's an important thing to have in there.

5 Also there were other cases where team  
6 physicians -- you know, volunteer team  
7 physicians. You don't have the immunity unless  
8 you're practicing medicine, and we are  
9 practicing chiropractic medicine, so we fall  
10 into that.

11 You take away -- you take away the word  
12 medicine and we're not practicing medicine.  
13 We're -- no civil immunity on that case.

14 DR. HEAGY: Even though we're physicians?

15 I'm asking. I don't know the answer. I  
16 mean, we're not taking away our physician status  
17 by removing --

18 DR. DOUGHERTY: Correct.

19 DR. HEAGY: -- by removing the word  
20 medicine.

21 DR. DOUGHERTY: All right. Let me --

22 DR. HEAGY: Because I looked at the other  
23 boards and, you know, we're the only state in  
24 the country that uses the word "chiropractic  
25 medicine". I mean, the Board of Chiropractic

1 Medicine.

2 DR. DOUGHERTY: The legislature had  
3 recognized a generic meeting of medicine as  
4 early as 1980 by enacting the Florida statute  
5 granting volunteer team physicians civil  
6 immunity -- there's a statute number there.  
7 Defines the term "team physician" as any  
8 physician licensed to practice medicine,  
9 pursuant to Chapter 458, Chapter 459, Chapter  
10 460, Chapter 461, or 466 who volunteers as team  
11 physician. Also --

12 DR. HEAGY: Sounds like it includes us.

13 DR. DOUGHERTY: Pardon me?

14 DR. HEAGY: It sounds like it includes us,  
15 using our statute number.

16 DR. DOUGHERTY: By -- by the term -- well,  
17 pursuant -- it includes us with medicine, yeah.

18 DR. HEAGY: Uh-huh.

19 DR. DOUGHERTY: With the term "medicine".

20 DR. HEAGY: Okay. Thanks.

21 DR. DOUGHERTY: Okay. Also, good samaritan  
22 laws. Any person including license -- any  
23 person including those licensed to practice  
24 medicine, who gratuitously and in good faith,  
25 rendered emergency care or treatment, shall not

1 be held liable for any civil damages as a result  
2 of such care or treatment, or as a result of any  
3 act or failure to act in providing or arranging  
4 for further medical treatment when the person  
5 acts as an ordinary reasonably prudent person  
6 would have acted under the same circumstance.

7 Here the term "licensed to practice  
8 medicine" could be interpreted as applicable  
9 only to allopathic physicians in the absence of  
10 the aforementioned 1990's modifications.

11 Also there was a place where the court  
12 recognized that -- let me see.

13 DR. HEAGY: We can come back to that.

14 MR. COLTER: Okay.

15 DR. HEAGY: Does anybody else have  
16 something?

17 DR. FOX: As much as I'm not here to  
18 promote chiropractic medicine in any way shape  
19 or form, I agree with Ken. I don't know if it  
20 could come back and bite us. I don't know how  
21 it will help us by taking it out.

22 I know it creates confusion and that's the  
23 part that I don't like.

24 DR. HUNT: Yep.

25 DR. FOX: And the confusion part is, is I

1 don't like it in any way shape or form. I just  
2 don't want it -- by taking it out, to come back  
3 and bite us. I don't know how. I just can't  
4 foresee in the crystal ball of the future of  
5 what may happen to us of taking away more things  
6 from chiropractors.

7 DR. HEAGY: And just -- I'm sorry. Go  
8 ahead.

9 DR. FOX: But that's -- that's my only  
10 thought process of the reason for leaving it  
11 there.

12 I do, as I said, dislike the confusion that  
13 it poses to the public, but it was put in there  
14 for a reason in somewhere shape or form in the  
15 past to somehow protect us. I don't know how.

16 DR. HEAGY: I'm curious to know if other  
17 states have trouble with this without the word  
18 "medicine".

19 DR. FOX: I don't know. My small mind -- I  
20 haven't figured it out besides the confusion. I  
21 never understood it when I came into this state.  
22 However, it's there.

