

**REPORT OF THE
DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF HEALTH PROFESSIONS**

**STUDY OF THE MERIT OF
AN INDEPENDENT BOARD
OF CHIROPRACTIC**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



SENATE DOCUMENT NO. 5

**COMMONWEALTH OF VIRGINIA
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2000**



COMMONWEALTH of VIRGINIA

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October 13, 1999

TO: The Honorable James S. Gilmore, III
Governor of the Commonwealth of Virginia

The Members of the General Assembly of Virginia

It is our privilege to present this report which constitutes the response of the Board of Health Professions to the request contained in Senate Joint Resolution 433 of the 1999 Session of the General Assembly.

The report provides the findings of the board from its Study of the Merit of an Independent Board of Chiropractic and its recommendation that by statutory action an independent board should be established. The final report is available to the public on the website for the Department of Health Professions at <http://www.dhp.state.va.us/>.

The Board acknowledges the work of an Ad Hoc Committee on Independent Boards and the staff who conducted the research and prepared the final report.

John W. Hasty
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Hugh C. Cannon
Executive Director
Board of Health Professions

**VIRGINIA BOARD OF HEALTH PROFESSIONS
DEPARTMENT OF HEALTH PROFESSIONS**

**Study of the Merit of an Independent Board of Chiropractic
Pursuant to SJR 433 (1999)**

**Members of the Board of Health Professions
1999**

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Acknowledgements

The members of the Board of Health Professions gratefully acknowledge the work of the Ad Hoc Committee on Independent Boards, chaired by Janice Golec, for their diligence in studying the issues, hearing testimony and developing policy options for consideration. The Board also acknowledges the contributions of the Virginia Chiropractic Association and the Virginia Society of Chiropractic for providing information and assisting the Ad Hoc Committee in its deliberations.

Final Recommendation of the Board

In response to Senate Joint Resolution 433, the Board of Health Professions has recommended the establishment of an independent board of chiropractic.

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Executive Summary

Background for the Study

Senate Joint Resolution 433, patroned by Senator Edward Schrock and passed by the 1999 Session of the General Assembly, requested the Virginia Board of Health Professions to examine the efficacy of establishing an independent board of chiropractic. Chiropractors are currently licensed and regulated by the Board of Medicine. By statute, one of the seventeen members appointed by the Governor to the Board must be a chiropractor. Issues expressed in the body of the resolution refer to the myriad of practitioners regulated by the Board, ranging from physicians to occupational therapists and the possibility that the Board may not be able to adequately address the issues relating to all its licensees. The resolution further notes that the modalities and expertise of the various practitioners of the healing arts are quite different and that it may be time for chiropractic to be “regulated by a board with the expertise in the skills necessary to provide quality services to the public.”

The Ad Hoc Committee on Independent Boards of the Board of Health Professions functioned for the purpose of reviewing background information on the regulation of chiropractic in Virginia and other states, gathering data on the feasibility of an independent board, receiving public comment, and bringing recommendations to the Board. The Regulatory Boards Administrator for the Department, Elaine J. Yeatts provided staff and research assistance for the Committee.

Findings and Recommendations of the 1993 Report on the "Feasibility and Appropriateness of Establishing a Board of Chiropractic in the Commonwealth of Virginia" (House Document No. 19)

The 1992 General Assembly adopted House Joint Resolution No. 26 requesting the Board of Health Professions to conduct a study of the feasibility and appropriateness of establishing a board of chiropractic in the Commonwealth. After a review of the literature on chiropractic practice, public hearings and solicitation of public comment, a survey of the regulatory and disciplinary structures in other states, a review of disciplinary caseloads involving chiropractors in Virginia, and some statistical modeling based on survey data and other information, the Board focused on findings which addressed three issues:

- The regulatory structure for the profession of chiropractic and its effects;
- Disciplinary effectiveness and the equitable treatment of chiropractic licensees;
- The potential costs of establishing an independent board.

Conclusion of the 1993 Study:

At that time, the Board found no evidence that Virginia's citizens are insufficiently protected by the current regulatory structure, and there is no evidence that they would be better protected by a separate board of chiropractic. It recommended against establishment of an independent board.

Major Findings of this Study Report

- **Chiropractic is a separate and distinct profession from medicine with different training and approaches to the healing arts, and it has grown significantly in numbers in the past few years.**

Chiropractic began as an independent profession in the late 1890's, but it has been regulated in Virginia since 1920. The effort to secure an independent board has been almost continuous since 1921. At one time, there were two chiropractic members of the Board but that number was reduced to one in 1966. Chiropractors initiated the introduction of legislation in 1997 to create an Advisory Board on Chiropractic, but the disciplinary role of such a board was eliminated and the bill ultimately defeated. The number of chiropractors licensed in Virginia has grown from 820 in 1992 to almost 1500 in 1999.

- **The current system of having one person to represent the varied practitioners within chiropractor is not satisfactory.**

In disciplinary matters, the chiropractor member cannot sit on both the informal conference and the panel for a formal hearing, which may result in a chiropractor being exonerated or disciplined without a peer professional involved. Likewise, the Executive Director and the Board President review cases to determine whether to close a case or notice the practitioner for a hearing. Usually the chiropractic member is consulted if there is an issue of standard of care, but that is not required.

- **Virginia is only one of three states that does not regulate chiropractic through an independent board.**

The other two states in which chiropractic is part of a composite board are Kansas and Illinois. In Kansas, there are three doctors of chiropractic, three osteopathic doctors, one podiatrist, five medical doctors, and three members of the public. In Illinois, there are separate boards for licensing and discipline with one chiropractor, one osteopath and five medical doctors on each. Of the three states without an independent board of chiropractic, Virginia has the smallest representation on the composite board that regulates the profession.

- **An independent board of chiropractic would be the eleventh largest board of the 13 boards within the Department of Health Professions.**

As compared with the 12 current boards of the Department of Health Professions, it would appear that an independent board of chiropractic would have a higher number of investigative cases than five of the boards but lower than the Boards of Dentistry, Funeral Directors, Medicine, Nursing, and Veterinary Medicine.

- **An independent board of chiropractic would be feasible with sharing the services of an Executive Director, office space, and support staff for the licensing and disciplinary requirements of the profession.**

There would be a moderate amount of time spent by an Executive Director in reviewing investigative files or managing informal conferences and formal hearings. The examination in chiropractic is now a national examination provided by the National Board of Chiropractic Examiners. While staff of the Board of Medicine must review and approve applicants for licensure, the development, administration and grading of the state licensure examination in chiropractic is no longer a board function.

However, in analyzing the fiscal impact of an independent board with the potential implication on fees charged to licensees, it may be predicted that the licensure and renewal fees for chiropractors would need to be increased to support the functions of an independent board.

- **There would be additional costs for the appointment of members to an independent board.**

The *Code of Virginia* (§ 54.1-2944) prescribes that one member of the Board be a licensed chiropractor, appointed by the Governor. If an independent board were to be established, it would entail the appointment of as many as six additional board members including one or more citizen members. With the addition of an independent board and board members, there would come the added expenditures for per diem, travel expenses, meeting costs, and staff time for planning and executing the business of the board.

