



Professional Policy Catalog

As of January 21, 2022

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Policies Approved in 2017

P: 2017-01 CalChiro Code of Ethics

CALIFORNIA CHIROPRACTIC ASSOCIATION CODE OF ETHICS

PREAMBLE

This Code of Ethics is based upon the acknowledgement that the social contract dictates the profession's responsibilities to the patient, the public, and the profession; and upholds the fundamental principle that the paramount purpose of the chiropractic doctors' professional services shall be to benefit the patient.

TENETS

- I. Doctors of chiropractic should adhere to a commitment to the highest standards of excellence and should attend to their patients in accordance with established best practices.
- II. Doctors of chiropractic should maintain the highest standards of professional and personal conduct. and should comply with all governmental jurisdictional rules and regulations.
- III. Doctor-patient relationships should be built on mutual respect, trust and cooperation. In keeping with these principles, doctors of chiropractic shall demonstrate absolute honesty with regard to the patient's condition when communicating with the patient and/or representatives of the patient.
- IV. Doctors of chiropractic shall not mislead patients into false or unjustified expectations of favorable results of treatment. In communications with a patient and/or representatives of a patient, doctors of chiropractic should never misrepresent their education, credentials, professional qualification or scope of clinical ability.
- V. Doctors of chiropractic should preserve and protect the patient's confidential information, except as the patient directs or consents, or the law requires otherwise.
- VI. Doctors of chiropractic should employ their best good faith efforts to provide information and facilitate understanding to enable the patient to make an informed choice in regard to proposed chiropractic treatment. The patient should make his or her own determination on such treatment.
- VII. The doctor-patient relationship requires the doctor of chiropractic to exercise utmost care that he or she will do nothing to exploit the trust and dependency of the patient. Sexual misconduct is a form of behavior that adversely affects the public welfare and harms patients individually and collectively. Sexual misconduct exploits the doctor-patient relationship and is a violation of the public trust.
- VIII. Doctors of chiropractic should willingly consult and seek the talents of other health care professionals when such consultation would benefit their patients or when their patients express a desire for such consultation.
- IX. Doctors of chiropractic should never neglect nor abandon a patient. Due notice should

be afforded to the patient and/or representatives of the patient when care will be withdrawn so that appropriate alternatives for continuity of care may be arranged.

X. With the exception of emergencies, doctors of chiropractic are free to choose the patients they will serve, just as patients are free to choose who will provide healthcare services for them. However, decisions as to who will be served should not be based on race, religion, ethnicity, nationality, creed, gender, handicap or sexual preference.

XI. Doctors of chiropractic should conduct themselves as members of a learned profession and as members of the greater healthcare community dedicated to the promotion of health, the prevention of illness and the alleviation of suffering. As such, doctors of chiropractic should collaborate and cooperate with other health care professionals to protect and enhance the health of the public with the goals of reducing morbidity, increasing functional capacity, increasing the longevity of the U.S. population and reducing health care costs.

XII. Doctors of chiropractic should exercise utmost care that advertising is truthful and accurate in representing the doctor's professional qualifications and degree of competence. Advertising should not exploit the vulnerability of patients, should not be misleading and should conform to all governmental jurisdictional rules and regulations in connection with professional advertising.

XIII. As professions are self-regulating bodies, doctors of chiropractic shall protect the public and the profession by reporting incidents of unprofessional, illegal, incompetent and unethical acts to appropriate authorities and organizations and should stand ready to testify in courts of law and in administrative hearings.

XIV. Doctors of chiropractic have an obligation to the profession to endeavor to assure that their behavior does not give the appearance of professional impropriety. Any actions which may benefit the practitioner to the detriment of the profession must be avoided so as to not erode the public trust.

XV. Doctors of chiropractic should recognize their obligation to help others acquire knowledge and skill in the practice of the profession. They should maintain the highest standards of scholarship, education and training in the accurate and full dissemination of information and ideas.

