

We Get Letters & E-Mail

ACA Response to "Three Li'l Words" Editorial

Dear Editor:

While the three little words "no later than" might *seem* "fraught with possibilities," the truth is that these terms are so specific they have the force of law behind them.

The American Chiropractic Association (ACA) shares your concerns with the Department of Defense's (DoD) intent to implement a strong chiropractic benefit for our nation's active duty personnel, as you point out your November 30 editorial. For this very reason, the ACA and the Association of Chiropractic Colleges (ACC) worked closely with Congress to draft legislative language that mandates the DoD guarantee access to a permanent chiropractic benefit in the military health care system. However, we believe your interpretation of the legislative language contained in the recently-passed Defense Authorization Act (H.R. 4205-P.L. 106-398) is incorrect.

In your editorial, you relate the recently-passed legislation with a previous law dealing with commissioning of doctors of chiropractic, incorrectly stating that both contained the phrase "no later than." In the 102nd Congress, there was some debate on whether the Secretary of Defense had the authority to commission doctors of chiropractic. To clarify this issue, Congress passed legislation (P.L. 102-484) that gave the Secretary of Defense the authority but did not mandate commissioning of doctors of chiropractic. The legislative language stated: "A chiropractor who is qualified under regulations prescribed by the Secretary of the Army may be appointed a regular commissioned officer in the Medical Service Corps of the Army" (section 3284 of P.L. 102-484). Similar provisions were included for the other branches of the military. The key phrase in this legislation was not "no later than," but "may be." This term gave the Secretary of Defense the discretion whether or not to commission doctors of chiropractic. Because of DoD's resistance to integrate chiropractic care into the military health care system, the Secretary failed to commission any doctors of chiropractic. As a result of the DoD's inaction, Congress created the highly successful chiropractic demonstration project (P.L. 103-337).

You will be happy to know that there is nothing sinister about the phrase "no later than." In legislative terms, "no later than" simply means that the provision must - by law - be implemented by a certain date. As you can clearly see, the problem with the previous legislation was not the phrase "no later than," but the words "may be." These words gave the agency a loophole through which to avoid implementing the commissioning provision. As a result, the ACA and ACC insisted that the recently-passed DoD legislation contain terms such as "shall" and "no later than." Contrary to your editorial, these terms are, by definition, extremely straightforward - and have the force of law behind them.

Further strengthening this provision, the ACA and ACC also fought against attempts by the DoD to set arbitrary limits on scope of practice for doctors of chiropractic. Throughout the legislative process, the DoD insisted that chiropractic scope of practice be limited to only low-back pain. However, because of the great support on Capitol Hill and the great work of the doctors participating in the demonstration project, Congress set a minimum floor for scope of practice - "at

minimum, care of neuromusculoskeletal conditions." As additional protection, Congress included a provision that fully engages the Oversight Advisory Committee (OAC) in the development and implementation of the chiropractic benefit. As you may know, six doctors of chiropractic serve on the OAC.

Although Congress passed very strong and comprehensive chiropractic legislation, the ACA and ACC are cautious that DoD will implement a chiropractic benefit properly. The ACA and ACC will continue to work with Congress and the doctors on the DoD's OAC to ensure that the DoD make chiropractic care available to every active duty man and woman.

*James A. Mertz, DC, DACBR
President
American Chiropractic Association*

Editor's note: You're right: The Defense Authorization Bill (HR 5006) that George W.'s father signed in October 1992 only authorized the appointment of DCs as commissioned officers - it didn't mandate the military to act, a fact we pointed out in our Nov. 20, 1992 issue. (Go to "President Bush Signs Commissioning Bill" at <http://chiroweb.com/archives/10/24/10.html>) The DoD, of course, had no intention of commissioning DCs, as the *Navy Times* speculated at the time, nor have they since. The legislation had "no teeth."

I, and most chiropractors, laud and respect the efforts of those individuals from the ACA, ICA and ACC and the Military Demonstration Project that are trying to force the DoD's hand to incorporate chiropractic in the military. Thank you for your commitment and efforts. Still, it calls to mind the song "High Hopes," where the ram keeps butting the dam.