- **The creation of an independent board of chiropractic would have little impact on the staffing needs of the Board of Medicine but could have a very slight impact on the fees of remaining licenses.**

Since one staff person processes the applications for other professions along with chiropractic, it is likely that no FTE's could be transferred from the Board to an independent board of chiropractic. While the profession of chiropractic now has the services of the Executive Director, the Deputy Director for Licensing, and other staff within the Board of Medicine, the percentage of their time dedicated to chiropractic is not sufficient enough to warrant any other decrease in employment. Likewise, the space needs for the Board of Medicine would not be substantially changed with the loss of chiropractic.

The loss of the profession of chiropractic from the group of entities regulated under the Board of Medicine could have some impact on the fees of other professions under that Board. Most of the expenses of the Board are fixed and would not be reduced by the reduction in regulants.

However, the creation of an independent board could have a positive effect on the Board of Medicine in terms of an enhanced ability to focus on the regulation of medicine and the allied health professions under the Board.

Final Recommendation of the Board of Health Professions:

The Board of Health Professions recommends the establishment of an independent board of chiropractic as being in the best interest of the health, safety and welfare of the patients who are consumers of chiropractic services in Virginia.

**VIRGINIA BOARD OF HEALTH PROFESSIONS
DEPARTMENT OF HEALTH PROFESSIONS**

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Pursuant to SJR 433 (1999)**

Background and Authority

Senate Joint Resolution 433, patroned by Senator Edward Schrock and passed by the 1999 Session of the General Assembly, requested the Virginia Board of Health Professions to examine the efficacy of establishing an independent board of chiropractic. Chiropractors are currently licensed and regulated by the Board of Medicine. By statute, one of the seventeen members appointed by the Governor to the Board must be a chiropractor. Issues expressed in the body of the resolution refer to the myriad of practitioners regulated by the Board, ranging from physicians to occupational therapists and the possibility that the Board may not be able to adequately address the issues relating to all its licensees. The resolution further notes that the modalities and expertise of the various practitioners of the healing arts are quite different and that it may be time for chiropractic to be “regulated by a board with the expertise in the skills necessary to provide quality services to the public.” (A copy of SJR 433 is attached to this report.)

Study Task Force of the Virginia Board of Health Professions

The Chairman of the Board of Health Professions appointed an Ad Hoc Committee on Establishing Independent Boards. To advise the Ad Hoc Committee, the Virginia Society of Chiropractic and the Virginia Chiropractic Association were notified of meetings and were invited to participate in the finding of facts and the deliberation of recommendations. The Ad Hoc Committee functioned for the purpose of reviewing background information on the regulation of chiropractic in Virginia and other states, gathering data on the feasibility of an independent board, receiving public comment, and bringing recommendations to the Board. Members of the Ad Hoc Committee (with the position they hold on the Board of Health Professions in parenthesis) are as follows:

Janice S. Golec, (citizen member) <i>Chair</i>	Barbara A. Cebuhar (citizen member)
Charles M. Bristow (Funeral Directors)	Sonny Currin, Jr. (Pharmacy)

The Regulatory Boards Administrator for the Department, Elaine J. Yeatts provided staff and research assistance for the Committee.

Public hearings and solicitation of public comment

The Board solicited comment on the issues addressed in the resolution and on the merit of establishing an independent board of chiropractic. In addition to the required notices given to the Register and those interested parties on the Board of Health Professions Public Participation Guidelines list, notices were sent to the patron of the resolution, to the Virginia Society of Chiropractic and the Virginia Chiropractic Association to request information and participation in meetings and hearings.

At its initial meeting on April 20, 1999, the Virginia Society of Chiropractic and the Virginia Chiropractic Association were specifically requested to present to the Ad Hoc Committee a statement on the issues and problems to be addressed in the study. The public was also invited to make any comments at that meeting and at the meeting of the full board that same day. In a statement presented by Dr. Michael Wild, representing the Virginia Society of Chiropractic, the assertion was made that chiropractic, like dentistry, is a separate and distinct profession from medicine, and therefore needs a different regulatory body consisting primarily of its own constituents.

Dr. Wild also asserted that there has been a well-established and documented bias by medicine against chiropractic. He noted that this bias resulted in a landmark ruling by the United States Supreme Court in 1990 in which the American Medical Association, the American College of Surgeons, and other prominent medical organizations were found guilty of systematic conspiracy to discredit and eradicate the chiropractic profession. Prior to the 1990 ruling, it was considered unethical for a medical doctor to refer a patient to a doctor of chiropractic. It was contended that medical doctors were told to either convince a patient seeing a chiropractor to stop or to discontinue their medical care of such patient. While the Society believes the situation has improved considerably over the past nine years, it was asserted that it will take many years before medical doctors who were trained with that bias are replaced by a new generation with more understanding of the role of chiropractic in patient care.

In his comments, Dr. Wild referred to a previous study of the need for a separate board of chiropractic conducted in 1993. He stated that, "The recommendations at that time were that an additional "Advisory Board" for Chiropractic should be established within the Board of Medicine, because the number of chiropractors licensed to practice in Virginia was considered too low (for a separate board)." Following that recommendation, legislation was introduced in 1995 to create this Advisory Board, but it was opposed by the Board of Medicine and defeated because the Board of Medicine "did not want to relinquish control of the chiropractic profession." Dr. Wild went on to note the increase in the total number of chiropractors since the 1993 study and the fact that the Board of Medicine has become "bogged down with the bureaucracy related to the number of professions it is regulating."¹ (The findings and recommendations of the 1993 study report are summarized in the following section.)

¹ Statement by Dr. Michael Wild, Virginia Society of Chiropractic, presented to the Ad Hoc Committee on Establishment of Independent Boards, Virginia Board of Health Professions, April 20, 1999.

Representing the Virginia Chiropractic Association, Dr. John Lofgren commented that the position of the Association is that the health, safety, and welfare of the citizens of the Commonwealth would be better served by an independent board of chiropractors. He noted that 47 states now have an independent board and that chiropractors are represented by only one member on a 17-member Board of Medicine. Commenting on disciplinary matters, Dr. Lofgren spoke of the dilemma faced by the chiropractic member who must decide whether to serve on the informal conference which is hearing a disciplinary case involving a chiropractor or chose to withdraw in case he is needed for a panel in a formal hearing. (Different members of the Board of Medicine must be used if the decision of an informal conference committee is unacceptable to the respondent and a formal conference requested.) Members of the chiropractic profession are aware of and accepting of the fact that licensure fees may have to be increased to support the costs of an independent board.²

Findings and Recommendations of the 1993 Report on the Feasibility and Appropriateness of Establishing a Board of Chiropractic in the Commonwealth of Virginia (House Document No. 19)

The 1992 General Assembly adopted House Joint Resolution No. 26 requesting the Board of Health Professions to conduct a study of the feasibility and appropriateness of establishing a board of chiropractic in the Commonwealth. After a review of the literature on chiropractic practice, public hearings and solicitation of public comment, a survey of the regulatory and disciplinary structures in other states, a review of disciplinary caseloads involving chiropractors in Virginia, and some statistical modeling based on survey data and other information, the Board focused on findings which addressed three issues:

- **The regulatory structure for the profession of chiropractic and its effects;**

The assignment of chiropractic licensure to the Board of Medicine and the allocation of one position on that board to a chiropractor is the prerogative solely of the Virginia General Assembly, which has determined that the current structure is appropriate, not only for chiropractic but for the other professions represented.

