

1 NEW MEXICO REGULATION AND LICENSING DEPARTMENT
2 BOARDS AND COMMISSIONS DIVISION
3 NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS
4

5 BOARD MEETING - OPEN SESSION

6 November 6, 2014

7 1:47 p.m.

8 Regulation & Licensing Department
9 2nd Floor, Hearing Room 1
10 2550 Cerrillos Road
11 Santa Fe, New Mexico 87505

12 TAKEN BY: NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS:

13 DR. LYMAN S. ATCHLEY, CHAIRPERSON
14 DR. CATHY A. RIEKEMAN, BOARD MEMBER
15 DR. GURUCHANDER S. KHALSA, BOARD MEMBER
16 DR. FORREST W. GOFORTH, BOARD MEMBER
17 MR. AARON PINON, BOARD MEMBER

18 ALSO PRESENT: ABBEY LEWIS, ESQ.

19 CYNTHIA SALAZAR, BOARD ADMINISTRATOR
20 ELISA SALAZAR, COMPLIANCE LIAISON
21 DONA TAFOYA, LICENSING SPECIALIST
22 CATHY ORTIZ, FINANCIAL DIVISION
23 VADRA BACA, DEPUTY DIRECTOR

24 REPORTED BY: Mary C. Hankins, CCR, RPR

25 New Mexico CCR #20

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1 (1:47 p.m.)

2 CHAIRPERSON ATCHLEY: Call the New Mexico
3 Board of Chiropractic Examiners to order. May we have a
4 roll call?

5 MS. SALAZAR: At what time?

6 CHAIRPERSON ATCHLEY: 1:47.

7 MS. SALAZAR: Dr. Lyman Atchley?

8 CHAIRPERSON ATCHLEY: Present.

9 MS. SALAZAR: Dr. Cathy Riekeman?

10 DR. RIEKEMAN: Present.

11 MS. SALAZAR: Dr. Forrest Goforth?

12 DR. GOFORTH: Present.

13 MS. SALAZAR: Dr. Guruchander Khalsa?

14 DR. KHALSA: Present.

15 MS. SALAZAR: Mr. Aaron Pinon?

16 MR. PINON: Present.

17 MS. SALAZAR: Mr. James Easom is absent.

18 Ms. Abbey Lewis, our assistant attorney
19 general?

20 MS. LEWIS: Present.

21 MS. SALAZAR: Elisa Salazar, compliance
22 liaison?

23 MS. ELISA SALAZAR: Present.

24 MS. SALAZAR: Dona Tafoya, our licensing
25 specialist?

1 MS. TAFOYA: Present.

2 MS. SALAZAR: And myself, Cynthia Salazar,
3 the board administrator.

4 Mr. Chair, you have a quorum.

5 CHAIRPERSON ATCHLEY: The roll was taken by
6 Cynthia Salazar and a quorum was determined present.

7 Can we have approval for the agenda?

8 Anybody want to make a motion?

9 DR. KHALSA: I'd like to make a motion that
10 we approve the agenda for the regular meeting.

11 CHAIRPERSON ATCHLEY: May I have a second?

12 DR. GOFORTH: I'll second.

13 CHAIRPERSON ATCHLEY: A motion has been
14 made and seconded, and we approve the agenda as written.

15 All in favor?

16 (Ayes are unanimous.)

17 CHAIRPERSON ATCHLEY: Opposed?

18 Motion passed.

19 May I have an approval of the meeting
20 minutes of the last meeting, July 17th, 2014, regular
21 board meeting? May we have a motion on that one?

22 DR. KHALSA: I'd like to make a motion to
23 approve the minutes for the July 17th, 2014 meeting.

24 CHAIRPERSON ATCHLEY: Can I have a second?

25 MR. PINON: Second.

1 CHAIRPERSON ATCHLEY: Motion is then made
2 and seconded to approve the minutes of the July 17th,
3 2014 regular meeting as written and seconded.

4 All those in favor?

5 (Ayes are unanimous.)

6 CHAIRPERSON ATCHLEY: Opposed?

7 Motion carried, passed.

8 Okay. Number V on the agenda is the
9 adoption of the proposed rule changes, so we start all
10 over with this again. And so temporary license, do we
11 have a motion?

