

"Chiropractic Physician" - A Term Used in Nebraska to Assist Third-Party Reimbursement - Not an Issue of Scope

I read with interest and disappointment Dr. Riekeman's February 12 column "View from the Fountainhead." His article, "Where Do We Stand?" discussed the term *chiropractic physician* as it relates to the practice of chiropractic in Nebraska.

Dr. Riekeman refers to Herbert Spencer's warning: "There is a principle which is a bar against all information, which is proof against all arguments, and which cannot fail to keep man in everlasting ignorance. That principle is condemnation before investigation." If this is a warning, the question becomes: "Did Dr. Riekeman investigate or just condemn the actions of the chiropractic board in Nebraska?"

On November 3, 2000, a mediation meeting was held in Lincoln, Nebraska under the auspices of Health and Human Services and a professional mediator. (*Editor's note:* The official name of the state's chiropractic board is the Nebraska Chiropractic Board, or NCB. The NCB is under the Department of Regulation and Licensure, a division of the Nebraska Health and Human Services system.) The purpose of the meeting was to review the proposed rules and regulations, approved by the NCB.

To the surprise of the NCB and members of the Nebraska Chiropractic Physicians Association, letters were presented purported to be written by DCs Guy Riekeman, Sid Williams, Jerry Clum, and ICA President Robert Hoffman. These letters expressed dissatisfaction with the proposed term *chiropractic physician*.

It has taken over two months for me to acquire all of these letters, even though one of the letters was addressed to me, yet never received at my clinic address. None of the letters were received directly by the Department of Health and Human Services for the NCB.

The term *chiropractic physician* was first postulated because a district court judge ruled, according to his interpretation of the law, that doctors of chiropractic were not covered by physician liens. The term *physician* is purely used to assist our DCs in third-party reimbursement. This is a reimbursement issue, not one of scope. It is well known by the profession that the only reason we are paid under Medicare is because we are classified as physicians. I fail to see how that differs in the state for reimbursement issues. This is the basis of the current HCFA lawsuit - to protect our doctors' right to correct a subluxation and be reimbursed for it under the Medicare guidelines, since we are classified as physicians.

For the record, the chiropractic state organization in Nebraska has been known as the Nebraska Chiropractic Physicians Association for over 35 years. There is no confusion of the term *chiropractic physician* in this state, just as there's no confusion when other health care providers in the state couple their professional designation with *physician* to identify what class of health professionals they are. Yes, Dr. Riekeman, "chiropractic" can be used as a modifier, not just as a noun.

Chiropractic physician, the original proposal to the NCB Rules and Regulations, was later amended to chiropractor/chiropractic physician to further clarify the intention.

I have tried to recall a B.J. Palmer quote that I remember seeing at Palmer College in 1972. It went something like this: "Everything I do that you don't do is strange. Strange, isn't it?"

Nebraska has one of the best scope of practice laws in the nation, of which we are very proud. It may differ from other states, but certainly, it is not the most liberal law in the land, and is far from being the most conservative.

There are DCs who do not refer to themselves as "doctors of chiropractic," but use only the term chiropractor. Unfortunately, the push to be separate and distinct has left many of our doctors of chiropractic unprotected by physician liens, not reimbursed by third-party payors, and forced to take a back seat.

As a Nebraska practicing doctor of chiropractic, I am proud of the strong scope that we have, and proud to be called a chiropractic physician. As a profession in Nebraska, we seek to protect our doctors' rights to practice, as long as they are within the scope of our state law.

The real question in this matter is whether a chiropractic college or a national organization belongs in state issues. This was not a scope issue in any manner, nor is there any intent of using the term *chiropractic physician* to indicate a desire to use drugs or surgery. That is not within the scope of our practice. This is a reimbursement issue only. Philosophy is not a part of protecting our right to adjust or manipulate a vertebral subluxation. This is about parity and being paid for what we do; this is about the preservation of states' rights, and the desire of the individuals who live and practice within a specific state to govern themselves. The Nebraska scope is broad. It allows for adjunctive therapies through the term *chiropractic physiotherapy*. The continuing education changes proposed by the NCB were to protect that right and assure public protection by the doctors who chose to practice those specific adjunctive therapies.

The mediation session in which we were involved was called because the suggested hours were to be determined by the NCB, based on the need within the state in reviewing disciplinary actions and complaints filed with the NCB. These hours were to be allowed in a two-year cycle, and choices would be made and not mandated unless the need arose as determined by the NCB.

The amendments to our regulations, following another public hearing, will be forwarded to the attorney general's office for review and approval as agreed on by those present at the mediation session. In the meantime, our doctors no longer have the protection of a physician's lien for their services. This is not a desirable position, and is a step backwards for our profession.

I reiterate: This is a reimbursement and protection issue for Nebraska DCs, not a scope issue. If the attorney general accepts this terminology, the existing strong scope of practice will not, I repeat, will not be changed in any way.

Very few dissatisfied individuals and naysayers in our profession have attempted to disrupt our state. Although none of us enjoy confrontation, I feel our state has been made stronger. The association has listened and made changes and attempted to meet the needs and concerns of those who stepped forward.

The majority of doctors of chiropractic in Nebraska support the term *chiropractic physician*; the majority are members of the Nebraska Chiropractic Physicians Association; and the majority, if not all, have benefited from the practice environment and the scope of practice in our state. For the benefit of our patients, it is my desire to see our state continue to be proactive.

In health care today, we will continue to see terms such as *chiropractic physician* and *chiropractic medicine*. Our job is to clarify that these terms do not mean the use of drugs or surgery. As far as my patients are concerned, there is no confusion. They know who I am and what I am. The term is strictly a professional term, which brings reimbursement for services. We need to be mature enough to agree and come to an acceptable definition for our profession, rather than live in fear of the use of certain terminology.

The inability of our profession to come to agreement over such issues is detrimental to the profession and the patients we serve.

Daryl D. Wills,DC
Gering, Nebraska

MARCH 2001