23 DR. HEAGY: I think new graduates have a  
24 problem with it, too. You know, they think they  
25 have a degree in chiropractic medicine because

1 our board is named that, perhaps.

2 Ms. Pelaez, as a consumer member, so you  
3 have an opinion on this?

4 DR. FOX: I would be interested to hear  
5 what Dr. Kent has to say on this.

6 DR. KENT: I really can't opinion on this  
7 aspect of the law. (Unintelligible. Not using  
8 microphone.)

9 MS. PELAEZ: What other states -- you were  
10 just mentioning other states. What other states  
11 have different names?

12 DR. HEAGY: They are boards of  
13 chiropractic, board of chiropractic examiners.  
14 You know, if you Google chiropractic medicine,  
15 Florida comes up.

16 DR. HUNT: So, excuse me. I just looked  
17 for synonyms for medicine, or, you know, the  
18 thesauruses, and it says anesthetic, antibiotic,  
19 antidote, antiseptic, antitoxin, balm,  
20 biological, capsule, cure, dose, drug, elixer,  
21 injection, inoculation, liniment, lotion,  
22 medication, medicament, pharmaceutical,  
23 pharmacon, physic, pill, potion, prescription,  
24 remedy, salve, sedative, serums, tablet,  
25 tincture, tonic, vaccination and vaccine.

1           What of that has to do with me? Nothing.

2           MS. PELAEZ: How about physician?

3           UNIDENTIFIED SPEAKER: Same thing.

4           MS. PELAEZ: Same thing? Physician is the  
5 same? Chiropractic physician?

6           DR. HUNT: I just looked up -- I was just  
7 looking for a different word to use than  
8 "medicine" and none of those work for me.

9           DR. FOX: I heard (unintelligible) that one  
10 time.

11          DR. HUNT: Did you?

12          (Laughter.)

13          DR. FOX: They introduced me for the  
14 trainer of the school hockey team.

15          (Laughter.)

16          That was his (unintelligible).

17          DR. HEAGY: Okay?

18          DR. DOUGHERTY: 2nd District Court of  
19 Appeal, while finding that chiropractic  
20 physicians are competent to testify as to  
21 reasonable medical probability, as to the  
22 permanency of injury sustained in automobile  
23 accidents, explains that medical relates to the  
24 science of medicine and the practice of  
25 chiropractic is the practice of medicine,

1           although in the restricted form.

2           It says the 2nd District Court of Appeals  
3           in Florida.

4           DR. HEAGY:   So by changing the word  
5           medicine, would it remove that opinion?

6           I mean, by not calling it medicine, because  
7           of the confusion issue, I'm asking -- again, I  
8           don't know the answer.

9           DR. DOUGHERTY:  My understanding is that we  
10          can give medical probability, medical opinion,  
11          medical necessity because medicine is in our  
12          definition.  And if we take that out, insurance  
13          companies will say, "No, you can't give medical  
14          necessity."

15          DR. HEAGY:  Don't other states give medical  
16          --

17          DR. DOUGHERTY:  Well, this was started in  
18          Florida by the Florida -- the FMA trying to do  
19          this.

20          I don't know if they've done it in other  
21          states, but they tried to do it here, and my  
22          feeling is as soon as you take this out, they're  
23          going to try to do it again.

24          DR. HEAGY:  Okay.

25          MR. COLTER:  Could I ask.

1 DR. DOUGHERTY: Uh-huh.

2 MR. COLTER: Could I ask what precipitated  
3 removing the word "medicine" throughout the  
4 statute?

5 DR. HEAGY: That's a great question. I  
6 took feedback from the profession and this was  
7 one of the issues that I felt like needed to  
8 come before the Board for discussion and  
9 decision.