The relationship between regulatory structure and scope of practice is indirect and complex. While the scope of chiropractic practice in Virginia is generally considered "restrictive", other states in which chiropractic is regulated by boards of medicine or combination boards have statutory scopes of practice which are rated as "moderate" or "liberal". The General Assembly may alter the scope of chiropractic practice without creating a separate board of chiropractic.

The relationship between regulatory structure and chiropractic/population ratios is statistically significant. States with separate chiropractic boards have higher ratios of chiropractors per

² Minutes of the Ad Hoc Committee on Establishment of Independent Boards, Board of Health Professions, April 20, 1999.

person, and by inference, greater access to chiropractic care. These relationships are stronger in states which also have liberal scopes of practice and a chiropractic school.

Regulatory structure is associated with internship requirements and with temporary license provisions, but not with continuing education requirements. Such provisions in regulations are favored by most chiropractors, but there is no evidence that they contribute to the greater protection of the public health, safety and welfare.

There is a need for more effective peer review in chiropractic profession, and there may be a need to better differentiate chiropractic from other professions by regulations which are more specific to the profession. These objections may be accomplished without creation of a separate board of chiropractic.

- **Disciplinary effectiveness and the equitable treatment of chiropractic licensees;**

The Board of Health Professions found no evidence that a separate board of chiropractic would better protect the public or ensure more equitable treatment of chiropractors. Virginia compares favorably with all other states and jurisdictions in enforcing standards of care and professional conduct. There is no evidence of inequity in the treatment of chiropractors by the Board of Medicine, and average case resolution times for chiropractic cases in Virginia compare favorably with other states, including those states with separate boards of chiropractic.

While it is true that the single chiropractor on the Board of Medicine is barred from participation in all aspects of cases in which both informal conferences and formal hearings are required, the Board is authorized to use, and frequently does use, expert consultants whenever consultation is appropriate. In this regard, chiropractic does not differ from osteopathy or podiatry. In fact, when any case involving a medical specialty not adequately represented on the Board is adjudicated, the Board generally contracts for consultation with one or more experts from that specialty.

- **The potential costs of establishing an independent board.**

The Board of Health Professions does not believe that cost should be a determinant of the need for a separate board of chiropractic. A separate board should be created only if there is evidence that the current system fails to protect the public or to ensure the equitable treatment of licensees.

Conclusion of the 1993 Study:

The Board of Health Professions was requested to study the feasibility and appropriateness of establishing a separate board of chiropractic in the Commonwealth. While such a board is feasible, the Board does not believe that the evidence submitted or collected during this review supports the propriety of establishing such a board. There is no evidence that Virginia's citizens are insufficiently protected by the current regulatory structure, and there is no evidence that they would be better protected by a separate board of chiropractic.

The Board considered two alternatives to a separate board: (1) the creation of one or more additional chiropractic positions on the Board of Medicine, and (2) the creation of an advisory board or committee on chiropractic to the Board of Medicine to assist in rulemaking and the adjudication of disciplinary cases involving chiropractors. The second alternative could be implemented with or without the addition of chiropractic positions on the Board. Both alternatives were opposed by the Virginia Chiropractic Association which argued that only a full and separate board of chiropractic could serve the needs of the profession and protect the public. For this reason, the Board's recommendation was confined to the single question of whether a separate board of chiropractic should be created. Its conclusion was:

*The Board of Health Professions recommends against the creation of a separate board of chiropractic in the Commonwealth at this time.*³

A. Laws and regulations on the practice of chiropractic in Virginia

Description of the practice of chiropractic and the modalities used by chiropractors in Virginia.

In some writings on chiropractic, it is described as "alternative medicine"; chiropractors would disagree with that attribution in the sense that it implies modalities and treatments outside of the mainstream. With almost 80,000 chiropractors licensed nationally, chiropractic may indeed be an "alternative" to traditional, allopathic medicine, but it has become a profession recognized and licensed in all 50 states.

Begun by Drs. D. D. and B. J. Palmer, chiropractic is based on the principle that adjustments to the movable vertebrae of the spine will have an effect on nerve system function which in turn can have an effect on the wellness of the human organism. Adjustment was the term first used by the Palmers to describe the procedure that is used to address spinal (vertebrae) subluxation. Doctors of chiropractic work to normalize the transmission of nerve energy with the intent of assisting the natural recuperative powers of the body. While laws for chiropractic vary in different states, chiropractors generally do not perform surgery or prescribe drugs. In the words of the profession, "rather than chemically or surgically altering body function, health is achieved by allowing the body to heal from the inside out, by removal of spinal interference to the delicate mental impulses traveling over the nervous system".⁴

Chiropractic is compared by chiropractors to other professions, such as dentistry, which are separate and distinct professions from medicine. Chiropractors contend that chiropractic and

³ Report of the Department of Health Professions on the Feasibility and Appropriateness of Establishing A Board of Chiropractic in the Commonwealth of Virginia, House Document No. 19, pages 5-8.

⁴ Position paper of the Virginia Society of Chiropractic, "Brief History of Chiropractic, Overview of the Chiropractic Adjustment", July 4, 1999, page 2.

medicine have very different training and approaches to the healing arts and therefore, need to have separate boards to address scope of practice issues, patient needs and regulatory responses.

Overview of the history of regulation of chiropractic as a background for the current system of regulation.

Chiropractic began as an independent profession in the late 1890's, but it has been regulated in Virginia since 1920. The effort to secure an independent board has been almost continuous since 1921. The 1993 report on the feasibility of an independent board reported that a 1942 study on changes needed to the Medical Practice Act recommended changes in the structure for regulation of the healing arts, specifically including the creation of a separate board of chiropractic. That recommendation was not implemented, but in response, two chiropractors were appointed to the Board of Medicine in 1944. (Throughout this report, the "Board" will refer to the Board of Medicine.) In 1966, representation on the Board was reduced from two to one chiropractor, in all likelihood because of the small number of chiropractors in the state at that time.

In 1996, a group of chiropractors lobbied for the introduction of legislation to establish a Chiropractic Advisory Board under the Board of Medicine. Senate Bill 531, as introduced by Senator Schrock, would have authorized the Advisory Board to "examine persons licensed or seeking licensure under this chapter and advise the Board of Medicine concerning complaints against a chiropractor, and the mental or emotional condition of such person when a complaint or such condition is in issue before the Board of Medicine." The Virginia Chiropractic Association informed the Department that they had no position on the bill, that it was not their legislation.

Concern about the role of an Advisory Board in the disciplinary process of the Board of Medicine led to an amendment in the nature of a substitute, which would have authorized the Advisory Board to "advise the Board of Medicine in matters concerning the practice of chiropractic, including the development of regulations, examinations, and standards of care pertinent to disciplinary proceedings. The Chiropractic Advisory Board shall be the first body to review the findings of any chiropractic investigation. The Chiropractic Advisory Board shall advise the Board of Medicine whether the facts in the investigative file, as supplemented by any information presented by the respondent, indicate a violation of applicable statutes or regulations and what action, if any, it recommends; however, the Board of Medicine shall, in no event, be bound by such advice or recommendation." Although the role of the Advisory Board was clarified, the Board of Medicine voted unanimously (including the chiropractic member of the Board) at its meeting on February 8, 1996 to oppose the bill. Though the substitute bill passed the Senate, it was carried over to the 1997 Session in House General Laws.

