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Chiropractic's **FIRST BI-LINGUAL** Conference with an **EXTRAORDINARY** line-up of **EXPERT** speakers:

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- Stephanie O'Neill-Bhogal, DC, DICCP (USA)
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- Sonia Morin, DC, DICCP (Canada)
- Sharon Vallone, DC, FICCP (USA)
- Ramneek Bhogal, DC, DABCI (USA)
- Isabelle Mallette, DC (Canada)
- Meghan Van Loon, PT, DC, DICCP (USA)

All sessions will be in English, but some will be in a breakout format so attendees can attend either the English or French speaker. Technique workshops will have both French and English speaking instructors. Research papers will be presented in French or English.

18 CE credits applied for by Palmer College of Chiropractic for US states and Alberta, Canada.

HOURS:

- Friday, October 4: 12:00p.m. - 7:00p.m.
- Saturday, October 5: 8:00a.m. - 5:00p.m.
Reception, Banquet, & Commencement 7:30p.m. - ?
- Sunday, October 6: 8:00a.m. - 1:00p.m.

HOTEL: The Marriott Chateau Champlain

Group rate: \$159 CAD for single/double.

LIMITED ROOM BLOCK: First come first serve.
Phone 514-878-9000 to reserve.

The Marriott Chateau Champlain is a luxury hotel steps away from downtown Montreal that hums 24/7 with chic shops, entertainment and row after row of restaurants, pubs and bistros. A metro station directly below the hotel makes it very convenient to travel to and from all parts of the city and outlying areas.



CONTACT:

- To register: www.icapediatrics.com
- Questions? Email: peditriescouncil@chiropractic.org
- Phone: **1-800-423-4690, Ext 554** (from US & Canada)
or **571-765-7554** (direct)

Don't miss this historic event!



REPORT OF THE INTERNATIONAL CHIROPRACTORS ASSOCIATION TO THE GEORGIA COUNCIL OF CHIROPRACTIC'S 2013 ANNUAL CONVENTION

INTRODUCTION

The International Chiropractors Association (ICA) is pleased to have this opportunity to report to the Georgia Council of Chiropractic (GCC) on its priorities, programs and activities. ICA deeply respects and shares the values, vision and mission of the GCC and we look forward to a period of growing cooperation in areas of mutual concern. ICA's activities directly impact the chiropractic practitioner on a daily basis as ICA's efforts are directed towards the strengthening and expanding of chiropractic practice privileges, public awareness and official recognition of chiropractic as a separate and distinct science, art, philosophy and practice in every nation in the world. This report represents but a small sample of the ICA's recent activities, programs, publications and policies. You are invited to visit ICA's website at www.chiropractic.org for regular and detailed updates on ICA's activities.



DR. MICHAEL S. MCLEAN ELECTED TO SERVE AS ICA'S 17th PRESIDENT: Dr. Michael S. McLean of Virginia Beach, Virginia has been elected to serve as President of the International Chiropractors Association (ICA), a professional society representing doctors of chiropractic in 52 nations worldwide. Dr. McLean, who has been in professional chiropractic practice in Virginia Beach since 1974, was elected by a vote of the membership of the Association on April 28th and will serve as the 17th President of the ICA, which was founded in 1926.

Dr. McLean is a *Cum Laude* graduate of Palmer College of Chiropractic in Davenport, Iowa and has been a leader in the professional and public service activities of the chiropractic profession for many years. He has served as Chairman of the ICA's Legislative Committee, Political Action Committee and on numerous other committees and working groups within the ICA. He was selected as the ICA's "Chiropractor of the Year" in 2005 and has been recognized with numerous other citations and awards. Dr. McLean was selected to represent the chiropractic profession on a special task force created by Congress to advise the US Department of Veterans Affairs on the implementation of chiropractic service programs within that department and also was selected to serve on a similar advisory panel for the US Department of Defense.

Dr. McLean was the co-founder and Past President of the Hampton Roads Chiropractic Association, past President of the Virginia Society for Chiropractic and as a Board Member and currently President of the Foundation for the Advancement of Chiropractic Tenets and Science (FACTS), the first chiropractic organization to receive a federal grant for chiropractic-specific research.

Dr. McLean practices with his wife, Dr. Patricia McLean and has four other members of his family in active practice as doctors of chiropractic in Virginia. Dr. McLean is well known within the chiropractic profession and by many thousands of patients and consumers as the pioneer of the "Light Force" adjusting technique and has taught this innovative approach to chiropractic spinal care on the Postgraduate Faculty of Life University in Marietta, Georgia. Dr. McLean has also written extensively on chiropractic clinical topics as well as legislative and public policy matters and served as Editor of the *Virginia Chiropractic Association Journal* from 1976-1980.

ICA TAKES EMPHATIC STAND IN OPPOSITION TO NEW MEXICO CHIROPRACTIC SCOPE EXPANSION INTO DRUGS: The International Chiropractors Association (ICA) has been asked by members in New Mexico to become involved in the implementation of a legislative action that has the potential of fundamentally changing the nature of chiropractic practice, as well as confusing the public, and possibly placing the public at risk at the hands of a new category of chiropractic provider. For nearly a century the ICA has advocated clear lines of distinction between the health care professions and stood for a drugless, non-surgical national definition of chiropractic. As well, ICA has been outspoken about all professions being obliged to qualify to perform any service at the highest standard of education and testing. It is on this basis, for example, that ICA has challenged the physical therapy profession's desire to expand their scope in numerous states to include spinal manipulation, with a less than adequate level of education. Now in New Mexico, a situation is emerging in which pharmaceuticals are being added to the scope of chiropractic practice, on the basis of a less than clear or adequate qualification pathway and under highly questionable regulatory circumstances.

ICA has invested an unprecedented level of legal and procedural analysis to this matter and, as a result of its exhaustive study, is deeply concerned over the nationwide potential for a negative, disruptive and costly impact on the chiropractic profession resulting from this change in the chiropractic scope in New Mexico under which doctors of chiropractic, having completed a non-accredited additional course of training, might be authorized to prescribe and administer by a variety of means including injection various medications.

Under the status of an "advanced chiropractic practitioner" as provided by the statute in question, a chiropractic practitioner who, according to the statute, *(D.) has completed a minimum of ninety clinical and didactic contact course hours in pharmacology, pharmacognosy, medication administration and toxicology certified by an examination from an institution of higher education approved by the board and the New Mexico medical board;...may prescribe, administer and dispense herbal medicines, vitamins, minerals, enzymes, glandular products, naturally derived substances, protomorphogens, live cell products, gerovital, amino acids, dietary supplements, foods for special dietary use, bioidentical hormones sterile water, oxygen, epinephrine and vapocoolants. A formulary shall be developed by the New Mexico Medical Board and the board of pharmacy."*

ICA believes that this change, while fully recognizing the wherewithal for any state legislature to act as it sees fit on behalf of its citizens, represents a policy change that is in neither the best interests of the public in New Mexico nor the chiropractic profession nationally.