Approved at 9.16.17 BOD Mtg, revised CalChiro Code of Ethics, February 19-20, 2000

Policies Approved in 2018

P: 2018-01 DTC Prescription Drug Advertising Policy

Given that chiropractic, since its formation in 1895, has been a drugless profession, CalChiro stands firmly against DTC prescription drug advertising.

Approved at 7.13.18 BOD Mtg.

Policies Approved in 2019

P: 2019-01 Social Media Policy

1. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. “Keep in mind that any of your conduct that adversely affects CalChiro, its clients, sponsors, and its ability to secure the resources needed to fulfill its mission promises may result in disciplinary action up to and including termination or removal from your position.”
2. A disassociation statement may be published by the Executive Director or his/her designee when the Executive Director or his/her designee believes the statement is injurious to CalChiro or inconsistent with its position. An example disassociation statement would be: *The opinions expressed by (Member/ Staff/ Speaker) are those of the writer and do not necessarily reflect the opinion of CalChiro or any other institution or individual.*
 - a. A social media policy statement shall be placed on any social media platform branded by CalChiro and on Calchiro’s website, and any other location deemed appropriate by the Executive Director or Board of Directors.
 - b. The Executive Director or his/her designee may remove or comment on any CalChiro social media platform at their discretion. Deletion or non deletion does not imply endorsement or non endorsement by CalChiro.
3. All new staff and members in any leadership position will receive, sign and return to CalChiro this Social Media Policy.

Approved at 1.25.19 BOD Mtg.

Policies Approved in 2021

P: 2021- 01 Practice Management Groups

The CalChiro is committed to improving the access to, and utilization of, chiropractic services. This access is impeded whenever the image of the chiropractic profession is damaged by chiropractic doctors who engage in improper or unethical practices. Unfortunately, many unethical practices are taught by practice management companies. The CalChiro hereby calls upon all practice management companies to adhere to the following standards:

1. No student should be signed to a practice management agreement until after he or she graduates from chiropractic college. Many students are naive and enter into practice management contracts without understanding their practical effects.
2. It is recommended that practice management contracts be on a fee for service basis rather than on a percentage basis, and should be terminable by either party on reasonable short notice. Percentage agreements have several pernicious effects and raise substantial ethical issues for both the practice management company and the doctor.
 - (a) For the doctor, percentage agreements often impede or prevent a doctor from being able to obtain an operating loan if that doctor wants to open an independent practice. Additionally, paying over a percentage of a doctor’s professional fee raises serious and substantial concerns as to illegal fee splitting and unlicensed practice of chiropractic by the practice management firm. Finally, the substantial burden of meeting such practice management fees can easily lead to such doctors becoming so debt burdened that they will be “debt motivated” to over treat.

(b) For the practice management company, gross percentage agreements create a strong financial incentive to advise every doctor to set up a high volume, high overhead practice, irrespective of whether such practice can ever return a profit to the doctor. Such agreements also raise substantial issues as to fee splitting unlicensed practice of chiropractic, violation of California's Franchise Act, and violation of California's Seller Assisted Marketing Plan Act.

3. No practice management company should ever advise or teach any doctor to say or do anything that is not completely honest, ethical, legal and truthful. The teaching of deceptive billing practices has resulted in increasing resistance by payors to reimbursement of chiropractic care. The teaching of patient solicitation under the guise of "research," "surveys," or any other false pretense is wrong and is condemned by the CalChiro. Teaching doctors to pretend to be paged to a patient "emergency" so as to attract attention to such doctor, when no such emergency exists, or any other method of self promotion that is dishonest or deceitful is wrong and is condemned by the CalChiro. The teaching of such practices can only have the long-term effect of harming both the chiropractic profession and the public.

