



# Why a Model Practice Act?

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# Professions with Model Practice Acts

Medical Doctors/Osteopaths	Massage therapists (developing)
Physical Therapists	Social Workers
Pharmacists	Occupational therapists
Nurses	Diabetic Educators
Advanced Practice Nurses	Emergency Medical Services Personnel
Physician Assistants	Orthotics, prosthetics, and pedorthics
Psychologists - 1955	Interior designers
Veterinarians	Vet techs

# Purpose of a Model Practice Act - What other professions say:

To serve as a **guide**  
to those who may adopt new practice acts  
or may amend existing laws

and to **encourage the development and use**  
of consistent standards, language,  
definitions and tools  
by boards responsible for regulation

# Purpose of a Model Practice Act - What other professions say:

To revise and modernize practice acts

To provide new ideas and different approaches for regulation

To articulate the need for legislative change or serve as the rationale for rules as part of the rule promulgation process

To provide a resource to legislatures and boards when addressing issues related to the public protection mission of regulating the practice of the profession

To promote a common understanding of what constitutes practice

# Benefits of standardization




Greater  
standardization  
among  
jurisdictions  
increases:

- public understanding
- mobility for qualified professionals
- access to practitioners and services

# Benefits of standardization

Promotes **consistency** in legal decisions related to -

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- Licensure
  - Renewal
  - Discipline

and other board activities

# FCLB Guiding Principles for our MPA



Should include **best practices**, not necessarily  
what majority of jurisdictions do

Guided by current case law

Wherever possible:  
Clear and simple language  
Positive, not negative

# FCLB Guiding Principles for our MPA

Primarily based on US Constitutional Law

Includes international perspectives where possible

Modifications by boards may be necessary to address existing regulatory, legal, cultural, and political climates



# Why have laws?

## Purposes of statutes and regulations:

- Protect the public from unscrupulous or unskilled practitioners
- Define what licensees can and cannot do
- Title protection – cannot call self a chiropractor
- Scope definition – person does “x” – must be licensed
  - as a chiropractor or may have overlap with other profession

# What is an MPA?

Does it present a higher standard to strive for  
*or* does it reflect the current state of regulation?

✓ Both are correct

- Pragmatic law and regulation language
- Reflects current regulatory practice / court decisions
- Also includes new ideas, new approaches, and suggestions for future goals

# Who cares? Boards do

This document is written by regulators, for regulators  
as a “reference” not a mandate

- No one needs to go change their laws today
- When they are ready, boards can **adopt or adapt** sections
- New jurisdictions are asking for starter templates

# Chiropractic IS vs. Chiropractors DO

Some aspects of chiropractic practice do not fall under definition of Chiropractic

**What Chiropractic IS does matter for title protection and part of legal scope**

# Chiropractic IS vs. Chiropractors DO

**Broad enough language** to allow chiropractors to continue traditional role of offering health care to the whole person

- Emerging importance of exercise, nutrition, smoking cessation, etc.
- Ergonomics in the workplace and home
- Stress management
- Broad diagnosis and targeted referral
  - using increasingly sophisticated diagnostic tools and imaging

# FCLB's MPA History: 22 years

1992 – Model Practice Act proposed at FCLB Ann'l Meeting

1994 – First task force distributed copies of Medical MPA

2003 – New Task Force reviewed existing laws as well as MPAs from FARB, physical therapy, and allopathic medicine

“We are spinning our wheels with reviewing existing state statutes. Most of them are junk anyway – **not only because they are so outdated, but because they have been amended and amended through the years**, and are all chopped up. “

Task Force Member Dr. Cindy Vaughn (TX)

# FCLB's MPA History: 22 years

- 2004 – OIG Report criticized chiropractic documentation
- 2005 – Basic statutory framework constructed
- 2006 – FCLB Resolution: boards require CE for doc & rec
- 2007 – FCLB Conference reported **only 22US boards** addressed doc & rec in statutes or regulations
- 2009 – First section of MPA (Doc & Rec) adopted by FCLB
- 2012 – Next section of MPA (Chiropractic Assistants) adopted
- 2014 – FCLB BOD approved Task Force document, sent to legal review**

# FCLB's MPA History: 22 years

**22 jurisdictions** have had representation on task force since project started

Discussed at every annual, regional meeting since 2003

Formal comments solicited from regulatory boards and extended stakeholders in 2010, 2013



# Structure of MPA – pending legal review

STATUTE	REGULATIONS
Definitions	Definitions
Board of Chiropractic	Good Moral Character
Chiropractic Licensure	Chiropractic Programs, Examinations, Specialty Councils
Specialty Councils	Provisional Licensure / Intern Permits
Registered Chiropractic Assistants	Continuing Competence Course Approvals
Disclosures, confidentiality, mandatory reporting	Standards of Practice & Professional Conduct
Discipline	Chiropractic Practices
	Registered Chiropractic Clinical Assistants
	Unprofessional Conduct & Reinstatement
	Advisory Rulings & Policy Guidelines

# Subluxation

Included by name in MPA regulations

- Essential part of profession's identity
- Basis for payment in US under Medicare

# Chiropractor

FCLB BOD adopted “**chiropractor**” as the uniform term because of international acceptance

- Other terms will also be mentioned:

- Doctor of Chiropractic

- Chiropractic Physician

- DC and other degrees



# Questions?