12 DR. KHALSA: We don't go into an Executive
13 Committee meeting?

14 MS. SALAZAR: Not for the rules, no.

15 DR. KHALSA: Not for the rules.

16 CHAIRPERSON ATCHLEY: Not for the rules.

17 DR. KHALSA: Okay.

18 CHAIRPERSON ATCHLEY: Let me go back to the
19 front here. Okay. So temporary license, the
20 recommendation of the committee was to strike "temporary
21 license." Is there a motion to do that?

22 DR. KHALSA: I would like to make that
23 motion, but there was one recommendation that I would
24 like to consider changing.

25 CHAIRPERSON ATCHLEY: Okay. So --

1 DR. KHALSA: -- an attorney by -- on the
2 word "ratification," to change to "final consideration,"
3 on page 4. Maybe I'm in the wrong --

4 DR. RIEKEMAN: You're in the wrong section.
5 This is just striking the temporary license.

6 CHAIRPERSON ATCHLEY: So you want to make a
7 motion?

8 DR. KHALSA: Yeah. I'd like to make a
9 motion that we approve --

10 CHAIRPERSON ATCHLEY: The proposed changes?

11 DR. KHALSA: -- the proposed changes.

12 CHAIRPERSON ATCHLEY: May I have a second
13 on that?

14 MR. PINON: Second.

15 CHAIRPERSON ATCHLEY: All those in favor of
16 making -- of approving --

17 DR. RIEKEMAN: May I ask a question before
18 we do that.

19 CHAIRPERSON ATCHLEY: Sure.

20 DR. RIEKEMAN: There has been brought up in
21 some of the letters that I shouldn't be voting on this
22 because I was the rules chair that proposed these rules.
23 Can I get a ruling on that? Should I abstain?

24 MS. LEWIS: I don't see any legal reason
25 for you to abstain merely on the fact that you were a

1 part of the Rules Committee. Now, it would be
2 appropriate if this was a complaint and we were talking
3 about a complaint, but that's not at all what we're
4 talking about. So if the allegation was that your bias
5 is because you were on the Rules Committee, I see no
6 legal reason for you to abstain.

7 DR. RIEKEMAN: Okay.

8 CHAIRPERSON ATCHLEY: So all those in favor
9 of passing Part 2, Temporary License?

10 (All ayes except for Dr. Goforth.)

11 CHAIRPERSON ATCHLEY: All those opposed?

12 DR. GOFORTH: Aye.

13 DR. RIEKEMAN: You're opposed to removing
14 the temporary licensing?

15 MR. PINON: I seconded.

16 CHAIRPERSON ATCHLEY: Well, a motion's been
17 made and a second's been to the motion. By the
18 majority, the motion passes. I'll note that there was
19 one objection.

20 MS. LEWIS: Objection or nay vote?

21 DR. GOFORTH: Well, I opposed it.

22 CHAIRPERSON ATCHLEY: It was a nay vote.

23 It's a no vote. I'm sorry. No vote. One "no."

24 Unanimous?

25 MS. LEWIS: Uh-huh.

1 CHAIRPERSON ATCHLEY: I can note there was
2 a no vote, right?

3 MS. SALAZAR: Uh-huh.

4 CHAIRPERSON ATCHLEY: Requirements for
5 Licensure. Now, we're on -- this is Part 3, so I
6 think --

7 DR. RIEKEMAN: This is where you --

8 DR. KHALSA: Yeah. It made sense. "Final
9 consideration" versus "ratification."

10 CHAIRPERSON ATCHLEY: All the rest of it
11 works?

12 DR. KHALSA: Yeah.

13 CHAIRPERSON ATCHLEY: Okay. You want to
14 make a motion with that --

15 DR. KHALSA: Okay. I'd like to make a
16 motion that we approve requirements for licensure with
17 one friendly amendment, to change the word
18 "ratification" to "final consideration."

19 CHAIRPERSON ATCHLEY: Do I have a second on
20 that?

21 DR. GOFORTH: I'll second it.

22 CHAIRPERSON ATCHLEY: Motion's been made
23 and seconded on the Requirements for Licensure. All
24 those in favor?

25 (Ayes are unanimous.)

1 CHAIRPERSON ATCHLEY: All opposed?

2 Motion carries.

3 Licensure Without Examination, Part 4.

4 DR. KHALSA: I'd like to make a motion that

5 we approve one change on the price for licensure without

6 examination.

7 CHAIRPERSON ATCHLEY: Do I have a second?

8 DR. GOFORTH: I'll second.

9 CHAIRPERSON ATCHLEY: Motion's been made

10 and seconded on the License Without Examination with the

11 change being on the monetary amount of \$350.