Now, eight years after Bush signed HR 5006, the DoD is told it "shall" come up with a plan "no later than" March 31, 2001 to provide chiropractic to all members of the uniformed services. "Plan" certainly is nice and vague. Perhaps the DoD's plan will be to incorporate chiropractic "In the Year 2525," a title of another song. It's only a little less nebulous than the Veterans' Health Care Act, which "requires" the Department of Veterans Affairs to "establish a policy" (no date specified) for chiropractic in the VA.

You say that "shall" and "no later than" are "extremely straightforward" and "have the force of law behind them." The words of ACA General Council George McAndrews come to mind in this regard when he explained the genesis of ACA's legal action against the HCFA for its Medicare Part C regulations. Mr. McAndrews pointed out that in 1990, Congress ordered the secretary of Health and Human Services to submit a report on the use of chiropractic in HMOs. The report was to be delivered in 1993. In 1994, the word "final" was expunged from the statute. Later, HHS told chiropractic to do its own study, which it did, - and it was rejected! How's that for force of law? Of course you can always sue the government, which ACA has done.

I empathize with chiropractors who are frustrated with the legislative promises that come to naught, whether it concerns advancing chiropractic in the military, the VA, or under Medicare. The DoD, and the feds, in general, treat chiropractors as a second-class profession. I get exasperated, and I'm sure many DCs feel the same way.

Anyway, let's mark our calendars. D-day is March 31. We await the "plan."

Steve Kelly

managing editor

P.S. These are my opinions, and may not reflect that of my publisher.

"... amused and inspired ..."

Dear Editor:

I was amused and inspired by the demonstration of graceful tact demonstrated in the letters in the Nov. 15 issue. Specifically, I refer to the great insights I gleaned from reading the email exchange from Dr. Terry Rondberg to the hapless Dr. Hansbrough.

Wow! That letter from Dr. Rondberg containing the crass, amateurish and insipid comments sounded like a child throwing a tantrum. Is it possible that this is the same Dr. Rondberg, the same force behind such elegant schemes as "Outreach 2000," which taught DCs how to hire banks of telesolicitors to set up patients for bogus "research" as enticement to get them into their offices where their wallets could be properly emptied. Or is this the same guy behind the ridiculous piece of worthless trash called the *Clinic Practice Guideline* published by his bogus CCP, which endorsed every possible type of treatment using anything by anyone, anywhere, anytime. Or is this the same infamous DC who got caught giving bogus political donations. Is it possible that this is indeed that famous guru-wannabe we have all come to know and love? Perhaps his mask has slipped a little bit more. Does his arrogant, immature and profane behavior, as manifested in his ranting diatribe against what was actually a well-phrased (and overly polite, in my opinion) letter from Dr. Bruce Hansbrough surprise anyone?

Those of us longer in the tooth are well acquainted with Dr. Rondberg. He has always been about one thing only: the almighty dollar. To now see clearly revealed that he is not only avaricious, but also a jerk, does not come as a surprise to me. Dr. Rondberg just doesn't get it and never will. To blow an opportunity to make some inroads into the VA, and thereby teach them what advantages we can offer to veterans, was one of those moments, which rarely come. Is Dr. Rondberg so naïve to think that the podiatrists, ophthalmologists, and other limited physicians participating with the VA are so encumbered by the limits inherent in their professional scopes of practice that they choose to bow out of participation entirely? How nice of Dr. Rondberg to make that decision for the rest of us. Every thinking chiropractor should wake up. Following Rondberg is just one more example of the blind leading the blind.

Thanks for printing Rondberg's letter! Perhaps shining the light on him and those of his ilk is a bit like dragging blood-sucking vampires into the light -they can't withstand the light and will self-destruct! We can only hope!

*Dr. Garth Aamodt
Grand Rapids, Michigan*

More on Academic Bias

In regards to Dr. John Spano's letter on academic bias toward DCs (Oct. 31 issue), I too teach biology at a community college, though only as a part-time adjunct. Fortunately, so far, I have not detected any degree of prejudice or resentment. Unfortunately, I do have to say that I do understand why academics would be concerned about chiropractors "preaching nonsense to

gullible undergraduates." Our profession is full of technique gurus, acupuncturists, and chiropractic philosophers preaching nonscience to gullible chiropractors!