The New Mexico law established a tiering of chiropractic that threatens to divide and disrupt the profession: The New Mexico statute change creates a status of “advanced chiropractic practitioner” establishing an effective tiering of the profession into “regular” and “advanced” practitioners. Such a situation will inevitably lead to a situation where the advanced status will be used against the vast majority of practitioners in every setting; from managed care to insurance reviews, to the detriment of both patient and practitioner. This is the stark reality and its implications should not be ignored. This potential sea change has been instigated by the actions of one state, not by any consensus of chiropractic educational institutions or professional organizations, and represents an attempt to have a tiny minority drive national chiropractic issues.

What Clinical Procedures Define “Advanced Practice” in Chiropractic? The issues of primary care status and nutrition are certainly issues of concern to the majority of chiropractors. As a profession it is important to address our role in the future health care system and it is important to protect the practice rights we already have. The solutions to these questions on a national and international level, however, should be developed in a manner that does not compromise the identity of our profession which has always been unique, separate and distinct from the practice of medicine.

“A wolf in sheep’s clothing” is the phrase that comes to mind. A small minority amongst us have argued for decades to have prescription rights. Others, including the ICA, have argued that these rights belong to the discipline of medicine and are not a part of the practice of chiropractic. The arguments of the moment asserting needs due to provider distribution and availability and the extension of nutritional approaches into the arena of nutraceutical therapies are red herrings. The goal of the advocates of these changes is to practice primary care medicine, without fully qualifying at the appropriate standard to do so. It is disingenuous to assert that these changes are being made to address a sudden deficiency in providers in New Mexico or elsewhere or a spectacular new advantage to some form of nutritional therapy.

The New Mexico law change represents a major paradigm shift for the chiropractic profession: The science and practice of chiropractic has, from its very conception, been a drugless approach to health. This self-definition as a drug-free healing methodology has been recognized and officially established legislatively in every state statute in the United States, and serves to distinguish the chiropractic from the practice of medicine or other healing arts and professions.

Chiropractic is defined in most states as an exception to the Medical Practice Acts and by definition excludes the practice of medicine. The Food and Drug Administration (FDA) considers the injection of any substance into the body as the use of a drug. The educational standards of the Council on Chiropractic Education do not include education on injection techniques or the proper use of prescription drugs and the testing of the National Board of

Chiropractic Examiners (NBCE) does not include testing for the credentialing of the practice of medicine.

ICA holds that the public is entitled to one truly drug-free system of health care and doctors of chiropractic are fully trained and qualified to fill that role with proven clinical and cost effectiveness. For more than a century, the marketplace has sustained and supported chiropractic on the basis of its unique, drugless approach to health and healing. Patient needs requiring drug therapy are currently being fully met by other professions. Indeed, all of health care is recognizing the alarming complexities and complications of a drug-based approach to treatment and the trend is strongly in the direction of a minimalist approach regarding drugs, and with good reason.

Public safety is in question: The authority to prescribe and administer medications has traditionally been understood under the law as the practice of medicine. ICA holds that any member of the public, when interacting with any health care professional, has the right to expect that that professional has been trained and qualified at the highest level. We do not believe that this policy change provides that protection.

The prescription and administration of pharmaceuticals is a dangerous and complicated endeavor and the medical profession, whose realm this activity is centered and whose education in this area is extensive and detailed, produces an error rate resulting in more than 1.3 to 1.5 million pharmacy errors annually, and of this number, almost 100,000 of them die as a result.ⁱ

In a health care system awash with pharmaceuticals, the abuse and side-effects of which are becoming major public health issues in and of themselves, the availability of a safe, proven and clinically effective drugless care pathway such as chiropractic offers takes on a new and compelling importance. This is an issue both of cost and of human consequences:

The average cost per patient to correct medication errors in U.S. hospitals is \$2,000 to \$4,000. According to Jury Verdict Research Group, in 2000, the average jury verdict due to medication errors was \$636,844. According to a 2001 report in the Journal of American Pharmaceutical Association, more than \$177 billion in excess costs in the health care supply chain can be attributed to medication errors. Sadly, estimates indicate that more than eighty percent of life threatening medication incidents are the result of physician error.ⁱⁱ

There is a growing mountain of evidence to indicate that the drug-based approach to healing, as applied by contemporary medicine in the United States is a failing paradigm. With half of all emergency room admissions for Medicare beneficiaries from prescription drug-related complications, and with the explosion of anti-biotic resistant bacteria and other micro-organisms, and with the long-term complications of many pharmaceuticals only now beginning to be understood, this is a powerful argument and one of which chiropractic must be conscious. To embark down the road of drug therapy is certainly not an endeavor in which the public can or should have any level of confidence, without a full standard medical education and the obtaining of a medical license to practice medicine.

The belief on the part of some that the application of such substances can be secured by a back-door entry strategy, without full medical qualifications is an insult to the chiropractic

profession, the medical profession and an absolute danger to the public. Every member of the public who entrusts their health and health care to any health care professional is entitled to care at the highest standard and level. To argue that a doctor of chiropractic only casually trained in the clinical application of "medicine" meets that standard is incorrect on its face.

Medication errors are among the most common medical errors, harming at least 1.5 million people every year, according to a massive and definitive study from the Institute of Medicine of the National Academies. The extra medical costs of treating drug-related injuries occurring in hospitals alone conservatively amount to \$3.5 billion a year, and this estimate does not take into account lost wages and productivity or additional health care costs, the report says.

Studies indicate that 400,000 preventable drug-related injuries occur each year in hospitals. Another 800,000 occur in long-term care settings, and roughly 530,000 occur just among Medicare recipients in outpatient clinics. The committee noted that these are likely underestimates...None of these figures take into account lost wages and productivity or other costs.

SOURCE: [Arch Intern Med](#). 2002 Sep 9;162(16):1897-903. Medication errors observed in 36 health care facilities. [Barker KN](#), [Flynn EA](#), [Pepper GA](#), [Bates DW](#), [Mikeal RL](#). Center for Research on Pharmacy Operations and Designs, School of Pharmacy, Auburn University, 128 Miller Hall, Auburn, AL 36849-5506, USA. barkekn@auburn.edu

Chiropractic credibility and integrity are on the line: The pathway for doctors of chiropractic in New Mexico to expand their professional scope to include pharmaceuticals has been clearly outlined in the statute. In that pathway, the New Mexico Board of Medicine is charged with approving the course and the agency accrediting that instruction. It does not appear that this has taken place yet the New Mexico Board of Chiropractic Examiners has proceeded to issue such credentials. This action, if it has indeed taken place under the circumstances outlined herein, has the potential of exposing the entire chiropractic profession to a massive public relations disaster at a time when it can least be absorbed without major injury to the profession's aspirations in other areas. Furthermore, those individual practitioners who may proceed to engage in the prescription and delivery of substances itemized in the act, in the absence of an approved formulary and an approved education pathway, open themselves up to major personal regulatory and professional liability exposure, much of which is not likely to be covered by the existing chiropractic malpractice insurance infrastructure. This is especially the case for those DCs in New Mexico who have widely articulated the idea that the new law gives them the legal authority to take patients off of drugs prescribed by other professionals.