10 MR. COLTER: And what were their concerns?

11 DR. HEAGY: Confusion to the public mainly,  
12 and the fact that --

13 MR. COLTER: Because the word "medicine"  
14 and chiropractors don't --

15 DR. HEAGY: Well that more that -- you  
16 know, consumers often ask me, "Oh, so that means  
17 they're also a medical doctor." You know, "They  
18 are a chiropractor and a medical doctor," and,  
19 you know, I explain, "No, they're chiropractors.  
20 It's just a different term for chiropractor."

21 So I think that that public perception is  
22 why I felt like we needed to at least talk about  
23 it.

24 DR. SPIVEY: But wouldn't that same  
25 argument be used if you -- you were just saying

1 you are considered chiropractic physicians.

2 DR. HEAGY: It does come up.

3 DR. SPIVEY: So would that be an issue with  
4 the public as well?

5 DR. HEAGY: It does come up. When the  
6 public asks me, "Oh, they were a medical doctor,  
7 too, because they're a chiropractic physician."

8 I think that that word tends to be more  
9 generic than the word "medicine," you know.

10 DR. DOUGHERTY: Right now there are three  
11 classes of physicians in Florida -- allopath,  
12 osteopaths and chiropractors.

13 So we are physicians.

14 DR. SPIVEY: Right.

15 DR. DOUGHERTY: Yes. It's not just a term.  
16 We are, by Florida statute.

17 DR. SPIVEY: And that -- I was wondering  
18 that same question you asked also, Mr. Colter,  
19 why -- what brought this on to remove the term  
20 "medicine".

21 DR. HEAGY: Just feedback from the  
22 profession.

23 DR. SPIVEY: And just -- just from a  
24 layman's standpoint, I'm thinking that if you  
25 did remove the term "medicine," it may actually

1 take something away from your profession.

2 DR. HEAGY: Right.

3 MR. COLTER: But how are medicine and  
4 medical -- you kept referring to "medical". How  
5 is "medicine" and "medical" connected?

6 DR. DOUGHERTY: If you look up -- and I  
7 know Dr. Julie just did, but if you look at the  
8 second definition it's "healing". It's not just  
9 drugs.

10 Drugs would be the first definition. The  
11 second is just generic healing.

12 DR. HEAGY: Okay.

13 DR. DOUGHERTY: So it's in that respect  
14 that it's -- we're practicing chiropractic  
15 medicine.

16 DR. HUNT: Can we call it chiropractic  
17 healing?

18 (Laughter.)

19 DR. DOUGHERTY: Well that is what we try to  
20 do, I hope.

21 You know, but the statute also says you can  
22 call yourselves chiropractors. You can call  
23 yourself practicing chiropractic. It leaves it  
24 up to the individual practitioners how they want  
25 to advertise and what they want to do. This is

1 just in our statute. And again, that is to  
2 protect us from the FMA, which, you know, in  
3 Florida got a bug up their butt that they were  
4 going to take us out of insurance, take us out  
5 of all this stuff. You know, testifying in car  
6 accident cases.

7 DR. HEAGY: Anybody else?

8 MR. COLTER: I think that the ramifications  
9 might be pretty -- just like Dr. Fox suggested.  
10 We don't know what the future may bring, but I  
11 have a sense that the ramifications of removing  
12 it could be -- could be dangerous.

13 DR. HEAGY: Okay.

14 DR. FOX: I quote Louis Sportelli and say,  
15 "Regulate and not restrict." I just -- I don't  
16 want to see anymore of our rights taken away  
17 from us. As much as I don't -- I don't consider  
18 ourselves medical practitioners. We're  
19 chiropractors. And I do -- and I was going to  
20 bring up the second point, even though the  
21 lengthy description of medicine, the other part  
22 of the word "medicine" is healing, and just like  
23 a doctor is a teacher.

24 So I don't like that as a chiropractor;  
25 however, it's there and I just don't want to

1           lose any rights.