4. Practice management companies should not engage in self dealing with their doctor clients by advising these doctors to purchase or lease equipment or other items or services from companies owned by or affiliated with the practice management company and should not accept kickbacks or commissions for sending or referring their doctor clients to any other company. It is a direct conflict of interest for a practice management company to have a financial interest in the very transactions as to which the practice management company is advising its doctor clients. The CalChiro condemns such practices.

5. The CalChiro also urges all practice management companies to open up their seminars and teaching material to review by neutral monitors.

The CalChiro also declares that each chiropractic college has a duty to its students to protect them from improper activities by practice management companies and to instruct upon each chiropractic college to exercise their authority by carefully regulating the on-campus activities of practice management personnel.

Approved at the March 19,2021 HOD Meeting via Zoom

P: 2021-02 Chiropractic Adjustment and/or Manipulation Adjustment Under Anesthesia

The performance of a chiropractic adjustment and/or manipulation on a patient who is under local or general anesthesia is within the legal scope of practice for a licensed Chiropractic Doctor so long as the anesthesia is administered and monitored by a healthcare professional duly licensed to do so. Chiropractic adjustment and/or manipulation under anesthesia should only be performed at a duly licensed acute care facility by a Chiropractic Doctor who is both appropriately trained and who is acting pursuant to such acute care facility's written protocols.

Approved at the March 19,2021 HOD Meeting via Zoom

P: 2021-03 M.D./ D.C. Arrangement

CalChiro cannot provide its members with specific advice on the subject of M.D./D.C. arrangements, as each arrangement may have its own particular legal requirements. We can, however, convey a general understanding as to the laws in this area. It is CalChiro's understanding that there are no express prohibitions against a Chiropractic Doctor and a medical doctor working together. A doctor's relationship with his/her patients and his/her

responsibilities as a supervisor were not changed by the recent settlement of Rule 302 (the chiropractic scope of practice).

A Chiropractic Doctor should contact his/her own personal attorney regarding the proper legal structure for such a relationship. Issues relating to the unlicensed practice of medicine and fee splitting must be dealt with carefully so as not to create legal exposure. In so doing, it may be helpful to discuss with your legal counsel a bill CalChiro passed which addresses Doctors' of Chiropractic minority interests in medical corporations. See reverse side for a copy of AB3324, Chapter 1691(1990).

CalChiro suggests that members contact the Executive Director of the State Board of Chiropractic Examiners, for his or her responses on this subject. The State Board is empowered to interpret Rule 302 and the doctor's responsibility thereunder.

Approved at the March 19,2021 HOD Meeting via Zoom

P: 2021-04 Chiropractic Adjustment and Spinal Manipulation

The term chiropractic adjustment refers to a wide variety of manual and mechanical interventions. These are directed at specific joints or anatomic regions with the common purpose of removing structural and/or physiologic dysfunctions of joints and/or muscles that are caused by or associated with neurophysiologic alterations. (Chiropractic Doctors call this type of dysfunction a subluxation.) Joint manipulation is sometimes a passive, dynamic (high velocity, low amplitude) manual procedure that results in joint cavitation (wherein there is typically an accompanying pop or clicking sound emanating from the joint upon completion of the procedure). Joint manipulation intends to increase the motion and mobility of a joint. Some, but not all, chiropractic adjustments involve this type of joint manipulation. The type of adjustment chosen is clinically tailored to the patient's particular needs.

There is now growing clinical and experimental evidence indicating that adjustments and/or spinal manipulation: decrease spinal pain, increase spinal joint range of motion, and increase pain tolerance in skin and deeper soft tissue structures. These procedures also appear to alter Beta-Endorphin levels in blood plasma and may have an impact on a variety of nerve pathways between the neuromusculoskeletal system and internal organs.

The requisite training necessary to understand and safely analyze the indications and contraindications for adjustments and/or manipulation, as well as to determine the specific joint to be addressed, the appropriate forces and vectors of thrust as well as the frequency of care and use (if any) of ancillary and complementary procedures, is extensive.