In the 1997 Session, the bill to create an Advisory Board on Chiropractic was amended in the House to limit the role of that body to advising the Board of Medicine in matters concerning the practice of chiropractic including the development of regulations and examinations. All reference to a role in disciplinary proceedings concerning chiropractors was eliminated; the amended bill was defeated in the House on a 20 to 78 vote. As described by the position paper of the Virginia

Society of Chiropractic, the "internal chiropractic confusion, combined with the medical opposition to chiropractic self-regulation, killed this initiative." ⁵

Just as the governance of the profession has not changed since the completion of the 1993 study report, the scope of practice for chiropractic has not been substantially altered. In § 54.1-2900, the "Practice of chiropractic" is defined as "the adjustment of the twenty-four movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs, medicines, serums or vaccines." (*Code of Virginia*) In 1997, legislation was passed to permit chiropractors who meet the requirements of the Board to be licensed as physician acupuncturists, resulting in a modest expansion of the chiropractic scope of practice.

Regulated entities under the Board of Medicine

In Virginia, chiropractic is regulated under the Board of Medicine which also has within its scope of responsibility the regulation and discipline of doctors of medicine and surgery, osteopaths, podiatrists, physical therapists and physical therapist assistants, occupational therapists, radiologic technologists and radiologic technologists-limited, physician assistants, interns and residents, respiratory therapists, physician acupuncturists, and licensed acupuncturists. Additionally, legislation passed in the 1999 Session of the General Assembly provides for the certification of athletic trainers under the Board. The Board currently regulates over 45,000 persons with a numerical distribution of professions as follows:

Profession	Total number licensed
Medicine and surgery	27,231
Osteopathy	767
Podiatry	503
Chiropractic	1,500
Physician acupuncture	233
Interns and residents	2,356
Physical therapy	4,915
Physician assistant	463
Licensed acupuncturist	59
Respiratory therapy	2,688
Occupational therapy	1,821
Radiologic technology	2,880

Figures as of June 7, 1999

⁵ Position paper of the Virginia Society of Chiropractic, "History of Attempts to have a Separate Regulating Board for Chiropractic," July 4, 1999, page 5.

The number of chiropractors has steadily grown in Virginia. At the conclusion of the 1986-87 fiscal year, there were a total of 493 licensed chiropractors; by June 30, 1996, there were 1,268 chiropractors licensed in the Commonwealth. Three years later, that total is approximately 1,500.

Governance structure of the Board of Medicine

The composition of the Board is established in § 54.1-2911 of the Code of Virginia, which specifies that the Governor appoint one medical physician from each congressional district, one osteopathic physician, one podiatrist, one chiropractor, one clinical psychologist (a profession no longer regulated under the Board of Medicine), and two citizen members. Board leadership is not designated by statute and traditionally rotates among the various professions. While there is no statutory mandate to do so, chiropractic members of the Board have regularly sat on critical committees and have held offices on the Board.

The chiropractic member from 1990-98, Dr. David Brown, served on the Legislative, Credentials, and Executive Committee and was Secretary-Treasurer of the Board. Since the Executive Committee, comprised of the three officers and four other board members, "shall have full powers to take any action and conduct any business authorized by this chapter" (§ 54.1-2911 of the *Code of Virginia*), the chiropractic member has often had a substantial role in the decision-making of the Board. Currently the chiropractic member, Dr. Jerry Willis, has been on the Board since 1998 and serves on the Legislative and Credentials Committees.

Role of the chiropractic member of the Board in the credentialing, regulating, and disciplining of chiropractors by the Board of Medicine.

Since there is a chiropractic member on the Board, that person is involved in all aspects of regulating, credentialing, and disciplining members of the chiropractic profession. All regulatory and legislative proposals must originate with or are referred to the Legislative Committee for its recommendation to the full Board; currently the chiropractic member is one of that seven-person committee. The Credentials Committee, also a seven-person committee with a chiropractic member, reviews all applications for licensure in which there are questions about an applicant's qualifications. The policy of the Committee is to utilize the expertise of the chiropractic member on professional practice and training in credentials cases involving a chiropractor.

In disciplinary matter, the law specifies that a decision on a investigative case referred to the Board may be made by the Executive Director and the President of the Board who first review the file and make a determination as to whether to notice the practitioner for an informal conference or to close the case as a finding of "no violation." If there is some question about a standard of practice issue or other ambiguity, the Executive Director consults with the chiropractic member prior to making that determination. In disciplinary cases that come before the Board, the chiropractic member of the Board is always included in any matter involving a licensed chiropractor. Typically, the chiropractic member is included on a panel for an informal conference unless it is judged that a formal hearing is likely. In that incident, the chiropractic member may be held in reserve during the informal conference in order to sit on the panel for a

formal hearing. (A member of a regulatory board may not serve on a formal hearing panel if they have already heard the case as part of an informal conference committee.) If the chiropractic member is not available to provide expertise in a standard of care case involving chiropractic practice, an chiropractic expert may be employed for the hearing. As is the case with medical specialties not currently represented on the Board, expert witnesses in chiropractic may be contracted to review a case or provide testimony whenever there are questions that members consider to be outside their field of knowledge.

B. Regulatory systems in other states

Overview of chiropractic in the United States

Virginia holds membership in the Federation of Chiropractic Licensing Boards (FCLB), the body that has led the profession in the establishment of uniform licensing and disciplinary standards. The FCLB, formed in 1919, has been instrumental in the formation of the National Board of Chiropractic Examiners, through which the four-part national licensure examination is offered, and in the accreditation of chiropractic education under the U. S. Department of Education. The FCLB is working towards more uniformity in practice requirements, credentials for initial licensure, testing standards, and disciplinary codes. Its latest contribution has been the initiation of CIN-BAD (Chiropractic Information Network/Board Action Databank), an official actions database with "on-line" accessibility via the Internet to allow state boards and other subscribers to access Medicare sanctions and actions by other state boards against a chiropractor. A former member of the Virginia Board of Medicine, Dr. David Brown, has served in several leadership roles with the Federation and has recently been elected as its President.

In a review of chiropractic licensing requirements, Virginia would appear to be consistent with the national standard. The National Board of Chiropractic Examiners (NBCE) has developed a licensure examination in four parts: Part I tests basic science; Part II tests basic clinical knowledge; Part III tests written clinical competency; and Part IV is the Practical Examination of Clinical Skills. Virginia is one of 47 states that requires Parts I, II and III (three states have their own examinations) and one of 34 states that accepts or requires Part IV. Prior to 1996, Virginia also required a state examination in clinical skills, but now requires anyone licensed after that time to have completed all four parts of the national examinations for licensure.