2           So I would -- I would be -- I would like  
3           not to cut it from our statute at this time.

4           DR. HEAGY: Okay. Any other feedback from  
5           the Board? We'll take public comment.

6           Anybody from the public?

7           DR. MATLOCK: Yes. Lucas Matlock.

8           Once again, I would ask why -- why are we  
9           doing things different? We're the only state in  
10          the country that has a chiropractic medical  
11          board. And there is not a single chiropractic  
12          school that I've been able to find in the  
13          country or world that graduates chiropractic  
14          physicians.

15          And to me, the Board of Chiropractic has  
16          one particular purpose and that's to protect the  
17          public. And chiropractic medicine and  
18          chiropractic physician, in my opinion, is very  
19          confusing, and it confuses the public. And I  
20          see a lot of people and I get a lot of -- a lot  
21          of people ask me in my practice, and in other  
22          places where I travel, when they see it on  
23          cards, "What makes somebody a chiropractic  
24          physician," and "is that more than just a  
25          chiropractor?" And it -- it's very confusing

1 and I don't see there a reason being for it at  
2 all.

3 I know -- you keep -- you keep bringing up  
4 what are the ramifications? Well, what does it  
5 actually give us? What has it given us? It  
6 didn't help with -- it didn't help with PIP.

7 Okay. Acupuncture -- acupuncturists are  
8 actually acupuncture physicians. They weren't  
9 even allowed any of PIP, and we're nowhere even  
10 near on the same plateau as a medical doctor  
11 with a PIP.

12 So my point is why is it there, and what is  
13 it doing to help us at all?

14 So, you know, there again, the concern is  
15 is our public imagine and the safety of our  
16 community.

17 So, thank you.

18 DR. HEAGY: Thank you. Anybody else?

19 DR. WINEGARTEN: I have something else.

20 DR. HEAGY: Please introduce yourself.

21 DR. WINEGARTEN: Mindy Winegarten,  
22 chiropractor from Port Orange.

23 I hear FMA and I hear insurance. All the  
24 other states that do not have medicine on their  
25 board still deal with insurance companies, and

1 still deal with the medical necessities if they  
2 document correctly. And I'm sure they have a  
3 medical association that is threatened  
4 chiropractic in their states, but they still did  
5 not succumb to say we have to put medicine on  
6 the end of our title.

7 It is confusing and I think it's something  
8 that if it bothers you, then stand up for it.

9 DR. HEAGY: Thank you. Any other public  
10 comment? (No response.)

11 Okay. So do you want to -- can I get a  
12 motion to keep it or remove it?

13 MS. PELAEZ: I motion to keep it.

14 DR. DOUGHERTY: I'll second to keep  
15 medicine in the --

16 DR. HEAGY: Discussion?

17 MS. PELAEZ: Medicine. The way it is.

18 DR. DOUGHERTY: I will second.

19 DR. HEAGY: Discussion? (No response.)

20 Okay. Call the question.

21 All in favor? (Board members responded.)

22 Opposed?

23 MR. COLTER: No.

24 DR. HEAGY: Three. Dr. Fogarty, did you  
25 vote for or against?

1 DR. FOGARTY: For.

2 DR. HEAGY: Okay. So your motion carries.  
3 It stays.

4 Okay. The last two things are more -- well  
5 CEU Review and rescinding process.

6 Because of the issues that Dr. Hunt and I  
7 have had with some of the CE providers, I --  
8 there's no mechanism for which we can remove  
9 their approval, so that's what that -- that's on  
10 page 12.

11 We just added -- let's see -- (c), that  
12 underlying piece there so that we had statutory  
13 authority to -- if we attended a meeting that  
14 had been approved we could rescind future CE  
15 credit for that provider until they got it  
16 straightened out. So that's what that one is  
17 about.

18 Discussion?

19 DR. HUNT: Well, that makes sense to me  
20 because, you know, as I look through these, and  
21 everything looks good, if I were to show up in  
22 the meeting and it didn't fit, what was  
23 represented, I would like to be able to redirect  
24 that in the future.

25 DR. HEAGY: Yes. And we tend to approve a

1 recurring program once so that they may be  
2 approved the entire year when after we audited  
3 it, it may actually not be what we approved.