In consideration of the foregoing, it is the opinion of CalChiro that the use of adjustments and/or joint manipulation by any individual who has received less training than that required by the core curriculum of accredited chiropractic educational institutions constitutes a danger to public health, safety and welfare.

Approved at the March 19,2021 HOD Meeting via Zoom

P: 2021-05 Vaccination/ Immunization Program

CalChiro supports a conscience clause or waiver in compulsory vaccination laws, thus

maintaining each individual's freedom of choice in this health care matter. CalChiro recognizes that a large percentage of the medical, scientific and public health communities recognize vaccination to be a medically and economically effective manner of prevention from certain infectious diseases. CalChiro recognizes, and the scientific community acknowledges that vaccination is not without risk. Further, CalChiro understands there are opinions which hold that vaccinations are of questionable value. CalChiro is supportive of honest, free and open dialogue regarding varying opinions on this matter. In the matter of any potential health care intervention, including vaccination, CalChiro supports the ethical principles and practices of both Informed Choice (an individual is given options to choose from knowing the details, benefits, risks, consequences, and expected outcomes) and a verbal and written Informed Consent (an individual may agree to interventions they have been offered, knowing the details, benefits, risks, consequences, and expected outcomes). CalChiro is concerned with any rules/ regulations or legislation that restricts the right to be licensed, practice and see patients due to vaccination status.

Approved at the March 19,2021 HOD Meeting via Zoom

P: 2021-6 Chiropractic and Children

Chiropractic care has been shown to be both effective and safe for children. There is no minimum age at which chiropractic care can begin. Supporting a developing nervous and structural system to work optimally has been demonstrated to be beneficial.

Approved at the March 19,2021 HOD Meeting via Zoom

P: 2021-07 Foods for Special Dietary Use

Doctors of Chiropractic recognize that certain conditions and illnesses that a practitioner encounters in routine practice are associated, in whole or part, with nutritional imbalances originating from inside or outside the body.

Chiropractors are trained to recognize and treat nutritional imbalances through dietary means. The Rules and Regulations promulgated by the Board of Chiropractic Examiners authorizes the employment of vitamins, food supplements, or foods for special dietary use.

References: Chiropractic Rules and Regulations (Revised October 2018); Title 16 of the California Code of Regulations, Division 4, beginning at Section 301

Scope of practice: §302 (a) (2) (5)

Education: §331.12.1 (b) (c) (e); §331.12.2 (b); (c) (3) (8); (10) (e); §331.13 (h) (2); §361 (g) (2) (13)

Approved at the March 19,2021 HOD Meeting via Zoom

P: 2021-08 Fraudulent Behavior

Fraud is the deliberate misrepresentation of the truth for monetary gain at the expense of a patient, insurance carrier, or other payor. Fraud may also be considered the deliberate misrepresentation of a patient's condition or expected outcome (or lack thereof) of patient management and is condemned by CalChiro.

Avenues exist to investigate and, if applicable, to prosecute doctors of chiropractic for fraudulent behavior. These include filing a complaint with the Board of Chiropractic Examiners as well as

the local district attorney's office. Further, those individuals who are CalChiro members and are found guilty of fraud will be appropriately evaluated and, if deemed necessary, disciplined according to the CalChiro Code of Ethics.

Approved at the March 19,2021 HOD Meeting via Zoom

P: 2021-09 HIV and Other Blood Borne Pathogens

Chiropractic procedures are non-invasive and generally carry no currently recognized risk of transmission of HIV infection and other blood borne pathogens. Doctors of Chiropractic should observe universal precautions that are standard to all healthcare professions. No patient should be denied chiropractic care based on the real or perceived risk of HIV infection from blood borne pathogens. The license of an HIV-infected doctor of chiropractic should not be restricted assuming the individual is capable of performing his/her duties in a safe and responsible manner. Confidentiality of the health status of patients and staff must be maintained with disclosure limited as defined by federal, state, and local laws, statutes, or regulations.