In its requirements for chiropractic education, Virginia's regulations are also consistent with other states. To be licensed in the Commonwealth, the applicant must be a graduate of a chiropractic college accredited by the Commission on Accreditation of the Council of Chiropractic Education (CCE), if the applicant matriculated in a chiropractic college on or after July 1, 1975. At one time there was another accrediting body, the Straight Chiropractic Academic Standards Association (SCASA), which accredited a few schools that taught a different branch of the chiropractic profession. There was some effort made in Virginia to obtain state approval for schools accredited by SCASA, but the Board determined that the accrediting standards of that body were not sufficient to warrant approval. After the U. S. Department of Education

withdrew its recognition of SCASA in 1993, the accrediting body discontinued its accrediting activities in 1995. Now, all existing chiropractic colleges in the United States hold accreditation by CCE; two of the former SCASA schools have closed and another is now accredited by CCE.

Virginia has been one of two states which did not require any continuing education for relicensure or renewal of a license. With a 1997 statutory mandate in § 54.1-2912.1 of the *Code of Virginia*, regulations are being promulgated which propose to require a minimum of 100 hours of continuing learning activities each biennium.

In the 1993 report on the need for a chiropractic board, it was reported that Virginia ranked 51st among all states and the District of Columbia in the ratio of chiropractors per 10,000 population. Using the statistics provided by the FCLB (as did the 1993 report), Virginia now has a higher ratio of chiropractors per population than 37 other states and the District of Columbia. Virginia's ratio of chiropractors to population is listed as 1/2,681. In our neighboring states, North Carolina's ratio is 1/4,449; Maryland's ratio is 1/7,942; Kentucky's ratio is 1/3,381; West Virginia's is 1/6,844; Tennessee's is 1/6,081 and the District of Columbia's is 1/13,489 - all of those jurisdictions have an independent board of chiropractic. There does not seem to be any correlation between the system of governance of chiropractic and the availability of chiropractic services to the people of a state.

Chiropractic regulation in other states

Virginia is only one of three states that does not regulate chiropractic through an independent board - the other states are Kansas and Illinois. The Kansas State Board of the Healing Arts has the largest chiropractic representation with three doctors of chiropractic, three osteopathic doctors, one podiatrist, five medical doctors and three public members for a total board of fifteen members. It regulates over 16,000 persons including physician assistants, respiratory therapists, occupational therapists, physical therapists and athletic trainers. In addition, the presidency rotates among the medical, osteopathic and chiropractic members.

In Illinois, there is a different system with licensing and discipline handled by separate composite boards. The Illinois Medical Licensing Board is composed of one chiropractor, one osteopath and five medical doctors; the Disciplinary Board has a similar composite with two non-voting public members.

In an article co-authored and published in 1997 by James E. Edwards, D.C., chiropractic member on the Kansas Board and David E Brown, D.C., former chiropractic member of the Virginia Board, an argument for governance under the auspices of a composite board was presented. Saying the "other states should seriously consider adopting this unique and effective approach to licensure", the authors listed the following advantages to regulation by a multi-disciplinary board:

- A composite board fosters greater understanding among the professions and helps minimize prejudice and misinformation. Medical doctors learn about the practice of chiropractic, the

curriculum and examination requirements; chiropractors learn about medical protocols and issues facing medicine. The various disciplines have the opportunity to develop mutual respect and find common ground in the problems faced by health care professionals.

- Composite boards have the financial means to support experienced staff and provide other resources for disciplinary and policy-making activities. Regulating many professionals provides a more balanced and experienced approach to cases, such as sexual misconduct, which cut across professional identities.
- A composite board eliminates the costly duplication of services and saves practitioners and ultimately patients money.
- A composite board provides a "watch dog" effect to mitigate against the accusation of a professional network of doctors from one discipline protecting their own. Doctors from different disciplines, in concert with public members, provide a check and balance to better ensure fair and impartial judgments are made in enforcement of laws and regulations.
- In responding to legislative initiatives, composite boards are in a better position to buffer against the extremist that might seek to promote an expansion of the practice into areas such as surgery, obstetrics or pharmacology. Virginia and other composite boards have practice acts that represent the mainstream of chiropractic practice.

The article concludes by citing one of the recommendations of the Pew Health Professions Commission on redesign of health regulatory board structure and function: "...States should redesign health professional boards and their functions to reflect the interdisciplinary and public accountability demands of the changing health care delivery system [and]...consolidate the structure and function of boards around related health professional and or health services areas."⁶ Drs. Brown and Edwards conclude that their experiences as members of composite boards in Virginia and Kansas have shown that such a system can be beneficial, both for the health care providers and the citizens they serve.

The Virginia Society of Chiropractic takes exception to that view, citing the opposition of Dr. Brown to a separate chiropractic board as an example of "what can happen when only one person is placed in a position to speak for a whole profession" and contending that "his opinion is being given disproportionate weight in these studies."⁷

C. Feasibility of an independent board

Numerical comparison of professions regulated under other boards within the Department (Number of licensees as of June 7, 1999)

Board of Nursing	145,537
Board of Medicine (without chiropractors)	43,949

⁶ Edwards, James D., D.C. and Brown, David E., D.C., *Journal of Manipulative and Physiological Therapeutics*, Vol. 20, Number 8, October, 1997, page 564.

⁷ Virginia Society of Chiropractic, Position paper to the Ad Hoc Committee of the Board of Health Professions, July 4, 1999, page 4.

Board of Pharmacy (practitioners and facilities)	11,219
Board of Dentistry	8,161
Board of Professional Counselors, Marriage and Family Therapists, and Substance Abuse Treatment Professionals	6,019
Board of Veterinary Medicine	4,213
Board of Social Work	4,152
Board of Funeral Directors and Embalmers (practitioners and facilities)	2,365
Board of Audiology and Speech-Language Pathology	2,232
Board of Psychology	1,933
Chiropractors	1,500
Board of Optometry (practitioners and registered trade names)	1,383
Board of Nursing Home Administrators	908

From an analysis of the number of regulated entities, an independent board of chiropractic would be the **eleventh largest board of the 13 boards** within the Department of Health Professions. Two of the currently 12 independent boards regulate fewer numbers of entities (licensees or facilities) than would an independent board of chiropractic.

Disciplinary caseload

To assess the potential disciplinary caseload for chiropractic, biennial reports of the Department were reviewed. The Biennial Report of the Department for 1996-98 listed complaints, violations and sanctions for each board by occupation and a rate per 1000 licensees was established.

Rate of Complaints. For fiscal year '96-'97, there were 61 complaints filed against chiropractors; 23 were not investigated and 38 were investigated for a rate of 44.49 per 1000 licensees. By comparison, there were 932 complaints filed against doctors of medicine and surgery for a rate of 35.90, 23 against podiatrists for a rate of 47.13, and seven against physical therapists for a rate of 2.18.

For fiscal year '97-'98, there were 42 complaints filed against chiropractors; 14 were not investigated and 28 were investigated for a rate of 29.35 per 1,000 licensees. By comparison, there were 889 complaints filed against doctors of medicine and surgery for a rate of 33.02, 34 against podiatrists for a rate of 68.97, and nine complaints filed against physical therapists for a rate per 1,000 of 2.63.

Rate of Violations. For fiscal year '96-'97, there were 42 findings against chiropractors; 38 were findings of "no violation" and 4 were findings of violations for a rate of 2.92 per 1000 licensees. By comparison, there were 635 findings on doctors of medicine and surgery; 549 were findings of "no violation" and 86 were findings of violations for a rate of 3.31. There were 16 findings of "no violation" against podiatrists. There were ten findings on physical therapists; nine were findings of "no violation" and one was a violation for a rate of 0.31.