12 All those in favor?

13 (Ayes are unanimous.)

14 CHAIRPERSON ATCHLEY: Opposed?

15 Motion carries.

16 CHAIRPERSON ATCHLEY: Part 8. There is

17 just one part in there.

18 DR. KHALSA: I still don't like the word

19 "abusive."

20 CHAIRPERSON ATCHLEY: How about

21 "abusive/fraudulent"?

22 DR. KHALSA: If it's defined further than

23 this. Putting those two words in there does not work

24 for me.

25 MS. LEWIS: I wanted to bring up

1 Dr. Alexander, I believe was his name.

2 DR. KHALSA: Yes.

3 MS. LEWIS: He referenced this CMS
4 definition, which I had actually looked at before, and
5 I'd like to read them to you in the event that you like
6 them. So let me just -- so CMS, as he said, defines
7 them separately, defines "abusively" separately from
8 "fraudulent."

9 Abusive is defined as -- I'm sorry -- now
10 I'm calling someone; phone a friend.

11 All right. Here we go. "Abuse describes
12 practices that either directly or indirectly result in
13 unnecessary costs" -- this is the Medicare definition,
14 so this is as to the Medicare program, but you might say
15 it's to the person receiving the treatment or their
16 insurance company. "Abuse includes any practice that is
17 not consistent with the goals of providing patients with
18 services that are medically necessary, meet
19 professionally recognized standards and are fairly
20 priced.

21 DR. KHALSA: Fairly what?

22 DR. RIEKEMAN: Priced.

23 DR. KHALSA: I don't like it at all.

24 MS. LEWIS: That's for abuse.

25 For "fraudulent," the definition in the CMS

1 that he referred to is "to purposely bill for services
2 that were never given or to bill for a service that has
3 a higher reimbursement than the service produced.
4 Payment for items or services that are billed by mistake
5 for a provider should not be" -- that goes on about
6 Medicare, so it's not relevant here. So that one
7 sentence is fraud, "to purposely bill for services that
8 were never given or to bill for a service that has a
9 higher reimbursement than the service produced." That
10 may be a little bit too specific to the Medicare system,
11 but --

12 DR. KHALSA: I like "fraudulent."
13 "Abusive" is just -- as a board, we've never gotten
14 ourselves involved in assessing whether a \$60 fee or a
15 \$250 fee is -- it's so subjective that it puts you into
16 the judge and jury model versus fraudulent. You catch
17 somebody doing something that is illegal. And abusive
18 is too -- is too much freedom for a subjective --
19 depending on who is the board.

20 CHAIRPERSON ATCHLEY: Interpretation?

21 DR. KHALSA: Yeah. It's all subject to
22 interpretation. I've been here 12 years, and we have
23 never taken that word on. That's why I don't like the
24 word.

25 MS. LEWIS: When we first started talking

1 about this, I asked the board admin, because they're
2 also part of my agency, and other lawyers for a
3 definition of this. It turns out you-all aren't the
4 only ones who haven't defined it. Everyone has kind of
5 ducked this.

6 But it does come up. There are complaints
7 that you-all get for abusive and fraudulent. So while
8 it may require some more research and finagling -- so
9 maybe right now is not the appropriate time to do it --
10 I would still strongly encourage you to find a
11 definition that feels comfortable for you because you
12 are responsible under your statute for taking action
13 against someone who engages in abusive billing
14 practices.

15 DR. KHALSA: Is it defined in the statute?

16 MS. LEWIS: No. That's part of the
17 problem. But if someone -- if a complaint was made
18 about that and then you-all adjudicated it and you
19 decided it was abusive, you're not avoiding the problem
20 that you pointed out. You're actually making it worse
21 by not having a definition because you're holding
22 practitioners to a standard that you-all haven't defined
23 in such a public way as a rule.

24 DR. KHALSA: Do we have -- I'd like to
25 postpone it --

1 MS. LEWIS: Uh-huh. Sure.

2 DR. KHALSA: -- that word, and I'd like to
3 see what other boards in New Mexico --

4 MS. LEWIS: They don't. That's my point.
5 Nobody's doing it.

6 DR. KHALSA: I think everybody avoids it
7 because it's not a factual reality. "Abusive" is --
8 it's up for interpretation. And if you were a judge --
9 let's say family abuse. That's still a judge's
10 perception. It's huge in the newspaper. Is switching
11 your kid -- Adrian Peterson for the Vikings, he took a
12 switch and hit his kid. Everybody in Texas does that
13 (laughter). So in my tradition, that would be abusive.
14 In some traditions, that's like go ahead and do it.