Public understanding of chiropractic as a true alternative to medicine is in jeopardy: At a time when national headlines are filled with stories about medical errors and the popular culture is searching for better, safer and more natural care pathways, the incorporation of drugs into popular understanding of chiropractic is counterproductive and will only serve to undermine the profession-wide efforts underway to break through to the public with a clear understanding of chiropractic as a separate and distinct approach to health and healing, free from the complications and errors of the current medical and drug-based system of health care.

Action is needed to avoid damaging chiropractic nationwide: ICA urges all organizations and institutions within the chiropractic profession to take a stand on this issue, supporting the maintenance of chiropractic as a drug-free profession, clearly distinct from the practice of medicine and to oppose the tiering of the chiropractic profession as is established in the New Mexico stature change. ICA strongly urges the National Board of Chiropractic Examiners (NBCE) to not give this initiative credibility by the establishment of any national exam to be used for the credentialing of advanced chiropractors for the purposes of prescribing drugs and practicing medicine.

ICA can report that as a result of an impasse among the members of the New Mexico Medical Board and representatives of the chiropractic group in that state who are advocates of the “advances chiropractic practitioner” status, that new legislation clarifying the situation was sought on two occasions and defeated. This ongoing drive for drugs gave a powerful opportunity for the greater chiropractic community to speak up and take a stand on the current confusing and potentially dangerous policy.

“Now is the time for the vital center of the chiropractic profession to be proactive, outspoken and act to preserve the profession’s strongest asset; its status as a separate and distinct approach to health and healing, without the application of drugs or surgery,” said ICA President Dr. Michael S. McLean. “We must act because it is the right thing to do!”

ICA CALLS FOR MAJOR PUSH ON SENATE VETERANS BENEFITS LEGISLATION:

The US Senate Veterans Affairs Committee recently held hearings on S.422, the Chiropractic Care Available to All Veterans Act, introduced by US Senator Richard Blumenthal (D) of Connecticut February 28, 2013. This bill would amend the Department of Veterans Affairs Health Care Programs Enforcement Act of 2001 to expand chiropractic care and services at more Department of Veterans Affairs medical facilities over the next few years and to complete this inclusion in ALL VA facilities by the end of 2016.

This important legislation would:

- Extend veterans’ access to in-facility chiropractic services by requiring the expansion of chiropractic personnel requirements to “not fewer than 75 medical centers by not later than December 31, 2014 and at all medical centers by not later than December 31, 2016.
- Expand rehabilitation services to include chiropractic services.
- Include periodic and preventative chiropractic examination and services.

As of June 17, 2013, this vital legislation has nine Senate co-sponsors in addition to its author, Sen. Blumenthal:

Sen. Mark Begich, AK
Sen. Sherrod Brown, OH
Sen. Chuck Grassley, IA
Sen. Tom Harkin, IA
Sen. Jerry Moran, KS
Sen. Christopher S. Murphy, CT
Sen. Charles E. Schumer, NY

Sen. Jon Tester, MT
Sen. Sheldon Whitehouse, RI

The ICA urges all DCs to contact their US Senators, if their names are not on the list above, and request them to co-sponsor this bill. To find out if your Senator is a co-sponsor visit www.AdjustTheVote.org. This legislation, if passed, could make a significant difference to the health care of our nation's veterans.

Since October 2001, approximately 1.9 million U.S. troops have been deployed for Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) in Afghanistan and Iraq. The care of the more than 950,000 returning military veterans who have been released from service and the many hundreds of thousands who have served in Iraq and Afghanistan and remain on active duty is an urgent national priority. It is so because of the sacrifice they have made for us, and because of the unique and powerful contribution chiropractic can make to the healing process.

This new generation of veterans has been subjected to a level of stress and trauma that has not been seen in living memory. The 24-hour stress, the nature of injuries, the length of deployments and the uncertainties of returning to civilian life all contribute to the physical, practical and financial, mental and spiritual burdens returning veterans must face. The statistics are staggering, with nearly 50,000 wounded in all categories of physical injury, thousands with emotional and psychiatric damage, and the numbers continue to mount. Back and spinal problems represent one of the leading causes of lost time in action and are the leading cause of disability retirements from the military. At home, we in the states and communities can reach out, and honor what President Theodore Roosevelt articulated so well more than 100 years ago. "A man who is good enough to shed his blood for his country is good enough to be given a square deal afterward."

"We can also work to see that the Congress honors their sacrifice by provided the services this special population needs and deserves," said Dr. Gary L. Walsemann, DC, FICA, Chair of ICA's Legislative Committee. "Act today to make sure you United States Senators have heard from you on this vital legislation."

OTHER CHIROPRACTIC SPECIFIC BILLS IN THE 113th CONGRESS: In the current Congressional session, a number of chiropractic bills have been introduced, including:

H. R. 741: Legislation "To require the Secretary of Defense to develop and implement a plan to provide chiropractic health care services and benefits for certain new beneficiaries as part of the TRICARE program." Introduced by Representatives Rogers of Alabama and Loeb sack of Iowa, this legislation is long overdue and needed to correct an imbalance in national health care policy. Covering military dependents and retirees, this legislation currently has only nine co-sponsors:

Rep. Burgess, Michael C. [TX-26]
Rep. Enyart, William L. [IL-12]
Rep. Loeb sack, David [IA-2]
Rep. Michaud, Michael H. [ME-2]
Rep. Perlmutter, Ed [CO-7]

Rep. Petri, Thomas E. [WI-6]
Rep. Stockman, Steve [TX-36]
Rep. Titus, Dina [NV-1]
Rep. Young, Don [AK]

HR 171: Legislation to, "To amend the Public Health Service Act to authorize appointment of Doctors of Chiropractic to regular and reserve corps of the Public Health Service Commissioned Corps, and for other purposes." Introduced by Rep. Gene Green of Texas, this bill, which has only three co-sponsors as of April 16, 2012, has been referred to the House Committee on Energy and Commerce. Current co-sponsors include:

Rep. Clay, Wm. Lacy [MO-1]
Rep. Enyart, William L. [IL-12]
Rep. Himes, James A. [CT-4]

HR 921: Legislation to "To amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and title 38, United States Code, to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers and to expand access to such care and services." Introduced by Rep. Michael Michaud of Maine, this important legislation has only three co-sponsors to date, including:

Rep Clay, Wm. Lacy [MO-1] - 3/12/2013
Rep Enyart, William L. [IL-12] - 3/12/2013
Rep Loeb sack, David [IA-2] - 3/6/2013

LAWSUIT AGAINST BC/BS STILL MOVING FORWARD: ICA continues its legal claims challenging the overpayment recovery practices of various Blue Cross Blue Shield entities. The case, which was filed in September 2009, challenges the Blues' abusive practices in using post-payment audits, repayment demands, and forced recoupments to recover substantial sums that have previously been paid as health benefits for services provided to BCBS subscribers. Look for exciting news regarding this important legal matter in the days immediately ahead! The main thrust of the lawsuit is that the process employed by the BCBS defendants in identifying and pursuing so-called overpayments violates the Employee Retirement Income Security Act of 1974 ("ERISA"), a federal law governing private employee benefit plans.