For fiscal year '97-'98, there were 32 findings against chiropractors; 27 were findings of "no violation" and 5 were findings of violations for a rate of 3.49. By comparison, there were 555 findings on doctors of medicine and surgery; 490 were findings of "no violation" and 65 were findings of violations for a rate of 2.41. There were 22 findings on podiatrists with only one finding of a violation for a rate of 2.03. There were no findings on physical therapists.

Rate of Sanctions. For fiscal year '96-'97, there were 2 sanctions against chiropractors for a rate of 1.46 per 1,000 licensees. By comparison, there were 112 sanctions against on doctors of medicine and surgery for a rate of 4.31; there were 3 sanctions against podiatrists for a rate of 4.50; and there was one sanction on physical therapists for a rate of 0.31

For fiscal year '97-'98, there were 2 sanctions against chiropractors for a rate of 1.40 per 1,000 licensees. By comparison, there were 67 sanctions against on doctors of medicine and surgery for a rate of 2.49; there was one sanction against a podiatrist for a rate of 2.03; and there one sanction on a physical therapist for a rate of 0.29.

Rates of the past four biennia

Over the past four biennia, the rates per 1,000 licensees have been similar to this past biennium for the number of complaints filed but somewhat higher for the number of violations and sanctions. For chiropractors, the overall rate of complaints for the years 1991 through 1998 was 37.72 with the rate of cases closed as "no violation" at 25.69. The rate of violations was 3.70 per 1,000 licensed chiropractors; the rate of sanctions was 4.51 per 1,000.

As compared with the 12 independent boards of the Department of Health Professions, it would appear that an independent board of chiropractic would have a higher number of investigative cases than the Boards of Audiology & Speech-Language Pathology, Nursing Home Administrators, Professional Counselors, Marriage and Family Therapists and Substance Abuse Professionals, Psychology, and Social Work but lower than the Boards of Dentistry, Funeral Directors, Medicine, Nursing, and Veterinary Medicine.

Potential structure of an independent board within the Department with possible implications for staffing and physical space needs.

There are two potential options for the staffing of an independent board within the Department:

1. **Establish an independent board with its own Executive Director, office space, and support staff dedicated to the licensing and disciplinary requirements of the profession.**

The four largest boards within the Department (Nursing, Medicine, Pharmacy and Dentistry) fit that model. The smallest of the four boards, in number of regulated entities, in size of budget, and in staff, is the Board of Dentistry. There are three full-time and one part-time

employees for the 8,161 licensees. The budget of Board of Dentistry for the '98-'00 is \$1,553,330. Of the allocated costs charged to the Board of Dentistry (departmental activities shared by all boards), those costs which are attributable to discipline would include enforcement, administrative proceedings, approximately half of data operations and equipment and the Office of the Attorney General). Of the direct costs for the Board, approximately one-third of the budget is estimated to be attributable to the disciplinary functions of the Board. All together, the disciplinary aspect of the Board's activities accounts for approximately half of its total budget. Renewal fees, which primarily support the budget of the board, are \$100 per year for dentists and \$40 per year for dental hygienists with revenue from all sources expected to be approximately \$1,683,950.

Since the disciplinary costs of a board of chiropractic would be expected to be somewhat less than that of a larger board such as Dentistry, its allocated and direct costs for disciplinary would likely be smaller. However, certain fixed costs associated with a full-time Executive Director and staff, data operations, and office expenses would remain. It is estimated that costs for an independent board with a full-time director and one additional staff persons would be a minimum of \$600,000 per biennium. Without a significant increase in fees, the revenue from current fees for chiropractic would not be sufficient to support an independent board with its own Executive Director and staff.

2. Establish an independent board with sharing the services of an Executive Director, office space, and support staff for the licensing and disciplinary requirements of the profession.

Eight boards, share the services of an Executive Director, offices, and staff with two other boards. For those boards, there is typically one staff person in the board office responsible for a profession and other staff whose time is divided and shared as needed.

For a profession such as chiropractic, that option would be more feasible - if a decision was made to create an independent board. There would be a moderate amount of time spent by an Executive Director in reviewing investigative files or managing informal conferences and formal hearings. The examination in chiropractic is now a national examination provided by the National Board of Chiropractic Examiners. While staff of the Board of Medicine must review and approve applicants for licensure, the development, administration and grading of the state licensure examination in chiropractic is no longer a board function.

While the budget of the Board of Medicine is not differentiated by profession, it is possible to estimate that the revenue attributable to chiropractic for the current biennium to be approximately \$ 295,475. If chiropractic was regulated under an independent board with staff and other costs allocated as they are for eight of the current boards within the Department, it is estimated that its budget for the 1998-00 biennium would be \$ 520,675. Calculation of that amount was performed by using the expenditures of the Board of Optometry, which is comparable in the number of licensees (1,500 for chiropractic and 1,382 for optometry), for

the allocated charges and limited allocated charges for the Board attributable to licensure. Direct charges for staff, contractual services, office supplies and equipment, and office space would be similar to the Board of Optometry if an independent board of chiropractic divided those costs with one or more regulatory boards. There would be one staff person directly allocated to the profession of chiropractic with the services of an executive director and other staff shared with one or two other boards.

Disciplinary costs would not be completely comparable, but it is difficult to predict what impact an independent board of chiropractic would have on findings of violations and sanctions imposed. While the rate of complaints over the past four biennia has been similar between optometrists and chiropractors, the findings of violations and sanctions imposed against optometrists was higher. The two professions are similar in that a number of the complaints are centered around advertising of services versus standard of care cases. For the Board of Optometry, the average rate of complaints per 1000 licensees for the past four biennia was 36.84; for chiropractors, the rate was 37.72 per 1,000 licensees. For chiropractors, the average rate of sanctions per 1000 for the past eight years was 3.70; for optometrists, the average rate of sanctions was 14.35.

In analyzing the fiscal impact of an independent board with the potential implication on fees charged to licensees, it may be predicted that the licensure and renewal fees for chiropractors would need to be increased to support the functions of an independent board.

Other factors in the establishment of an independent board.

- **Impact of creation of a new board with appointment of board members** - The *Code of Virginia* (§ 54.1-2944) prescribes that one member of the Board be a licensed chiropractor, appointed by the Governor. If an independent board were to be established, it would entail the appointment of as many as six additional board members including one or more citizen members. With the addition of an independent board and board members, there would come the added expenditures for per diem, travel expenses, meeting costs, and staff time for planning and executing the business of the board.
- **Impact on employment levels** - There would be little impact on the current employment level for the Board of Medicine. Since one staff person processes the applications for other professions along with chiropractic, it is likely that no FTE's could be transferred from the Board to an independent board of chiropractic. While the profession of chiropractic now has the services of the Executive Director, the Deputy Director for Licensing, and other staff within the Board of Medicine, the percentage of their time dedicated to chiropractic is not sufficient enough to warrant any other decrease in employment. Likewise, the space needs for the Board of Medicine would not be substantially changed with the loss of chiropractic.
- **Impact on fees for the Board of Medicine** - The loss of the profession of chiropractic from the group of entities regulated under the Board of Medicine could have some impact on the fees of other professions under that Board. Most of the expenses of the Board are fixed and

would not be reduced by the reduction in regulants. For example, the Board has an Executive Director, a Deputy Executive Director for Licensing and a Deputy Executive Director for Discipline. While their workloads could be slightly reduced, none of those positions could be eliminated. Among the departmental charges allocated to the Board, there would be very modest reductions in expenditures which would be based on actual usage of the resources or on a percentage of licensees. For example, charges for finance and director's office would be reduced by approximately 3%, based on the percentage reduction in the number of persons licensed by the Board. The allocated costs for enforcement and administrative proceedings would be reduced by approximately 5%, based on the percentage of the complaints, violations and sanctions attributable to the Board for chiropractic.