15 MS. LEWIS: But you are charged with
16 sitting in the judge's seat, so it is up to you-all as a
17 board or a hearing officer -- you know, you can do a
18 complaint -- you can do disciplinary complaints [sic] as
19 a full board or an appointed hearing officer, but you
20 are going to be in the seat of having to make that call,
21 is something abusive or not.

22 So my point was -- and, Aaron, tell me if
23 you agree or disagree -- that you are on firmer legal
24 standing if you have in advance alerted the
25 practitioners to what is considered abusive than if you

1 kind of make that decision based on a particular
2 complaint and bring them before you for that.

3 DR. RIEKEMAN: Did you like the definition
4 that Ms. Carter wrote in?

5 DR. KHALSA: I don't remember it.

6 MS. LEWIS: It's kind of long. Let me give
7 it to you. And I happened to read it again, but --

8 CHAIRPERSON ATCHLEY: Yeah. Because the
9 complaints that we have -- we have had complaints on
10 billings.

11 DR. KHALSA: Yes.

12 CHAIRPERSON ATCHLEY: And we have looked at
13 those complaints and kind of thought they were a little
14 abusive.

15 DR. KHALSA: I remember those.

16 CHAIRPERSON ATCHLEY: But --

17 DR. KHALSA: Okay. So let's assume that
18 somebody's charging \$200 for a service and somebody's
19 charging \$550, which we've had that case.

20 CHAIRPERSON ATCHLEY: Yeah.

21 DR. KHALSA: Are we now going to be setting
22 prices?

23 CHAIRPERSON ATCHLEY: I think that the ones
24 that have been on the Complaint -- Complaint Committee
25 that I have looked at have been for multiple services in

1 one particular visit that seemed to be abusive as far as
2 rendering services, which then adds up to a huge price.
3 So it's kind of a little bit of both.

4 DR. GOFORTH: Key word is "seems to be."

5 DR. RIEKEMAN: Well, my committee
6 definitely was struggling with coming up with a
7 definition that is still not evasive.

8 MS. LEWIS: Right.

9 DR. RIEKEMAN: Even this one seems
10 somewhat --

11 MS. LEWIS: Yeah.

12 DR. RIEKEMAN: You know, you can interpret
13 it.

14 CHAIRPERSON ATCHLEY: It's the
15 interpretation of who is making the decision.

16 DR. RIEKEMAN: Yeah.

17 MS. LEWIS: Which, you know, again --

18 DR. RIEKEMAN: I understand you're trying
19 to protect us here by having a definition. The problem
20 is we can't agree on a definition.

21 MS. LEWIS: But, again, not having a
22 definition isn't going to help you avoid the problem.
23 At some point you're going to have someone come before
24 you, you know, and you're going to issue an NCA for
25 abusive. And then they're going to come before you and

1 they're going to say, How am I supposed to know this is
2 abusive? So if you have a definition, no matter how
3 much -- how vague it may feel to you, it puts you on
4 stronger legal grounds to be able to say, We alerted you
5 that what you're doing could be considered abusive.

6 DR. KHALSA: I would need a lot more
7 information to -- for me to put this Board in that
8 position, because I have seen this Board get fined over
9 \$200,000 in one case for thinking they knew what they
10 were doing, and it bankrupted this Board. And I know
11 the lawyer --

12 MS. LEWIS: That was a very -- I mean, I
13 can't really speak to that, but that was a very
14 different situation with a member that's not on this
15 Board anymore, if I understand the situation you're
16 talking about.

17 DR. KHALSA: Yeah. But I knew the
18 prosecuting attorney was in my community, and it was not
19 provable by rules and statutes. So when they're
20 nebulous like this, you've got to go way more than what
21 she's saying.

22 MS. LEWIS: You can write one that's very
23 specific, that says exactly what you want to say. The
24 danger with that is that what if someone is doing
25 something that you look at and you say, That's abusive,

1 but you haven't made it a specific bullet point? Then
2 you've taken it out of your purview to reprimand that
3 person for abusive. So there's a definite downside to
4 making it super specific as well.