4 DR. HUNT: Right.

5 DR. HEAGY: Or what would meet our  
6 standard. But we have no statutory authority to  
7 rescind that after we've already approved it for  
8 the year.

9 DR. HUNT: Yeah.

10 DR. HEAGY: So --

11 DR. HUNT: And I -- I don't think it'll  
12 happen a lot, but I like the option.

13 DR. HEAGY: Yeah. Any other discussion?

14 DR. DOUGHERTY: I think it sounds good.

15 DR. HEAGY: Okay. Public? (No response.)

16 Okay. I'll entertain a motion.

17 DR. DOUGHERTY: I'll move to include that  
18 language.

19 DR. HUNT: And I'll second it.

20 DR. HEAGY: Okay. Discussion? (No  
21 response.)

22 Call the question.

23 All in favor? (Board members responded.)

24 Opposed? (No response.)

25 Motion carries.

1           The last one, page 13. This was brought to  
2 my attention sort of after the fact. 464.13(k),  
3 "Making a misleading, deceptive, untrue, or  
4 fraudulent representation in the practice of  
5 chiropractic medicine, or employing a trick or  
6 scheme in the practice of chiropractic medicine,  
7 when such trick or scheme fails to conform to  
8 the generally prevailing standards of treatment  
9 in the chiropractic medical community.

10           Meaning it feels like there's a prevailing  
11 scheme or trick that is normal. So we -- we  
12 just opted to strike that last part of the  
13 sentence so that we could determine whether  
14 there was a trick or scheme happening.

15           It makes sense.

16           DR. HUNT: It makes sense.

17           DR. HEAGY: Yeah. I felt like that was  
18 more housekeeping than anything else.

19           DR. DOUGHERTY: Now it's good.

20           DR. HEAGY: Kind of silly. Discussion?

21           DR. FOX: It sounds good.

22           DR. HUNT: So moved.

23           DR. HEAGY: Okay.

24           DR. DOUGHERTY: Second.

25           DR. HEAGY: Call the question.

1 All in favor? (Board members responded.)

2 Opposed? (No response.)

3 Motion carries. Thank you for your

4 diligent work today.

5 Was there anything else to come before this

6 Legislative Committee?

7 MR. COLTER: I'd like to bring up the --

8 while we did branch off a chapter on scope of

9 practice.

10 DR. HEAGY: Uh-huh.

11 MR. COLTER: And the --

12 DR. HEAGY: Page 5.

13 MR. COLTER: -- definition on page 10 of a

14 board-approved chiropractic college, it maybe

15 kind of -- the second one may be kind of moot

16 today after today's discussion, but I still

17 think it ought to be in the definition so that

18 it covers all the different chapters and not

19 just the chapter on licensure by examination.

20 And the other one is that -- created the

21 standards of practice by taking a whole bunch of

22 stuff out of the definitions that were more

23 shall's and may's and things like that and moved

24 it to a different chapter.

25 DR. HEAGY: So with that in mind -- I'm so

1 glad you brought that up. Mr. Lambert seemed to  
2 have to some concern that by revamping the whole  
3 chapter, it might endanger us moving forward on  
4 the other issues that we actually had in mind  
5 based on the PT board.

6 Did you guys hear the same thing that I  
7 heard there? He said that they had sort of  
8 revamped their chapter because there was such a  
9 volume of change, they were sort of suspicious  
10 of it and -- so, you know, I'm not sure what  
11 your feeling is on taking it one issue at a time  
12 or, you know --

13 MR. COLTER: I think we should clean up  
14 because there was also another section that we  
15 -- restricted license. I think that is --

16 DR. HEAGY: Took that out, yeah.

17 MR. COLTER: -- should be gone. But we  
18 need to get the consensus on that.

19 I think we should do a professional job in  
20 writing the statute to the best of our ability  
21 no matter what the naysayers might have to say  
22 about it.

