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Kathy Cooper

**From:** Dr. Keith M. Miller <drmiller@drspine.net>  
**Sent:** Tuesday, March 06, 2018 11:36 AM  
**To:** IRRC  
**Subject:** RE: State Board of Chiropractic — Proposed Regulation Change -Chiropractic Specialties, 49 Pa. Code, Chapter 5 (16A-4312)

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**IRRC:**  
The Honorable George D. Bedwick, Chairman  
Independent Regulatory Review Commission  
14th Floor, Harrisstown 2  
333 Market Street Harrisburg, PA 17101  
RE: State Board of Chiropractic — Proposed Regulation Change -Chiropractic Specialties, 49 Pa. Code, Chapter 5 (16A-4312)  
irrc@irrc.state.pa.us

**PA State Board of Chiropractic:**

Interested persons are invited to submit written comments, suggestions or objections regarding this proposed rulemaking to Regulatory Unit Counsel for the Department of State, State Board of Chiropractic by mail at P.O. Box 69523, Harrisburg, PA 17105-9523 or by email at RA STRegulatoryCounselpa.gov, within 30 days following publication of this proposed rulemaking in the Pennsylvania Bulletin. Please reference No. 16A-4312 (chiropractic specialties), when submitting comments.

While I appreciate that the IRRC is with the assistance and cooperation of the PA state board of Chiropractic trying to "crack down" on deceptive advertising by Doctors of Chiropractic that mislead the public, I believe that the current proposed regulations are too narrow in their scope. In the attempts to reign in the outliers, the regulations fail to address the realities of our diverse profession.

1) the regulation as written only recognizes diplomate level specialties as set up by the American Chiropractic Association, the ACA. It does not recognize equally well run and strong specialties by the International Chiropractic Association, the ICA. **While I personally lean towards and with the ACA in it's mission** and beliefs as a national association, there are a large number of docs that have invested in expensive, time consuming and well run \ educated programs for our profession thru the ICA. Docs graduating form either advanced certification program group are going to well represent the profession, and both groups programs need to be recognized.

2) the regulation is blind to "technique". While the majority of DCs in the Commonwealth use about 3-5 more universal techniques, some Chiropractors use very specific and speciality techniques. These specific Chiropractic techniques in many instances have very grueling requirement for both academic and hands on training that could be in some cases hundreds of hours to obtain a certification in that specific technique. Doctors that put in the learning and the passion to be an expert in one of these techniques should have the right to hold themselves out as specialist in that technique. They earned it.

3) advanced certifications exist within the profession that are very specific to particular areas of practice, that are not necessarily the level of a board diplomate level and should be recognized for their value to both the skills of the doctor as well as their value to the patients they serve. The first one that comes to mind is the CCSP - Certified Chiropractic Sports Practitioner. Your regulations are so narrow, that doctors would not be able to use these letters and / or announce this on any marketing or advertising. The same holds true for advanced certifications in auto injury accidents, etc that are out there that are fine programs with great resources and training as well as exams doctors must take to show their mastery. While they might not add up in hours to a diplomate, discounting these and

forbidding people to let their patients know they have them will only drive doctors away from doing ANY training programs that aren't a diplomate level. Many diplomates I know ALSO have for example a separate CCSP because it is a great program. Your regulations will actually make doctors less educated and less valuable to the profession as they decide these programs are a waste of resources if they can't tell anyone they have them.

4) Doctors of Chiropractic that took and passed all 4 NBCE boards and the Physiotherapy board should be able to say they are board certified by the NBCE. Doctors practicing that have a license old enough may have NEVER passed ANY of these boards. Some might have only passed 2 when this was the rule in PA. Now doctors wishing to practice full scope must pass all 5 of these exams. And in my honest opinion, there is nothing wrong with letting your patients know that you were able to pass and have achieved this level of training beyond what some older peers were required to know. As long as the doctor specifically says they are "Board Certified by the NBCE" and does not hold this up to mean any other specialty skills beyond that they are one of those docs who has indeed passed the 5 rigorous exam... they should be entitled. The day will come 20 or 40 years into the future, where 100% of the DCs in the state will have this as the old guard leave the profession and this might not be necessary or a "thing". But today in 2018, there is a large distinction between those licensed with and without them.

5) Lastly there are now CCE accredited universities that have their own advanced certificate programs. This one is a no brainer for me. Why wouldn't the regulations accept these programs? If the schools are good enough to educate the doctors for their license? Why are their advanced programs not good enough for announcement in your advertising? Why only the ACA programs? I saved this one for last, to demonstrate how narrow thinking this regulation is at present written scope.

I appreciate the state boards' attempts to create a standard, and the IRRC's attempts and process as a well-meaning consumer protection. And I agree that there needs to be a standard.. other than say wanting to attract a certain type of patient so you just say "Hey I'm a specialist in this!" but the current policy as written is very narrow, doesn't account for the uniqueness of our profession and in my opinion will limit doctors' learning and professional knowledge expansion. Which, in the long run will hurt the patients they serve far more than this policy seeks to help.

Please take into consideration these FIVE issues, re-draft a more expansive policy, and I think you will quickly get the buy-in of the entire license profession as a unified whole.

Thank you for your time.

**Dr. Keith M. Miller**

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