Discussion of policy options

1) Establish an independent board of chiropractic.

Although opposed by all of the previous chiropractic members of the Board of Medicine, an independent board of chiropractic is supported by the current member of the Board, as well as by the professional associations that represent chiropractic – the Virginia Chiropractic Association and the Virginia Society of Chiropractic. While an independent board would be a feasible option from an administrative point of view, it is likely that it would necessitate higher fees for chiropractors, which could result in a very modest increase in the costs of chiropractic services for patients. However, as was concluded in the 1993 report, the potential impact on fees should not be the determining factor in making a decision on an independent board – rather the decision should rest on what is best for the health, safety and welfare of the patients of Virginia.

2) Establish an advisory board under the Board of Medicine.

While an Advisory Board would increase the opportunities for participation in the regulatory, credentialing, and disciplinary processes of the Board by members of the chiropractic profession, it would not resolve their perennial issues. Believing that chiropractic is a separate profession with modalities and treatment approaches not fully understood or appreciated by the more dominant profession of medicine, chiropractors in Virginia would be less than satisfied with that option. As was evident in 1996 with the introduction of Senate Bill 531, there have been differences of opinion, even within the chiropractic community, as to the advantages and appropriate roles of an Advisory Board. The option of an advisory board could be recommended apart from or in conjunction with options 3 and 4, but would the issues related to the need for an independent board would likely continue to be raised.

3) Establish a statutory requirement for chiropractic representation on the Executive Committee of the Board.

Since the seven-person Executive Committee has statutory authority to act on behalf of the Board at its meetings which alternate with those of the full board, an option would be to insert language into the *Code* requiring the chiropractic member to be one of the seven members. By doing so,

chiropractic would be assured of a strong voice in decisions of the Board. Its representation, however, would be well beyond proportionality as compared with other professions regulated by the board. (Chiropractors are approximately 3% of the total regulants of the Board.) Two objections would likely be raised: 1) doctors of medicine would be under-represented as compared with the number of licensees in that category; and 2) leadership positions and committee appointments have been well distributed in the past and are currently, among the chiropractic, podiatric, osteopathic and public members, without a statutory mandate to do so.

4) Revise the statutory composition of the Board of Medicine to include greater representation for chiropractic.

An option may be to increase the number of chiropractic members of the Board to give greater representation and participation and to ensure that a chiropractic member is available for all disciplinary hearings involving a member of the chiropractic profession. In Kansas, which also has a composite board, there are three chiropractic members on a fifteen-member board. While that is an option which might be favorable to chiropractic, it would likely be objectionable to other professions regulated by the Board of Medicine, such as physical therapy, respiratory therapy, occupational therapy, and radiologic technology – all of which have larger numbers of regulants but no representation on the Board. In addition, greater representation would again fail to address the basic issues of many members of the profession who believe that chiropractic cannot be fairly regulated and disciplined by a board which is predominately comprised of persons who are not chiropractors. Their issues may only be resolved by creation of an independent board.

5) Establish an independent board of allied health professions and include the profession of chiropractic.

The feasibility of establishing a board of health professions within the Department of Health Professions was discussed in the 1998 report of Joint Legislative Audit and Review Commission. In that report, there was no consideration of including chiropractic as an "allied health profession". In addition, the issues surrounding the creation of such a board are beyond the scope of the mandate for this report and have not been addressed in this study. Therefore, the policy recommendation relating to establishment of a board of allied health professions or the possible inclusion of chiropractic should not be considered without ample consideration of which professions would be included in such a board. Likewise, the professions that would be affected should be given the opportunity to consider that possibility and make comment on the option.

6) Maintain the status quo.

Circulation of Policy Options and Opportunities for Comment

Based on the information reviewed, public comment received, and data analyzed, the Ad Hoc Committee on Independent Boards developed this draft report with policy options. The draft

report was circulated to interested parties and posted on the website of the Department of Health Professions. The Ad Hoc Committee heard public comment on the report and options at a Public Hearing on August 24, 1999 at 9:00 a.m. at the Department of Health Professions. Written comment on the draft report was received until 5:00 p.m. on September 3, 1999.

Summary of Comment received on the Draft Report

A former chiropractic member of the Board, Dr. David Brown is currently President of the Federation of Chiropractic Licensing Boards and a member of the Board of Directors, International Board of Chiropractic Examiners, which provides the licensure examination in Virginia. He supports the current system of chiropractors being licensed as part of a multi-disciplinary board as being in the best interest of the citizens of the Commonwealth. Further, he finds no compelling reasons for a change and believes that there are strong arguments for retaining the current structure. Those would include: 1) the presence of more than one profession on a board helps to temper the perception that the board is primarily interested in promoting or protecting the profession; 2) a larger board provides an economy of scale and more experience with staffing, investigations, and other resources; 3) the opportunity to foster greater appreciation for and understanding of the various professions and the roles they play in health care. Dr. Brown has not experienced any anti-chiropractic bias in the board and cited several examples of the Board's support of the profession.

The president of the Virginia Society of Chiropractic spoke and wrote in favor of an independent board. As a separate profession with unique training and practice, chiropractors should be allowed to regulate and discipline their own. He noted that chiropractic has a wide range of practitioners and that one person cannot sufficiently represent all the interests of the profession. In his view, some of the disciplinary cases would have been handled differently with an independent board.

The president of the Virginia Chiropractic Association noted that a board of allied health professions, including chiropractors, would be totally unacceptable to the profession. Likewise, the establishment of an advisory board for chiropractic under the Board of Medicine is unacceptable. The Association supports the establishment of an independent board of chiropractic, even if it resulted in an increase in the licensing fee to support it. In his view, access to and scope of chiropractic services are negatively affected by the tone of the Board of Medicine.

Adoption of a Final Recommendation:

On September 21, 1999, the Board of Health Professions considered the information contained in the study, the comments on the draft report, and the suggested policy options. In response to Senate Joint Resolution 433, the Board voted to recommend to the Governor and the General Assembly that policy option #1 be adopted for the establishment of an independent board of chiropractic.

GENERAL ASSEMBLY OF VIRGINIA -- 1999 SESSION

SENATE JOINT RESOLUTION NO. 433

Requesting the Board of Health Professions to study the efficacy of establishing an independent board of chiropractic.