ICA LAUNCHES FIRST DIPLOMATE IN UPPER CERVICAL PROCEDURES: The ICA is pleased to announce that its Council on Upper Cervical Care launched the profession's first Diplomate in Upper Cervical Care Procedures on January 19-20, 2013 in Chicago, Illinois.

"The Education Committee of the ICA Council on Upper Cervical Care has been hard at work developing the syllabus for this postgraduate program for nearly 3 years and we are very excited that it is now ready to launch the program," said Dr. Gary Walsemann, ICA President. Enrollment for the inaugural class was maxed out at 32. Doctors who waited to

register will have to wait till the next class which the Council hopes to start in 2014 when the current group moves into Year 2. “It is very exciting for the ICA and the Upper Cervical Council to get such a positive response to this program,” continued Dr. Walsemann. “I want to say a special thank you to the doctors who took the time to put this program together, it requires vision, but it also requires a lot of time and effort. We know that the doctors taking the program will benefit from their hard work.” This 300+ hour postgraduate program is designed to provide DCs with an in-depth education in anatomy, neurology, imaging and research related to upper cervical care and also to teach them, not just one procedure, but several different upper cervical procedures.



ICA HOLDS 21st ANNUAL FITNESS SYMPOSIUM: For the 21st consecutive year the ICA Council on Fitness and Sports Health Science has again hosted the acclaimed Symposium on Natural Fitness and Sports

with the world’s most famous chiropractic patient, former Governor Arnold Schwarzenegger, as keynote speaker. In addition to the excitement of “Arnold” the 2013 Symposium featured the most impressive and powerful array of chiropractic educators ever to present at the ICA Fitness Conference.

Clinical presentations were made by Daniel J. Murphy, DC, FICA, the chiropractic profession’s most respected member. Dr. Murphy combined his unique knowledge of nutrition, neurology and physiology to provide Symposium participants with the latest research findings in a manner readily adaptable in their daily practices. Dr. John Downes, perhaps best known for his many years of leadership and service to the highly successful sports teams at Life University, spoke on complex clinical dimensions of the athlete in competition. ICA was honored to host Terry Schroeder, DC, world renowned Olympic chiropractor and team leader who thrilled the audience with a special presentation on chiropractic and the Olympic journey. Also headlining the 2013 Symposium was Ted Carrick, DC, PhD, who brought his powerful insights into functional neurology to the audience. Plans for the 2014 event are already underway.

THE US SUPREME COURT AND THE FUTURE OF HEALTH CARE REFORM: The widely covered consideration by the US Supreme Court of the constitutionality of all or portions of the Patient Protection and Affordable Care Act (PPACA) has settled the basic question about whether the program will go forward or not. It will. This decision may have significant political repercussions but will have little impact on the realities of health care delivery, funding or administration for doctors of chiropractic. This is the case because with or without the PPACA programs, the fundamental issues of cost, access and quality of care remain unaddressed.

- No component of the PPACA made any serious effort to address medical and pharmaceutical errors, responsible for 17 percent of all health care costs. This continues to be a national emergency and needs to be effectively addressed through federal policy both legislative and administrative.
- Patient rights and patient choice remain battlegrounds in both public and private insurance programs, whether the law is struck down or upheld. ICA is concerned that

among federal policy makers, issues such as patient choice and the right on the part of any citizen to take their own resources and go into the health care marketplace and purchase any health service or product they feel will meet their personal needs or those of family members need to be specifically protected through legislation and/or administrative rules. In a statement before the Supreme Court in the opening arguments on the constitutionality of the Patient Protection and Affordable Care Act, the US Solicitor General Donald B. Verrilli, Jr. equated access to and inclusion in the insurance system to entry into the health care system in general. This is completely contrary to the idea of consumer choice and freedom in the marketplace, with the individual as both decision-maker and responsible party.

The chiropractic profession must continue to focus on chiropractic-specific inclusion and definition issues and patients' rights issues in the marketplace since whatever the outcome in the federal court system, the national treasury cannot sustain the kind of spending the PPACA anticipates, Medicare with its 88 million potential beneficiaries and other federal programs are expecting. Thus, chiropractic's position in federal programs may, ultimately, be less important than consumer freedoms to contract and purchase. This may require specific federal legislation that by-passes the entitlement status of programs such as Medicare, which would have the net effect of allowing both providers and beneficiaries to opt-out and act independently with their personal resources, without any government penalties or limitations.

ICA's Legislative Committee is working with Members of Congress from both the House and Senate, from both sides of the aisle, to draft legislation to be introduced in the current Congress that specifically seeks to establish a clear right to contract and freedom to purchase any service or product in the health care marketplace with personal, private resources, with no repercussions for either the consumer or the provider.

- Health insurance companies remain outside the anti-trust laws and are thus able to engage in the kind of predatory and discriminatory behavior, collusion and price-fixing activities that would land any other industry in serious federal trouble. The repeal of the MacCarran-Ferguson Act, passed in 1945 giving the "business of insurance" an exemption from federal anti-trust laws, needs to be aggressively pursued. The McCarran-Ferguson exemption was passed 1945 to protect small insurance companies incorporating at that time who had a great need for data from existing insurers in order to set premiums effectively. Because such information sharing was illegal under the antitrust standards of the era, Congress provided an antitrust free pass.

It doesn't take an historian or an antitrust scholar to recognize that market conditions are vastly different today than they were 68 years ago. Almost all health insurance markets are highly concentrated and many are dominated by one or two insurers. Congress hoped that state regulation would suffice, but the states bring few if any meaningful cases against health insurers. In addition, there is no need for an exemption since the practices that led to the Act are now considered legal under standards of antitrust law.

If there was one thing clear from the Congressional debate over health care, it is that health insurance markets are unhealthy. Over the past few decades, profits have increased dramatically, and the market has become one of the least transparent and most

anticompetitive markets in the nation; indeed, few markets are as concentrated, opaque and complex, and subject to rampant anticompetitive and deceptive conduct. There is simply an immense need for antitrust and consumer protection enforcement to reign in the constant abuses of the industry.

Unfortunately for consumers, McCarran-Ferguson often creates obstacles to effective enforcement. The Federal Trade Commission has a stellar record for policing consumer protection violations and preventing unfair trade practices in almost every market, but McCarran appears to rob it of health insurance jurisdiction. And McCarran may dampen the ability of private parties to bring antitrust and consumer protection actions.