23 DR. HEAGY: Okay.

24 MR. COLTER: And that's why I suggest that  
25 if we're writing a definition that applies to

1 many parts, as board-approved chiropractic  
2 college does, we should move it out and move  
3 things that aren't definitions out of  
4 definitions.

5 DR. HEAGY: Okay. Ms. Loucks?

6 MS. LOUCKS: I just -- I know we didn't  
7 talk about it, but you had included as part of  
8 the revision the standards of practice, and I  
9 just want to tell the Board that based on that  
10 North Carolina dentistry Supreme Court decision  
11 with FTC, Boards that have the ability to  
12 determine standards and scope of practice are  
13 ones that are going to be subject to scrutiny.  
14 Not that you shouldn't go ahead and proceed with  
15 this, but I'm just going to be -- you know,  
16 well, we're going to have to watch it.

17 So I just want to put you on notice  
18 basically that this may raise a red flag issue,  
19 because I know the legislature has been made  
20 aware of that FTC North Carolina dentistry  
21 opinion, and so it's high on their radar.

22 So this is an area that you may get some  
23 pushback from, but I'm not saying that you  
24 shouldn't go forward and do it, but this is one  
25 of the areas that they may be looking at.

1 DR. HEAGY: Okay. Thank you.

2 DR. FOX: Good point we just made by not  
3 completely revamping this entire piece of  
4 statute by just simply crossing off the  
5 accredited by council of chiropractic education.

6 That clears a lot of -- what we're trying  
7 to accomplish by simply scratching that. It's  
8 -- it takes away a lot of confusion and a lot of  
9 issues that may come up later on by -- by all  
10 parties, and it doesn't take anything away  
11 either from CCE. It just gives us more freedom.

12 MR. COLTER: Right.

13 DR. DOUGHERTY: That was the first issue  
14 that came up when I sat down and looked at the  
15 document pretty thoroughly in a few days of free  
16 time, and thought about the foreign graduates.  
17 How are we going to -- that word CCE was in  
18 there no less than 14 times, I believe,  
19 throughout -- throughout the document, and I  
20 kind of thought we should -- we should, going  
21 forward, look at -- just like you're saying --  
22 to not tie our hands in so many areas. Simplify  
23 the document was my idea.

24 DR. HEAGY: Great.

25 DR. DOUGHERTY: I have one input. Right

1 after the CCE reference it says, "No person  
2 other than licensed chiropractic physician may  
3 render chiropractic services, chiropractic  
4 adjustments or chiropractic manipulations.

5 MR. COLTER: Where are you?

6 DR. DOUGHERTY: Page 5.

7 DR. HEAGY: He moved that to someplace  
8 else. He didn't remove --

9 MR. LESH0: That is now on page 5.

10 DR. HEAGY: 6.

11 MR. LESH0: It's number 1 under 460.403.

12 DR. DOUGHERTY: That was a pretty  
13 importance piece to have in there.

14 (Laughter.)

15 MR. LESH0: All of -- sorry. All of 403.5  
16 you had mentioned that there might be some  
17 pushback. None of that is actually new. That's  
18 all stuff that had already existed; it was just  
19 moved.

20 MR. COLTER: It was all in the definitions.

21 MS. LOUCKS: Yeah. It's just the way that  
22 it's --

23 DR. DOUGHERTY: Okay.

24 MS. LOUCKS: It's just the way that it's  
25 worded.

1 MR. LESH0: Presentation.

2 DR. DOUGHERTY: Okay. So it's still in  
3 there?

4 MR. LESH0: It is still in there.

5 MR. COLTER: Word for word.

6 DR. HEAGY: Thank you.

7 MR. COLTER: Word for word. It just was in  
8 the definitions. And to my eye, it's not a  
9 definition.

10 When you say "shall" and "may", that's not  
11 a definition. That's some sort of legislation.

12 DR. DOUGHERTY: Right.

13 MS. LOUCKS: I guess what I was referring  
14 to was number 9, because the Board doesn't have  
15 authority to establish rule standards.