Agreed to by the Senate, February 4, 1999

Agreed to by the House of Delegates, February 18, 1999

WHEREAS, Virginia law mandates that "no person shall practice or hold himself out as qualified to practice medicine, osteopathy, chiropractic, or podiatry without obtaining a license from the Board of Medicine"; and

WHEREAS, currently chiropractors are only one among the many practitioners of the healing arts and others who are regulated by the Board of Medicine, with the various responsibilities of the Board ranging from doctors to occupational therapists; and

WHEREAS, of the seventeen members of the Board of Medicine, eleven members are doctors of medicine, four members are other practitioners of the healing arts, and two members are citizens, with only one member being a doctor of chiropractic; and

WHEREAS, thousands of people seek help for pain, particularly back pain, from chiropractors every year; and

WHEREAS, chiropractors adjust the vertebrae of the spine and assist nature for the purpose of normalizing the transmission of nerve energy; and

WHEREAS, the goals of various practitioners of the healing arts are similar, however, the modalities used and expertise are quite different; and

WHEREAS, the scope of the Board of Medicine's regulatory authority and duties create a great burden for its members, particularly in view of the many disciplinary proceedings that must be resolved; and

WHEREAS, the Board of Medicine may not be able to pay adequate attention to the issues relating to its many licensees and certificate holders; and

WHEREAS, the purpose of health profession regulation is to protect the public from unskilled or unscrupulous practitioners; and

WHEREAS, the Board of Health Professions is charged, pursuant to §54.1-2510 of the Code of Virginia, with evaluating "all health care professions and occupations in the Commonwealth, including those regulated and those not regulated . . . , to consider whether each such profession or occupation should be regulated and the degree of regulation to be imposed"; and

WHEREAS, across the nation, there is growing opinion that chiropractic should be regulated by a board having expertise in the skills necessary to provide quality services to the public; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Board of Health Professions be requested to study the efficacy of establishing an independent board of chiropractic. In its evaluation, the Board of Health Professions shall invite participation from members of the Virginia Society of Chiropractic and the Virginia Chiropractic Association. The Board of Health Professions shall also consider the way other states regulate chiropractic professionals.

The Board of Health Professions shall complete its work in time to submit its findings and recommendations to the Governor and the General Assembly by November 1, 1999, as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

	1991	1992	1993	1994	1995	1996	1997	1998	Total	Rate per 1000 Lic
Chiropractors										
# of Licensees	783	846	918	983	1,051	1,260	1,371	1,431	8,643	
# of Complaints Received	64	40	41	27	37	14	61	42	326	37.72
# of Complaints Closed	40	18	37	48	34	8	23	14	222	25.69
# of Violations	4	3	5	1	7	3	4	5	32	3.70
# of Sanctions	7	4	6	3	11	4	2	2	39	4.51
Physical Therapist										
# of Licensees	2,277	2,391	2,524	2,695	2,902	3,021	3,214	3,427	22,451	
# of Complaints Received	11	12	9	7	14	5	7	9	74	3.30
# of Complaints Closed	5	6	12	12	11	6	2	4	58	2.58
# of Violations	2	1	0	0	0	0	1	0	4	0.18
# of Sanctions	2	0	0	0	1	0	1	1	5	0.22
Physical Therapist Asst										
# of Licensees	437	504	592	680	795	916	1,058	1,171	6,153	
# of Complaints Received	1	4	1	2	1	0	2	3	14	2.28
# of Complaints Closed	2	2	2	1	2	1	0	2	12	1.95
# of Violations	0	1	0	0	0	0	0	0	1	0.16
# of Sanctions	0	3	0	1	0	0	0	0	4	0.65

**PROPOSED BOARD OF CHIROPRACTOR
PROJECTED BIENNIUM BUDGET
Prepared: September 1999**

Allocated Charges	Budget <u>Year 1</u>	Budget <u>Year 2</u>	Total Biennium <u>Budget</u>
DP - Operations & Equipment	\$57,295	\$40,560	\$97,855
Administration & Finance	4,670	4,820	9,490
Director's Office	2,670	2,760	5,430
Human Resources	6,710	6,800	13,510
Enforcement Division	26,065	26,865	52,930
Administrative Proceedings	13,730	14,190	27,920
Practitioner Intervention	1,405	2,950	4,355
Attorney General's Office	10,045	10,240	20,285
Board on Health Professions	1,010	1,015	2,025
General Fund Assessment	<u>420</u>	<u>420</u>	<u>840</u>
 Total Allocated	 <u>\$124,020</u>	 <u>\$110,620</u>	 <u>\$234,640</u>
 Direct Charges: Chiropractors			
Personal Services	\$125,130	\$128,240	\$253,370
Contractual Services	44,120	44,120	88,240
Supplies and Materials	1,530	1,530	3,060
Transfer Payments	0	0	0
Continuous Charges	9,740	10,050	19,790
Equipment	600	600	1,200
 Total Direct	 <u>\$181,120</u>	 <u>\$184,540</u>	 <u>\$365,660</u>
 TOTAL PROJECTED BUDGET	 <u>\$305,140</u>	 <u>\$295,160</u>	 <u>\$600,300</u>

Assumptions:

***Comparable to Board of Optometry in support staff size and Licensee #'s (with full time Board Exec).
(DP, Administration & Finance, Director's Office, Human Resources, Enforcement, APD, Practitioner
Intervention, Attorney General's Office, Brd Health Professions & General Fund Assessment)***

Budget amounts based on 1998-2000 Biennium (Jan 1999).

**PROPOSED BOARD OF CHIROPRACTOR
PROJECTED BIENNIUM BUDGET
Prepared: July 1999**

Allocated Charges	Budget <u>Year 1</u>	Budget <u>Year 2</u>	Total Biennium <u>Budget</u>
DP - Operations & Equipment	\$57,295	\$40,560	\$97,855
Administration & Finance	4,670	4,820	9,490
Director's Office	2,670	2,760	5,430
Human Resources	6,710	6,800	13,510
Enforcement Division	26,065	26,865	52,930
Administrative Proceedings	13,730	14,190	27,920
Practitioner Intervention	1,405	2,950	4,355
Attorney General's Office	10,045	10,240	20,285
Board on Health Professions	1,010	1,015	2,025
General Fund Assessment	<u>420</u>	<u>420</u>	<u>840</u>
Total Allocated	<u>\$124,020</u>	<u>\$110,620</u>	<u>\$234,640</u>
Limited Allocated Charges	<u>\$39,375</u>	<u>\$40,250</u>	<u>\$79,625</u>
Direct Charges: Chiropractors			
Personal Services	\$46,380	\$47,740	\$94,120
Contractual Services	44,120	44,120	88,240
Supplies and Materials	1,530	1,530	3,060
Transfer Payments	0	0	0
Continuous Charges	9,740	10,050	19,790
Equipment	600	600	1,200
Total Direct	<u>\$102,370</u>	<u>\$104,040</u>	<u>\$206,410</u>
TOTAL PROJECTED BUDGET	<u>\$265,765</u>	<u>\$254,910</u>	<u>\$520,675</u>

Assumptions:

Comparable to Board of Optometry in staff size (Limited and Direct cost) and Licensee #'s (DP, Administration & Finance, Director's Office, Human Resources, Enforcement, APD, Practitioner Intervention, Attorney General's Office, Brd Health Professions & General Fund Assessment)

Budget amounts based on 1998-2000 Biennium.