Because oversight authority of the insurance industry has largely been left to the states, it is subject to virtually no consumer protection enforcement, except in the few states like California, New York, and Florida that have very active insurance regulators and antitrust enforcers. A study by the Center for American Progress found that the vast majority of enforcement actions against health insurers were taken by only five states. In far too many states, a few insurers dominate the market, and authorities lack the resources or expertise to conduct substantive competition or consumer protection oversight; tellingly, in four states, the insurance commissioner is also the fire marshal. Repealing McCarran-Ferguson would return oversight to the federal government where it belongs, and allow for robust consumer protection enforcement that is sorely lacking.

The repeal of the MacCarran-Ferguson Act, passed in 1945 giving the “business of insurance” an exemption from federal anti-trust laws, needs to be aggressively pursued and will be one of ICA’s top federal policy priorities in 2013 and beyond.

POTENTIAL FOR PRIVATE CONTRACTING WITH MEDICARE BENEFICIARIES A TOP ICA PRIORITY: Growing frustration with Medicare’s fee structure, documentation demands, and what many in the profession believe are sheer anti-chiropractic attitudes on the part of Medicare administrators, demand for the option to privately contract with Medicare patients, with no government role in any way, continues to grow within the chiropractic profession. This issue and the legislative changes that would need to take place to make it possible have been declared a top priority for ICA’s Legislative and Political Action Committees.

At present, some health care professionals can, after meeting stringent conditions, enter into private contract arrangements with Medicare eligible individuals. Doctors of chiropractic cannot. Many chiropractors believe the law should be changed to include DCs in this pool of eligible private contract providers. This change would require legislation. In addition, the terms under which a provider can “opt out,” as private contracting has come to be known, are stringent to the point of being excessive. Under the current law, a provider must refrain from accepting any federal payment for a period of two full calendar years before becoming eligible to enter into private contract agreements.

ICA strongly holds that doctors of chiropractic should be added to the list of providers eligible to enter into private contracts with Medicare patients. ICA also believes that the terms of private contracting for any professional are needlessly harsh and that to make such an option meaningful, changes in the private contracting rules need to be made. This

would also require a change in the statute by Congressional action. The prospects for such a change, however, do not appear very favorable.

In the years following the passage of the 1997 Balanced Budget Act that included the initial “opt-out” provisions, only two attempts to amend the opt-out provisions of the Medicare law have been introduced, with no success. These measures stalled in Congress, in part, because HHS reported that fewer than 500 physicians have sought to exercise the “opt-out” authority, and more than half of those were psychiatrists. In recent years, however, as Medicare fees have been reduced and with still more drastic pending cuts in the offing, new life is being breathed into these revision efforts.

For those so authorized, private contracting decisions may not be made on a case-by-case or patient-by-patient basis, however. Once physicians have opted out of Medicare, they cannot submit claims to Medicare for any of their patients for a two-year period. Private contracts must meet specific requirements:

- The physician must sign and file an affidavit agreeing to forego receiving any payment from Medicare for items or services provided to any Medicare beneficiary for the following two-year period (either directly, on a capitated basis, or from an organization that received Medicare reimbursement directly or on a capitated basis).
- Medicare does not pay either the patient or the physician for the services provided or contracted for.
- The contract must be in writing and must be signed by the beneficiary before any item or service is provided.
- The contract cannot be entered into at a time when the beneficiary is facing an emergency or an urgent health situation.
- In addition, the contract must state unambiguously that by signing the private contract, the beneficiary:
 - a) Gives up all Medicare payment for services furnished by the “opt out” physician.
 - b) Agrees not to bill Medicare or ask the physician to bill Medicare.
 - c) Is liable for all of the physician’s charges, without any Medicare balance billing limits.
 - d) Acknowledges that Medigap or any other supplemental insurance will not pay toward the services.
 - e) Acknowledges that he or she has the right to receive services from physicians for whom Medicare coverage and payment would be available.

To opt out, a physician must file an affidavit that meets the above criteria and is received by the carrier at least 30 days before the first day of the next calendar quarter. There is a 90-day period after the effective date of the first opt-out affidavit during which physicians may revoke the opt-out and return to Medicare as if they had never opted out.

The present Congressional attitude has been very resistant to ICA’s inquiries regarding the addition of chiropractic to those professionals authorized to privately contract with Medicare

beneficiaries. Rep. Pete Stark (D-CA), who served for many years as Chairman of the Subcommittee on Health of the House Committee on Ways and Means, repeatedly responded to ICA's questions stating that he personally opposed the emergence of a two-tier system in which physicians had the option to "cherry-pick" patients with means and neglect those who had only the Medicare benefits at their disposal. He further indicated that in the coming years of difficulty, staying in and serving as a Medicare provider was an obligation of citizenship, "like jury duty." ICA hopes that the new Sub-Committee Chairman, Rep. Dave Camp, will be more understanding on this issue.

As Medicare's resource pool gets stretched increasingly thin, we believe resistance to the needed changes will diminish, and private contracting can be achieved, on reasonable terms for both the patient and the provider, and also taking pressure of the Medicare program.

DCs NATIONWIDE AGAIN RECEIVING LETTERS ON MEDICARE PROVIDER ENROLLMENT (PECOS): Doctors of chiropractic across the United States have been calling ICA's headquarters asking about letters they have been receiving from Medicare asking that they register with Medicare's PECOS (Provider Enrollment, Chain, and Ownership System) system. These form letters indicate that if a DC had signed up for Medicare more than six years ago, that they need to promptly re-register with the new PECOS System so that their information is fully up-to-date and entered into the system's newest computer data bank. According to the Centers for Medicare and Medicaid Services (CMS) website:

Providers and suppliers must have Internet Explorer version 5.5 or higher and have the most recent version of Adobe Acrobat Reader before initiating an enrollment action using Internet-based PECOS. The Internet-based Provider Enrollment, Chain and Ownership System (Internet-based PECOS) can be used in lieu of the Medicare enrollment application (i.e., paper CMS-855) to:

- Submit an initial Medicare enrollment application
- View or change your enrollment information
- Track your enrollment application through the web submission process
- Add or change a reassignment of benefits
- Submit changes to existing Medicare enrollment information
- Reactivate an existing enrollment record
- Withdraw from the Medicare Program

CMS began using a new national provider enrollment system, the Provider Enrollment Chain and Ownership System (PECOS), in 2002. Over the last few years CMS has expanded the use of the PECOS system to physician and non-physician practitioners in the District of Columbia and the 50 states. The goal of CMS in developing this program is to standardize the Medicare enrollment process using an electronically maintained national system. Once provider information is entered into and maintained in the PECOS system, that information will be available to all Medicare Administrative Contractors (MAC) across all jurisdictions.

"DCs can be assured that the letters they are receiving are not the result of any pending audit or other punitive actions by CMS," said Ronald M. Hendrickson, ICA Deputy Executive Director. "The agency is simply trying to get all providers on one modern computer data base and is asking individual providers to do the data entry themselves." The official Medicare

rules do appear to provide the means to register for participation with a paper application (Form CMS-855) but it is clear that the agency prefers that the new system be used. DCs can access PECOS on-line at <https://pecos.cms.hhs.gov/pecos/login.do>.