Pulled from California Chiropractic Association (CalChiro) Position Statement: HIV 1995

Approved at the March 19,2021 HOD Meeting via Zoom

P: 2021-10 Chiropractic Practice and Procedures

The practice of chiropractic is a science, art, and philosophy involving patient assessment, diagnosis and treatment. We recognize that the nervous system is the first system in the body to develop, and is necessary for the integration and function of all processes in the body. As such, care to affect the nervous system through spinal adjustments is the primary method utilized by Doctors of Chiropractic to restore and maintain well-being in patients. Chiropractors recognize that patients are greater than the sum of their parts and thus we treat the whole person. Recognizing that many factors affect health, we utilize a variety of treatment techniques, approaches and modalities. We do not prescribe drugs or perform surgery to influence the recovery of patients, and we care for patients with conditions as well as on a wellness basis.

Approved at the March 19,2021 HOD Meeting via Zoom

P: 2021-11 Stroke

Current evidence suggests people suffering cervical artery dissection/stroke may have neck pain and or headache and seek treatment for these symptoms unaware of the underlying cause.

Vertebrobasilar artery (VBA) and carotid artery dissections, collectively known as cervical artery dissections (CAD), are rare yet well established causes of stroke. While occasionally due to trauma, they are also frequently due to spontaneous separation of arterial connective tissue.¹

“The increased risks of VBA stroke associated with chiropractic and PCP visits is likely due to patients with headache and neck pain from VBA dissection seeking care before their stroke. We found no evidence of excess risk of VBA stroke associated with chiropractic care compared to primary care.”²

“We found no excess risk of carotid artery stroke after chiropractic care. Associations between chiropractic and PCP visits and stroke were similar and likely due to patients with early dissection-related symptoms seeking care prior to developing their stroke.”³

“There is no convincing evidence to support a causal link between chiropractic manipulation and CAD. Belief in a causal link may have significant negative consequences such as numerous episodes of litigation.”⁴

“Data on diagnostic accuracy indicate that the pre-manipulative tests do not seem valid.” “The use of VBI tests cannot be recommended and should be abandoned.”⁵ As such, pre-manipulative positioning maneuvers should not be considered standard of care.

Large scale studies and systematic reviews have found NO causal relationship between cervical spine manipulation (adjustment) and cervical artery dissection/stroke.

References

¹ Haneline , M.T., Rosner, A.L. (2007). The etiology of cervical artery dissection. J Chiropr Med, Sep;6(3):110-20. doi: 10.1016/j.jcme.2007.04.007

² Cassidy, J.D., et al. (2009). Risk of vertebrobasilar stroke and chiropractic care: results of a population-based case-control and case-crossover study. Spine, Mar 1;35(5):595. doi:10.1097/BRS.0b013e3181644600

³ Cassidy, J.D., et al. (2017). Risk of carotid stroke after chiropractic care: a population-based case-crossover study. Jstrokecerebrovasdis, Apr;26(4):842-850. doi: 10.1016/j.jstrokecerebrovasdis.2016.10.031

⁴ Church, E.W., et al. (2016). Systematic review and meta-analysis of chiropractic care and cervical artery dissection: no evidence for causation. Cureus, Feb; 8(2):e498, doi: 10.7759/cureus.498

⁵ Hutting, N., Kranenburg, H. A. K., Kerry, R. (2020). Yes, we should abandon pre-treatment positional testing of the cervical spine. Musculoskeletal Sci Pract, Oct;49:102181. doi: 10.1015/j.msksp.2020.102181

Approved at the November 12, 2021 HOD Meeting

P: 2021-12 Paper Reviews

CalChiro member Review Doctors should base their paper reviews on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations; and, that CalChiro member Review Doctors should adequately support the statements or conclusions made in paper reviews, whether they favor the Interested Party or not; and, that when it is not feasible for a CalChiro Member Review Doctor to conduct an examination of the patient, he or she should clarify the impact of the limited information on the reliability and validity of their reports and testimony; and, that CalChiro member Review Doctors should appropriately limit the nature and extent of their conclusions or recommendations in paper reviews; and, that CalChiro member Review Doctors' paper reviews should be truthful, honest and candid, whether their conclusions favor the Interested Party or not.