5 DR. KHALSA: Can you give me a case where
6 you feel like we could have used that definition to
7 bring some mis- -- misbehaving chiropractor into
8 alignment (laughter)? Unintended. I mean, that's
9 basically what we're saying. We've had cases, but we
10 didn't -- we may have met with their lawyers and we
11 heard their -- would this have helped us to stop what we
12 all behind the scenes were thinking was abusive? Would
13 this have helped to correct that behavior?

14 CHAIRPERSON ATCHLEY: The only thing I can
15 say really is we need something in there because the
16 Complaint Committee, without something, doesn't have any
17 decision-making process, because they can't say, if we
18 don't have something there, whether it's abusive or
19 fraudulent. And if you have an abuse or fraudulent come
20 up as a complaint, how --

21 DR. KHALSA: "Fraudulent" I'm fine with.

22 CHAIRPERSON ATCHLEY: "Fraudulent" you're
23 fine with.

24 DR. KHALSA: That's clear. Yeah. That's a
25 clear breaking the law. Boom. It's either us or civil

1 court is going to go after them.

2 "Abusive," again, becomes more of a
3 judgment call. And I'm just asking you if that would
4 have helped us in that case where we saw that person
5 rather regularly.

6 CHAIRPERSON ATCHLEY: Yeah. Again, you'd
7 have to prove fraudulent, and most of the cases that
8 we've reviewed have been about billing practices. And I
9 would interpret "fraudulent" meaning that they did
10 something -- that they charged for something that they
11 didn't do, not that they charged for ten items which
12 they did do, which would be abusive, but was it
13 fraudulent to charge for ten items that they did do. Is
14 that fraudulent, or is that --

15 DR. KHALSA: It is to Medicare, and I
16 consider Medicare extremely anal. So I wouldn't want to
17 be constricted by that.

18 Now, do I think ten procedures is
19 excessive? Yeah. But we're not defining that. Are we
20 saying five procedures? Are we saying two procedures?

21 CHAIRPERSON ATCHLEY: So it could be open
22 to the Complaint Committee to look at the diagnosis and
23 determine based off that -- based off the diagnosis if
24 those procedures were fraudulent procedures that they
25 were doing.

1 DR. KHALSA: Well, "fraudulent," I'm going
2 along with.

3 CHAIRPERSON ATCHLEY: I got that. So I
4 guess if you were -- if fraudulent is something and I
5 have a complaint that the person did ten procedures and
6 the diagnosis doesn't warrant that, then I can charge
7 them with an NCA fraudulent billing?

8 DR. KHALSA: I'm fine with "fraudulent."

9 DR. RIEKEMAN: Are we going to define
10 fraudulent?

11 MS. LEWIS: The statute does say "abusive,"
12 though. I just want you to remember.

13 DR. GOFORTH: I was going to say that
14 that's --

15 MS. LEWIS: Yeah.

16 DR. GOFORTH: -- a problem. And the other
17 problem is if you say "abusive," you're going to have to
18 define what abusive is. So is there a word
19 "fraudulently abusive"?

20 DR. RIEKEMAN: "Fraudulently abusive."

21 DR. KHALSA: Well, I think there is -- I
22 mean, look, the feedback that I would give you, the
23 reason no one else is doing this --

24 MS. LEWIS: Yeah.

25 DR. KHALSA: -- and everybody's avoiding

1 that word is because it's not objective. It's not
2 scientific. It's emotional. It's subjective. And
3 nobody wants to be stuck with that, because everybody's
4 going to hear, Oh, I don't like you because.... It's not
5 how we function in an office setting. We can not like
6 it. But that's the reason no board is pinning
7 themselves down to that word because it's not a legal
8 term that's prosecutable.

9 MS. LEWIS: Yes, it is. It's in your
10 statute, but the legislature, in its infinite wisdom,
11 did not define it for you, but it is actually
12 prosecutable.

13 DR. KHALSA: Then they need to take back
14 the feedback. They need to define it. Then we should
15 take action based on them defining what that statute
16 means. That's why nobody's doing it.

17 MS. LEWIS: I understand what you're
18 saying, but my point remains that by not defining it,
19 you do not help yourself out of that situation.

20 DR. KHALSA: I would never take the heat if
21 the legislature is not going to take the heat.

22 MS. LEWIS: Right. But, I mean, in my
23 scenario --

24 DR. KHALSA: I'm sorry. If you're putting
25 me, as a board member, in a position where all these

1 legislatures get to make a decision and I'm going to get
2 the heck for it, that's not appropriate uphill-downhill
3 movement for me. I mean, look, if you're going to
4 define a law and I'm going to be on a board and I'm
5 going to make sure that my practitioners are in
6 alignment with that, tell me what that means. And they
7 haven't. That's why nobody's doing it.