LIFE UNIVERSITY AND CHIROSECURE PARTNERS IN AN HISTORIC TRANSITION:

ChiroSecure, ICA's exclusively sponsored professional liability provider, is pleased to announce that its chiropractic professional liability insurance program has been selected to cover Life University. In a significant and indeed historic move, Life University has announced a change in coverage to *ChiroSecure*; one of the nation's most respected chiropractic coverage programs. Life University was motivated to make this change in part based on *ChiroSecure's* adamant stance to keep drugs out of Chiropractic.

In a statement on Facebook posted today, Life University President Dr. Guy Riekeman told the chiropractic profession:

The reality is, every chiropractic college has accepted money from the biggest drug pushers and medical advocates in the world when we accepted student loan money from the United States government. And while there's not much we can do about that and still provide an education to future chiropractors, Life University can strive, in a profound way, to be MORE congruent with our philosophy, principles and values. One of the ways we are doing this is through our insurance coverage.

NCMIC has been insuring chiropractors and chiropractic colleges for decades (In fact, they currently insure all the colleges, even those who tout being more principled than others.) Recently, executives at NCMIC published that if drugs ever became a part of the practice of chiropractic, they would insure those practitioners. Granted it may be at higher rates, etc., but Life University and particularly our Board of Trustees felt it was inappropriate to work with companies that would support something that is so contrary to our core premise as a college and as a profession based on our philosophy – especially when there are alternatives. Consequently, we have ended our insurance coverage with NCMIC and found coverage from a company who has given us guarantees that they will not insure chiropractors who use drugs in their practices.

To some this may seem to be a symbolic gesture, and it is not our intention to harm any company or individual, but it's about congruency (not perfection) and taking what steps we can to be ethically aligned with our values and philosophy. Stay tuned for tomorrow's post about another step we have taken to become more congruent with Life University's philosophy and mission.

ChiroSecure has, for the past 22 years of service to the chiropractic profession, maintained a strict policy of supporting and servicing a drugless, non-surgical chiropractic profession and has spoken in opposition to the inclusion of drugs and other medical procedures in the scope of chiropractic in numerous forums.

"As President of ChiroSecure, as a doctor of chiropractic and Life University graduate, I am very pleased by Dr. Riekeman's actions on behalf of Life and his powerful statement of

principle,” said Dr. Stuart E. Hoffman. “I look forward to providing the best possible coverage, prompt and efficient service and the most competitive rates to all members of the Life community and to earn Dr. Riekeman’s trust in this important role.”

ChiroSecure will continue to work publically and tirelessly to maintain the chiropractic profession as a separate and distinct science, art, philosophy and practice, offering a unique pathway to health and healing to patients of all ages, without the use of drugs or surgery.



CAUTION, STRICT ADHERENCE TO RULES AND REGULATIONS VITAL IN ALL ADVERTISING AND CLINICAL CLAIMS: A Special News Feature by Stuart E. Hoffman, DC, FICA,

ChiroSecure President: We live in an age of instantaneous communications via systems that are accessible to all and in which once a statement is made or communication circulated, you can never retrieve it. Even casual comments on a blog or on a video on a clinical subject have the potential of the speaker being held accountable to a regulatory standard, even when no specific patient is involved and the meaning of the comment has been misinterpreted. Patients, and all too often, other chiropractors in a DC’s own community, are sources of formal complaints to regulatory boards about clinical claims or alleged promises of a resolution of some specific condition or complaint. Chiropractic boards have not only mounted a vigilant watch throughout their respective jurisdictions, they have taken sometimes action to sanction what they consider to be violations of the jurisdiction’s rules. The central message here is to be aware that all chiropractic practitioners are under close scrutiny regarding clinical claims and, therefore, caution is always the first order of the day.

A practitioner’s caution regarding claims in public advertising, on the Internet or face-to-face with patients or potential patients needs to be anchored in the exact regulations governing such communications in the jurisdiction in which the doctor practices. Most states have addressed advertising parameters and provided guidelines in the formal rules that govern the practice of chiropractic in a state. Every DC must be fully aware of exactly what those rules are and calibrate their communications accordingly. Here, knowledge is, indeed, power; power to avoid complaints and to maintain a positive profile both within the profession and with the public.

Almost every state has their statutes and regulations readily available on-line. If you have not read those sections of your jurisdiction’s advertising and clinical claims, I would encourage you to do so. In fact, I would encourage you to download and print all of the statutes and regulations that govern chiropractic in your jurisdiction and maintain a file to consult on any issue where you might have questions as to established requirements. Consult it regularly and monitor for possible changes at least once a year.

Knowing the exact rules is just a starting point. Navigating their nuances and blank spots may require both close study and perhaps even direct consultation with your regulatory board on a specific question or proposed initiative you might be considering. The nuances are the product of how a party might interpret what the rules say. To help illustrate what I

mean, I would like to present an example of a set of rules where differences of opinion and definitions can inherently be a problem.

The State of Ohio has rules that address advertising and clinical claims readily available on-line. Those regulations state:

(C) No chiropractic physician shall disseminate or cause to be disseminated any advertisement or solicitation that is in any way false, fraudulent, deceptive, or misleading.ⁱⁱⁱ

No ethical practitioner would even consider false or fraudulent claims or advertising. It gets a little fuzzier, however, when the concepts of “deceptive or misleading” are concerned because everyone can and very likely will have different ideas of what these terms mean. In the case of Ohio, the issues of interpretation and definition are further complicated by another section of the regulations which states:

(K) All advertisements and solicitations that claim specific physical illnesses, ailments, conditions, or symptoms are alleviated by chiropractic care must be supported by clinical or scientific literature generally recognized by the chiropractic profession.^{iv}

There is quite a gap within the chiropractic profession as to what constitutes evidence or support for a clinical procedure or process. For some, only a significant body of double-blind controlled clinical trials constitutes acceptable evidence. For others, indeed, perhaps for most within the profession, a less stringent but no less applicable and valid set of measures for scientific literature, which includes outcomes studies, patient satisfaction data, case studies and other published findings that exist in massive quantities are a basis for acceptance of a procedure or process. Here is where it makes sense, if you have questions about any claim or marketing statement you are considering, to directly contact your chiropractic board and ask them. Sometimes they will respond with a definitive and clear answer and sometimes their answer might be vague. There are even times when there will be no response at all. The simple act of inquiring, however, will always stand you in good stead because it demonstrates a commitment to and an intent to be in compliance with the rules. Any attorney will tell you how important such a demonstration of intent can be as fraud is expressly based on “intent” to deceive or mislead. Your act of asking what the rules are makes it clear that you are seeking to comply, not the reverse.

Please, do not hesitate to contact your board of examiners with your questions as it is their job to provide information and answer your questions. Most board employees will be pleased to respond to any general question over the telephone, without your having to give your name or other details of your practice. It is so much better to be safe than sorry.