Approved at the March 26, 2021 HOD Meeting via Zoom

P: 2021-13 Condition Based Guidelines

CalChiro advocates for patient-centered care that balances best evidence, clinician experience and patient preference that promotes shared decision making between doctor and patient without undue interference from third parties. CalChiro is supportive of current treatment

guidelines that favor conservative care prior to pharmaceutical approaches (including but not limited to schedule 1, 2 and 3 drugs) and/or invasive procedures.

Approved at the November 12, 2021 HOD Meeting

P: 2021-14 Universal Healthcare

1. Support unrestricted access to healthcare for all consumers for necessary treatments and procedures and oppose any action that restricts patient access to necessary treatments, procedures and the patient's provider of choice.

2. If a single payer system is to be considered in California, doctors of chiropractic shall be included as a category of provider and are able to provide and be reimbursed for all services within the full scope of practice, while ensuring opt out provisions for individual providers within a category of providers.. The program must allow direct access to doctors of chiropractic at a reasonable and equitable reimbursement schedule.

Approved at the March 26, 2021 HOD Meeting via Zoom

P: 2021-15 Health Savings Account

Health savings accounts, Flexible savings accounts and medical savings accounts are all pretax vehicles that allow consumers to budget and have personal choice and flexibility in managing their healthcare. Supporting these plans is in the best interest of healthcare consumers.

Approved at the March 26, 2021 HOD Meeting via Zoom

P: 2021-16 Federal Programs

Increase Medi-Cal payments to doctors of chiropractic to cover the cost of providing care to Medi-Cal patients, and work to restore the chiropractic benefit for all adults in the Medi-Cal program.

Approved at the March 26, 2021 HOD Meeting via Zoom

P: 2021-17 Doctor Visit Caps

1. Advocate to remove arbitrary California visit caps on patient care that do nothing to ensure quality patient care.
2. Eliminate the Medi-Cal monthly visit limitations to allow more flexibility in treatment and allow enough visits to provide necessary care.

Approved at the March 26, 2021 HOD Meeting via Zoom

P: 2021-18 Patient Education

1. Require all primary contact healthcare providers educate their patients on constructive health and lifestyle choices as relates to their overall health.

2. Require all primary contact healthcare providers discuss conservative treatment options with patients when pharmaceuticals or invasive procedures are considered.

3. Expand disclosure requirements for health care provider disciplinary actions, hospital quality indicators, all medical errors and life-threatening adverse events.

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-19 Patient Outcomes

1. Encourage patient outcome data be collected at the provider level and be made publicly available, along with the methodology of how that data was retrieved, for all reimbursement settings.
2. Encourage patient outcome data be used to train providers to improve their outcomes.

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-20 Conservative Care

Conservative treatment needs to be considered, discussed and covered for reimbursement by third party payers before pharmacological interventions or invasive procedures are considered.

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-21 Chiropractic Care Efficacy

Encourage state, regional and local government to fund research to test the cost-effectiveness of chiropractic care.

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-22 Provider Education, Diagnostic, and Treatment Protocol

The BCE should:

1. Require that all providers have the proper experience, training and education for their scope of practice to ensure patient care is not jeopardized.
2. Maintain continuing education requirements for doctors of chiropractic at 24 hours per year.
3. Chiropractic continuing education providers shall be approved by state chiropractic-related associations and chiropractic colleges. This does not apply to CE approved by other healthcare boards.
4. Require all healthcare providers be taught what illegal practices are and how to avoid them.
5. Use provider level outcome data to improve provider skills.
6. Require all providers to have continuing education to learn adverse event avoidance procedures for the procedures they perform and the treatments they administer.