The problem of nonscience or even anti-science is deeply rooted in our professional culture and our institutions. Several of our schools are diversifying into acupuncture/Oriental medicine, most colleges sponsor postgraduate programs in topics like homeopathy, applied kinesiology, and other equally improbable techniques, and several high profile, technique guru chiropractors brazenly inflate their resumes with worthless diploma credentials. I would say that some degree of caution on their part is warranted.

The first step to addressing your issue, I believe, is to acknowledge to yourself and to any concerned colleagues at your college that the problem does exist. Then, explain where you stand philosophically about the scientific method (wherever that is), and reassure all concerned that you are there to teach your content area, and you have no personal agenda. This was all I had to do with the members in my department.

If necessary, you might further make the analogy that the college can't deny employment, or pay at a lower level than is warranted by education, if a prospective employee goes to church every Sunday. After all, won't that person use his teaching position as a bully pulpit to preach creationism? If a teacher does that, then after the fact, he or she can be disciplined or have their employment terminated, but they can't be hired at a lower rate because someone is afraid it might happen someday.

You indicated that you are interested in how "we as a profession" should handle this. We as a profession can't handle this, because we are not willing to commit to a science and evidence-based paradigm of practice. That is why we, as individuals, must assert our commitment to scientific method. You are right to demand acknowledgement for your education, but in return, you must acknowledge and assuage the concerns of your academic community.

Fred Kourmadas,DC,MS
Manassas, Virginia

My "Disabled Chiropractors" Letter

Dear Editors:

First, I wish to thank you for publishing my letter about networking and disabled chiropractors; it was great to see it in print and I think important things will happen as a result.

There is but one small problem: the e-mail address of "abledocs@email.com" is nonoperational; the other one "balapina@bellatlantic.net" is the one to be used. Apparently, some doctors have been trying but get their e-mails returned, and I suppose this discourages them from using the "balapina" alternate address. May I please call upon you to publish a small addendum so that my editorial reaches the right people. Thank you; I hope this remedy will help.

C. Pastor,DC balapina@bellatlantic.net

PPO and HMO Membership - Lots of Promises, but Short on Delivery

Dear Editor:

I read previous articles written in your publication regarding American Specialty Health Networks and some of the controversy surrounding the company. This is why I bring the following information to you. I feel it is important because a lot of chiropractic physicians are attracted to PPO and HMO membership that offer lots of promises, but are often very short in delivery.

I just received information today that benefits under the Federal (postal workers) program, handled by Blue Cross Blue Shield will drastically cut chiropractic benefits (at least in Alabama) under a new plan affiliated with American Specialty Health Network (ASHN).

In past years, federal employees covered by the Blues had good chiropractic benefits offering 80/20 with a small deductible. Soon the game will drastically change.

Starting on January 1, 2001, under a new plan, doctors of chiropractic member of ASHN will be the only ones eligible for chiropractic care reimbursement. Non-ASHN chiropractors will be left out of the program, even if they have Preferred Chiropractic status with Blue Cross Blue Shield.

What most ASHN chiropractors may not be aware of is that the benefits will be as follows: Blue Cross Blue Shield will only pay 20 percent of the fee schedule; the remaining 80 percent will be the patient's responsibility. What is not known yet is which fee schedule will be used. I would assume the "Blues" will use the diluted fee schedule bargained by ASHN with its chiropractic members. Another step backward for chiropractic.

This is another example of how chiropractors are lured into a PPO with the promise of good reimbursement, and how managed care companies undersell their members for the sake of corporate profits.

I think this needs to be exposed to the whole profession, so that we are better informed of the pitfall of managed care programs that have no intentions to provide and protect fair fee schedules for their providers.

It is time for our profession to start reading contracts carefully. It is also time for us to withdraw our membership in groups such as American Specialty Health Networks until they offer good contracts for their providers.

How far are we willing to prostitute of profession? Shame on us if we don't take charge of our future.

Gilles X. Beaumont, DC
Mobile, Alabama

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