All opinions and definitions about literature or a “scientific basis” for a claim or a procedure must be considered within the context of the exact scope of chiropractic practice established by the law. Most jurisdictions specifically itemize what is contained in the scope of chiropractic practice and often also itemize what is not. You need to know exactly what the scope of practice terms are in your jurisdiction, another reason to have the official laws and rules on-file in your office.

There are two parts to the chiropractic scope of practice parameters in most jurisdictions. First the law outlines what procedures you may or may not apply. Secondly, many statutes

identify the range of conditions you can or cannot care for. What is within the range of chiropractic clinical effectiveness has been up for debate for many decades. Longstanding chiropractic principles, as articulated in many statutes, state that the doctor of chiropractic addresses the capacity of the body to heal itself. This is done by removing barriers to self-healing, primarily in the structures of the human spine and the nervous system. Under these terms, any patient of any age with spinal distortions is within the chiropractic scope. It is when conditions or diseases are named, and either expressly or by implication a chiropractic practitioner offers to help, treat or cure, that things get difficult.

The best way to summarize the potential problems for your practice and, possibly your license is to note that in the past 18-months, various regulatory boards have acted against DCs in their respective jurisdictions for claims regarding either caring for or offering hope of a cure for diabetes, high blood pressure, neuropathy, weight loss, thyroid conditions, asthma and allergies. Doctors have been sanctioned for advertising that they can treat these conditions and in some cases, the implication or even an outright promise of “help” to potential have crossed the regulatory line.

The message is simple. Never offer a promise or guarantee of any specific clinical outcome, let alone an outright cure. It will get you in trouble every time. Likewise, offering to treat neuropathy, diabetes or other specific diseases contrary to the authorities in your governing statutes will have the same result. As well, never assert that your care can or will be effective when medicine has failed or that your care is the only approach that will be successful in addressing condition or patient need. These cannons of behavior need not take away in any manner the inherent power of chiropractic care. We are all familiar with the thousands of personal stories of how DCs have helped people of all ages with an enormous range of problems and conditions. In both regulatory and ethical terms^v, the right way to proceed is to let the results do the talking.

ⁱ *PREVENTING MEDICATION ERRORS*, Committee on Identifying and Preventing Medication Errors, Board on Health Care Services, Philip Aspden, Julie A. Wolcott, J. Lyle Bootman, Linda R. Cronenwett, *Editors*, INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES, THE NATIONAL ACADEMIES PRESS, Washington, DC, 2007

ⁱⁱ Gurwitz, J.H., Field, T.S., Harrold, L.S., et al, “Incidence and preventability of adverse drug events among elderly persons in the ambulatory setting, (JAMA) 2003;289(9) 1107-1116.

[Arch Intern Med](#). 2002 Sep 9;162(16):1897-903. Medication errors observed in 36 health care facilities. [Barker KN](#), [Flynn EA](#), [Pepper GA](#), [Bates DW](#), [Mikeal RL](#). Center for Research on Pharmacy Operations and Designs, School of Pharmacy, Auburn University, 128 Miller Hall, Auburn, AL 36849-5506, USA.

[J Am Pharm Assoc \(Wash\)](#). 2003 Mar-Apr;43(2):191-200. National observational study of prescription dispensing accuracy and safety in 50 pharmacies. [Flynn EA](#), [Barker KN](#), [Carnahan BJ](#). Center for Pharmacy Operations and Designs, Harrison School of Pharmacy, Auburn University, Ala. 36849-5506, USA.

ⁱⁱⁱ [Ohio Administrative Code](#), [4734 State Chiropractic Board](#), [Chapter 4734-9 Discipline](#), Section C.

^{iv} *Ibid*, Section K.

^v International Chiropractors Association, *Code of Professional Ethics*, Principle 1-J, Guarantees: “The doctor of chiropractic shall not offer or guarantee a cure to any patient either verbally or in writing.”

Life University and *ChiroSecure*: Partners in Historic Transition!

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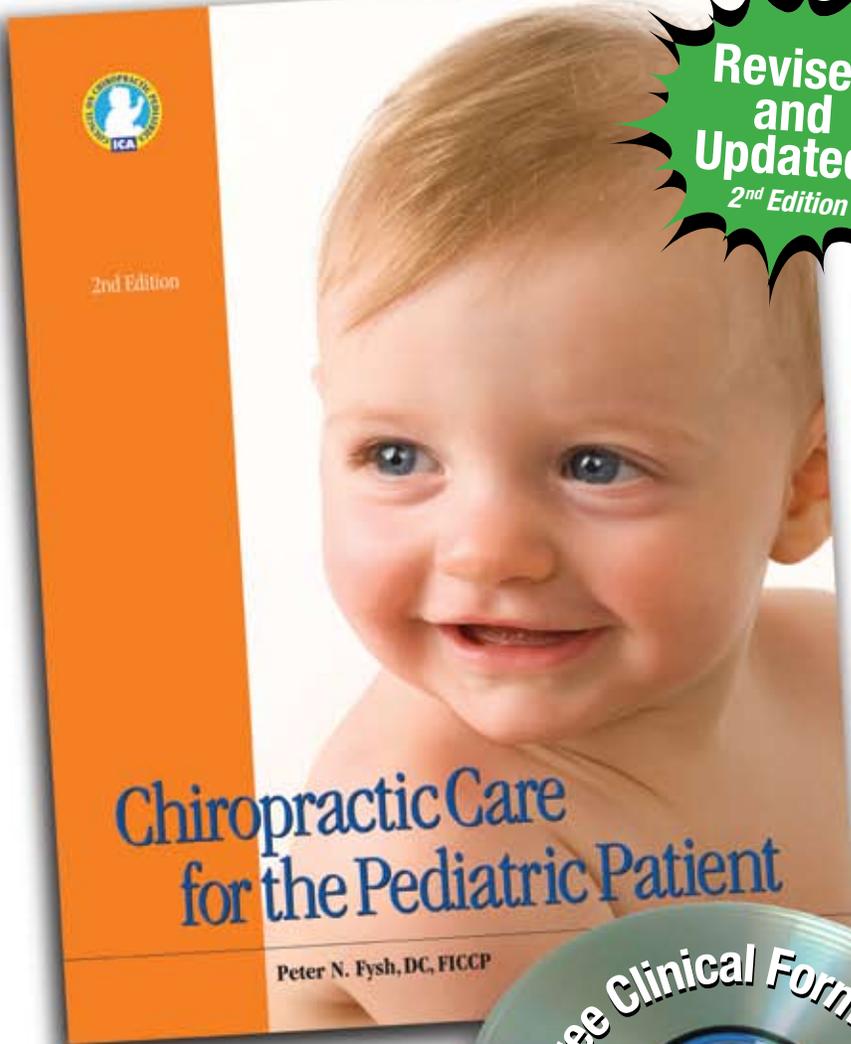
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Contact: Dr. Stuart Hoffman, *ChiroSecure* President, www.chirosecure.com, 866-802-4476



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By Peter N. Fysh, DC, FICCP

This 2nd edition of one of chiropractic's best-selling books has been carefully revised and updated.