16 MR. LESH0: Ah, I see.

17 MS. LOUCKS: That's where the pushback is.

18 MR. COLTER: I think that got added.

19 DR. HEAGY: So you think we need to  
20 eliminate 9?

21 MS. LOUCKS: No.

22 DR. HEAGY: Okay.

23 MS. LOUCKS: You can leave it in there.

24 I'm just saying I'm -- there have been a couple  
25 of lawsuits filed in Mississippi and Texas

1           against the Boards of Medicine in those  
2           respective jurisdictions based on that case, and  
3           one of them is telemedicine practice in Texas, I  
4           believe.

5           So it's just something to watch. And so we  
6           have meetings all the time with the others  
7           attorneys in my office, and it's like we don't  
8           really know what's going to happen with the way  
9           that that opinion is going to impact all the  
10          boards, but one of our most recent discussions  
11          has been boards that have the ability to  
12          establish rules that set out standards of  
13          practice because those could be viewed more as  
14          you're restricting ability -- the ability of  
15          other people to come into the -- or using your  
16          position as a Board member to restrict people  
17          from being able to practice. You know, not this  
18          Board, particularly. But the telemedicine  
19          rules, yes, that impacts, you know, people's  
20          ability to practice medicine over, you know, the  
21          Texas group wants to do it totally by phone  
22          without adding any in-person contact with the  
23          patient at all.

24          So you are putting a restriction, and so  
25          those kinds of rules are going to be challenged,

1 and we're not sure at this point in time how  
2 that pushback is going to be.

3 So I'm just saying it's just an issue that  
4 we're going to have to watch and be cognizant  
5 of. Not that you shouldn't do it.

6 MR. LESH0: I may have spoken incorrectly,  
7 because I think 9 actually was added. So  
8 everything else is not --

9 MS. LOUCKS: We wanted it added because the  
10 boards wanted to put standards of practice for  
11 certain things in and I will never let them do  
12 that.

13 DR. HEAGY: Do we always, when it comes to  
14 continuing ed, for example, say this isn't in  
15 our scope or --

16 MS. LOUCKS: Well, and I know through the  
17 course, we've had the manipulation under  
18 anesthesia that you wanted to do legislation on,  
19 and we had the --

20 DR. FOGARTY: Nerve conduction.

21 MS. LOUCKS: Yeah. So there have been  
22 other things that, I'm like, "You don't have  
23 authority to do the rules," and so that's where  
24 we wanted it added, but I'm just saying you just  
25 need to be aware of how we're doing it.

1 DR. HEAGY: Okay.

2 MS. LOUCKS: Not that you shouldn't. I'm  
3 just saying.

4 DR. HEAGY: Thank you.

5 MS. LOUCKS: Giving you a head's up.

6 DR. HEAGY: Any other business to come  
7 before our committee meeting? (No response.)

8 Okay. Fabulous, fantastic discussions,  
9 participation. I really appreciate it. I know  
10 it's late and we've been here all day, so I  
11 really appreciate your attention.

12 Motion to adjourn?

13 DR. DOUGHERTY: Motion moved.

14 DR. FOX: Second.

15 DR. HEAGY: All in favor? (Board members  
16 responded.)

17 Thank you so much.

18 (The Department of Health, Board of  
19 Chiropractic Medicine, Legislative Committee  
20 meeting concluded at 4:15 p.m.)

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**CERTIFICATE OF REPORTER**

STATE OF FLORIDA

ss:

COUNTY OF SEMINOLE

I, CYNTHIA R. GREEN, court reporter, hereby certify that I was authorized to and did report the June 2015 Department of Health, Board of Chiropractic Medicine, Legislative Committee Meeting, and that the transcript is a true and accurate transcription of my notes and recordings.

I further certify that I am not a relative, employee, attorney or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorneys or counsel, nor am I financially interested in the outcome of the foregoing action.

DATED this 7th day of June, 2015.

\_\_\_\_\_  
CYNTHIA R. GREEN, Court Reporter  
Notary Public-State of Florida