8 MS. LEWIS: Right. And it's not a
9 unique -- it's not a unique instance. And, again, I
10 don't -- you know, I'm not the legislative liaison. I'm
11 not sure if you have one. So it won't be for me to take
12 back to them. It won't be for you-all to call your
13 legislators and say that.

14 However, what I'm saying is if you have a
15 case like this in front of you, not having a definition
16 actually hurts you as a board. So that's all I'm
17 saying.

18 DR. KHALSA: I disagree.

19 MS. LEWIS: Well, I'm coming from a legal
20 perspective. With all due respect, I've been doing this
21 for a while.

22 DR. KHALSA: Yeah. I will say no, but
23 we've got to -- call for a vote?

24 CHAIRPERSON ATCHLEY: Well, there are two
25 things you can do. You can call for a vote, or you can

1 table it.

2 DR. KHALSA: I would like -- I don't mind
3 using "fraudulent." I would table the use of --

4 CHAIRPERSON ATCHLEY: Do you want to table
5 that part?

6 DR. RIEKEMAN: Abbey, so I understand, the
7 word "abusive" is not just in the rules here? It's
8 actually in the statute, also?

9 MS. LEWIS: Correct.

10 DR. RIEKEMAN: So even if we take it out of
11 the rules and put the word "fraudulent" instead, in our
12 statute, it still uses the term "abusive."

13 MS. LEWIS: Right. And you're still going
14 to have complaints about abusive billing practices that
15 you have to address, not the legislature. It's going to
16 come to you to address.

17 MR. PINON: Abbey, what would be the
18 feasibility of putting "abusive and/or fraudulent"?
19 Then the Board can act on fraudulent cases. If they
20 want to act on abusive cases and try to define that,
21 they can, but they're not forced to have one word or the
22 other.

23 CHAIRPERSON ATCHLEY: "And/or."

24 MS. LEWIS: Right. That's a perfectly
25 valid way to do it. Like, you'll still have the problem

1 of someone saying, You didn't tell me what abusive is,
2 and that may work in court. That person may be able to
3 have your decision overturned because you didn't define
4 "abusive" and they didn't have due process of what
5 "abusive" meant.

6 DR. RIEKEMAN: But at least if we're
7 defining what fraudulent is, it gives us two different
8 sides of the issue to look at, doesn't it, in our --

9 MS. LEWIS: You can define "fraudulent" or
10 not, but it still doesn't solve your problem with
11 "abusive."

12 CHAIRPERSON ATCHLEY: So we could go
13 "and/or"?

14 MS. LEWIS: Uh-huh. Or you could split it
15 up.

16 DR. RIEKEMAN: They have -- but at least if
17 we made the change to "and/or fraudulent," fraudulent is
18 easier to define.

19 CHAIRPERSON ATCHLEY: Well, it's a lot
20 easier to define, and you still leave "abusive" in
21 there, so -- which you can make some type of opinion on.

22 MR. PINON: Let me ask this: Not being a
23 chiropractor, what other abusive practices would there
24 be besides overbilling? I mean, there's fraudulent
25 behavior, obviously, where you don't perform a certain

1 procedure and you bill for it.

2 DR. KHALSA: We had fraudulent behavior
3 that went against the advertising regulations in our
4 statutes and rules, and we've been able to prosecute
5 people for abusive -- whatever term you want to say, but
6 it was because they were committing fraud with their
7 advertising procedures according to our rules and
8 regulations.

9 MR. PINON: Okay.

10 DR. KHALSA: We had the terminology for
11 they're abusing, but there was a reality that they were
12 fraudulently not following the rules and regs, and they
13 were defined, whole sections. Not just one phrase,
14 whole sections of advertising rules and regs, according
15 to statute. We're using one word that's encompassing.
16 So until it's defined, I would have -- I still have a
17 hard time putting the word in there at all. It may be
18 in our statutes.

19 DR. GOFORTH: What does the statute say?

20 MS. LEWIS: 61-4-10, it's entitled:
21 "Refusal, Suspension or Revocation of License." The
22 part I'm speaking of says: "The board may refuse to
23 issue or may suspend or revoke any license or may
24 censure, reprimand, fine, or place on probation and
25 stipulation any licensee in accordance with the

1 procedure as contained in the Uniform Licensing Act upon
2 the grounds that the licensee or applicant...." And
3 then you go all the way down to 16(J), and you get
4 "abusive billing practices."