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- pediatric Diagnosis Codes incorporating latest changes to the ICD9-CM codes to ensure accurate recording and reporting of the pediatric condition



Dr. Peter Fysh is an internationally recognized educator, speaker and author of innumerable papers and articles on chiropractic pediatrics. One of the developers of the ICA Pediatric Council's Diplomate in Clinical Chiropractic Pediatrics (DICCP), he is currently Chairman of the Board of Examiners of the International College of Chiropractic Pediatrics, the testing body for the DICCP Board Examination. A graduate of Phillips Institute in Melbourne, Australia. Emeritus Professor of Pediatrics, Palmer College of Chiropractic-West, Dr. Fysh is a full-time family practitioner in San Jose, California.

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A powerful, customized interactive grass-roots resource for real-time chiropractic advocacy



*International Chiropractors Association
Political Action Committee*

ACT TODAY!

The International Chiropractors Association (ICA) is pleased to announce that its on-line voter mobilization program is now operational and available to individual practitioners, their patients, staff and chiropractic students as a personal portal into the world of grass-roots advocacy on behalf of chiropractic. More than four years in production, www.AdjustTheVote.org is no off-the-shelf product, but a custom engineered, interactive grass-roots lobbying tool that is unique to chiropractic, offering unparalleled capabilities which the profession can use to make our voice heard in this era of national health care reform.

Any active or retired chiropractor, chiropractic student, patient or chiropractic supporter may subscribe and participate without cost or membership dues.

ICA's program is unique, powerful and a product of the Association's sense of responsibility to the profession and the public, not being content to rely on any other organization to provide such capabilities, or to simply assume that things will work themselves out.

Recognizing the need for a powerful voter/citizen base to project chiropractic's legislative message and information stream directly to policy makers, www.AdjustTheVote.org will:

- Activate and maintain a grass roots network of chiropractors, supporters and chiropractic patients to influence local, state and federal legislation and candidates on issues important to the chiropractic community, including a patient's freedom and right to choose their chiropractor as part of their personal healthcare team.
- Provide a mobilization tool whereby any concerned individual can enroll as a chiropractic advocate and automatically lend their voice via e-mail, or electronic fax, on issues of concern to the chiropractic profession.
- Guide individuals to their federal legislators and customize their messages expressly for those elected officials.
- Be tailored to be used in lobbying at all levels, not just the US Congress or national administration, including state and local legislatures, right down to county board and city council issues, campaigns and elections. **No other program in chiropractic has this powerful capacity.**
- Build a coordinated network of chiropractic activists by Congressional District for application to issues in the US House of Representatives, and by state for the US Senate, linking chiropractic advocates for maximum effectiveness.
- Provide a recognition and awards system for both DCs and patients, to recognize all participants with personalized certificates of service and participation.

In this age of profound crisis in national health care, to stand on the sidelines is to accept defeat. ICA is calling on all who are committed to a strong future for chiropractic to take action, go on-line TODAY and sign up as a new [AdjustTheVote](http://www.AdjustTheVote.org) participant, volunteer as a Congressional District Director, and to dedicate the coming days to making sure everyone you know does the same, since in numbers, there is political power for chiropractic.

ACT TODAY!

ICA Membership Application

PLEASE PRINT OR TYPE



Name _____ Date of Birth _____ / _____ / _____
MONTH YEAR

Office Address _____ Suite _____

City _____ State/Province _____ Zip _____

Country _____

Office Phone (_____) _____ Fax (_____) _____

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City _____ State/Province _____ Zip _____

Country _____ Home Phone (_____) _____

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Chiropractic College Attended _____ Graduation Date _____ / _____ / _____
MONTH YEAR

Chiropractic licenses held in: _____

• Engaged in active practice? Yes No • Former SICA member? Yes No • Former Field member? Yes No

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First year after graduation

Former Student ICA member FREE (Upon receipt of graduation date/file update information) \$ _____
 Non-Student ICA member (\$260 yr. / \$65 qtr.) \$ _____

Second year after graduation

Former Student ICA member (\$260 yr. / \$65 qtr.) \$ _____
 Non-Student ICA member (\$460 yr. / \$115 qtr.) \$ _____

Third year after graduation

Former Student ICA member (\$460 yr. / \$115 qtr.) \$ _____
 Non-Student ICA member (\$660 yr. / \$165 qtr.) \$ _____

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(\$165 qtr. / \$660 yr.) \$ _____

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Voting (\$330 yr. / \$83 qtr.) \$ _____
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LAY^{**} (must be sponsored by two ICA members)

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 Interested individual (\$110 yr.) \$ _____

STUDENT^{††} (\$50 one-time fee) \$ _____

TOTAL AMOUNT^{††} \$ _____

Ask about our Spouse, Auto-Debit & Annual Payment Discounts

I hereby apply for membership in the International Chiropractors Association, agreeing to abide by the Constitution, By-Laws, Code of Ethics, all amendments and regulations adopted by the Board of Directors and Officers of the Association under the provisions of the Constitution, and amendments hereafter legally adopted. I also understand that failure to remit dues will result in loss of membership, and all rights and privileges thereof.

Signature of Applicant _____ Date _____

Please charge my: VISA MC AmEx Enclosed is my check/money order

Account # _____ Exp. Date _____

Signature _____ CC Security Code _____



Return application to:

International Chiropractors Association

6400 Arlington Boulevard, Suite 800, Falls Church, VA 22042

www.chiropractic.org

Phone: 1-800-423-4690 or 1-703-528-5000 • Fax: (703) 528-5023

* Unless otherwise requested, correspondence will be sent to your office address.

** Not eligible to vote in ICA elections

† Teaching 8 or more academic hours per week at an accredited chiropractic college.

†† ICA dues are not deductible as a charitable contribution for income tax purposes, but may be deductible as a business expense.

The International Chiropractors Association is the oldest continuously functioning international chiropractic organization in the world. The ICA represents thousands of practitioners, educators, students and lay persons, with members in every state in the United States, every province of Canada and 52 nations around the world. ICA has traditionally been the moderate voice of the chiropractic profession. The ICA supports and promotes the interests of chiropractic, chiropractors and the patients they serve through advocacy, research, and education.

Throughout its long history, the International Chiropractors Association has sought to educate and inform the public, other health care professions and health policy makers on the principles and definitions of chiropractic to foster a broader understanding and acceptance of the profession. The ICA has also established standards of ethical, technical and professional excellence for chiropractic education and practice.



**For More Information on These and Other Topics
Contact:
The
International Chiropractors Association**

**6400 Arlington Boulevard, Suite 800
Falls Church, Virginia 22042**

PHONE: (703) 528-5000 / (800) 423-4690 (US & Canada) FAX: (703) 525-5023

E-MAIL: chiro@chiropractic.org INTERNET: www.chiropractic.org