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-23 Provider/ Patient Relationship

Support proposals to reinforce the importance and integrity of the provider-patient relationship and oppose proposals that would further undermine this relationship.

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-24 Managed Care Reform

1. Create additional reasonable affirmative rights for providers and enrollees in managed care plans.
2. Increase patient understanding of their rights.
3. Use premium dollars for patient care, not administrative costs or excessive profits.
4. Promote Doctors of Chiropractic as primary contact (portal of entry) providers.
5. Support parity in provider reimbursement.
6. Support fair and equitable provider contracts.

7. Remove mandates that require a provider of a panel to participate in any other plan or discount program

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-25 Dispute Resolution

1. Enact a fair dispute resolution/IMR process and support dispute resolution processes that meet the following criteria:

a. "reasonable" and enforceable rules, including consequences for reviewers who consistently deny care inappropriately

b. adequate protections to ensure proper patient care is not denied

c. a test of independence by reviewers

d. strict timelines for decision-making

e. reviews performed by "like providers"

f. reviewers must be licensed in CA and have demonstrated competency based on adequate training and experience. CalChiro opposes any legislation that would inhibit the ability of a patient to obtain a fair and expeditious resolution of his or her grievances.

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-26 Provider Neutrality

1. Maintain provider neutrality in state law

2. Oppose legislation that should be inclusive of all providers, but specifically refers to "physician" when referencing healthcare providers generally.

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-27 California Board of Chiropractic Examiners

1. Maintain independence of state Board of Chiropractic Examiners

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-28 Small Businesses

1. Support legislation that aids the formation of new small businesses and benefits existing small businesses, except where such legislation adversely affects public health.

2. Reject legislation or regulations that would impede efficient or effective delivery of care or compromise access by imposing unfunded costs or mandates on providers.

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-29 Doulas are Essential Policy

The California Chiropractic Association supports the right of birthing families to have both a Designated Birth Support person and a Personal Support Person of their choosing at all labors and births, including hospital births, birthing center births and home births. A Designated Birth Support Person might be a Doula. A Personal Support Person might be a partner, family member, friend, or other non-medical support person.

The California Chiropractic Association Supports the statement issued by the California Department of Public Health acknowledging that Doulas are not visitors and that hospitals should welcome Doulas in addition to one Personal Support Person.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-38.aspx>

The California Chiropractic Association supports the efforts of the Doulas Are Essential California Coalition in working to gain an executive order naming Doulas as essential.

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-30 Advanced Imaging Policy

CalChiro recognizes that California Chiropractors are licensed by the Radiology Branch of the Department of Health. As such, the ability to own, operate and supervise x-rays are specifically regulated in Title 17 of the California Code of Regulations, Division 1, Chapter 5, Subchapters 4, 4.5, and 4.6. Cone-Beam Computed Tomography (CBCT) is included in this regulation as an advanced imaging x-ray modality.

CalChiro supports the inclusion of advanced imaging in institutional Chiropractic education, including CBCT, acknowledging that having access to training within an accredited curriculum ensures compliance with all regulatory agencies for licensing in California and elsewhere.

Approved at the May 14, 2021 HOD Meeting via Zoom

P: 2021-31 Diversity & Unification in the Profession

CalChiro recognizes and supports the diversity and full range of lawful and ethical practice of chiropractic in California. Chiropractic is a separate and distinctly unique healing profession concerned with the preservation and restoration of health with a minimum standard including but not limited to the detection, management, and correction of subluxation. We embrace the diversity of the Chiropractic profession and the various practice types, treatment styles, techniques, as well as philosophies within the profession. We believe all doctors in our profession should come together for a stronger profession that focuses on non-pharmaceutical care in order to meet the diverse needs and health goals of those we serve. CalChiro believes in the unification and advancement of the practice of Chiropractic in California.

Approved at the November 12, 2021 HOD Meeting