5 CHAIRPERSON ATCHLEY: Which is 12.

6 MS. LEWIS: In the rule, right.

7 CHAIRPERSON ATCHLEY: In the rule.

8 MS. LEWIS: In the reg, it's -- yeah.

9 CHAIRPERSON ATCHLEY: It's 10. So it's a
10 very defining sentence.

11 DR. KHALSA: Then let's put "abusive" --
12 hold on.

13 CHAIRPERSON ATCHLEY: Just that one
14 sentence. It just pertains to billing, that one
15 sentence.

16 DR. KHALSA: All right. I don't mind if
17 you're going to define it -- all of our colleagues --
18 we're protecting the public, but the chiropractors need
19 to know what is an abusive billing practice. I mean,
20 how would I know? Somebody comes in. They go, Oh,
21 Dr. Khalsa, you're charging \$63; that's too much.

22 CHAIRPERSON ATCHLEY: Yeah. I think we
23 know what a fraudulent billing practice is.

24 DR. KHALSA: Yeah. You're basically
25 billing for something you didn't do.

1 CHAIRPERSON ATCHLEY: Right.

2 DR. KHALSA: But an abusive billing
3 practice, unless we define it, then our colleagues don't
4 know that they're even abusing the public, which we've
5 had someone sit there and blatantly look at us and go, I
6 charge \$550 a visit, do ten producers, and that's not
7 abusive. We had no ground to stand on because -- we all
8 agreed that it was abusive, but we didn't have it
9 written, and she didn't know and --

10 MR. PINON: What about this, Abbey? Would
11 it fall under fraudulent or abusive if a practitioner --
12 you know, the client comes in for an emergency type
13 situation, doesn't tell them -- you know, nobody asks
14 and nobody tells what the pricing is, but then at the
15 end of it, it's pretty exorbitant. Does that fall under
16 fraudulent or abusive?

17 DR. KHALSA: You mean -- what's the name of
18 our hospital? -- St. Vincent's? \$31,000 for a day and
19 a half (laughter).

20 MR. PINON: Exactly.

21 DR. KHALSA: Is somebody calling them on
22 that?

23 MR. PINON: I think you can. Absolutely.
24 I think you absolutely can.

25 MS. LEWIS: Well, like you, I'm not a

1 chiropractic, so I would definitely -- you know, which
2 is why Dr. Riekeman and Kathleen Carter worked on this
3 together, because Kathleen was a lawyer -- is a lawyer
4 and Dr. Riekeman is a chiropractic. So I feel that this
5 definition is probably a good one to start with, and we
6 can work through it and discuss it at another rulemaking
7 hearing, if you'd like.

8 But I just, you know, want to let you know
9 that your statute does require you to take action if
10 there is a complaint about an abusive billing practice,
11 and at some point you're going to have to figure out
12 what that means anyway. And it doesn't mean you have to
13 say, It's got to be \$63. You don't have to put a dollar
14 figure in there. You can massage it using words. You
15 know, what does excessive mean? Excessive means if no
16 one else in the state is charging, you know, 50
17 percent -- if someone's charging 500, everyone else is
18 charging 200, I think that's obvious to all of us that
19 that's not in line with the industry standard, and it
20 could be abusive. So you don't have to -- but you don't
21 have to put 200 versus 500. You could use language like
22 the "industry standard" or "others similarly situated in
23 New Mexico," things like that.

24 DR. KHALSA: I don't know about you guys,
25 but I fight this every single day. Every insurance

1 company is giving me that crap rap.

2 Anybody?

3 (Audience responds.)

4 DR. KHALSA: Right?

5 We all deal with that. What's reasonable
6 and customary, it's like a joke. And they're cutting my
7 bills down to ridiculous amounts, and I won't even take
8 an automobile accident without an attorney because of
9 that procedure. So what's abusive? Insurance companies
10 (laughter).

11 MS. LEWIS: You're not going to get an
12 argument from me there.

13 DR. KHALSA: Okay. And hospitals.

14 So, again, for me it's still not defined
15 enough, because if you're going to say, based on these
16 diagnoses, then you should only be able to do this many
17 procedures, then what is the recommended -- where are
18 you getting that information? And that is still very
19 conflicted in our profession. Who is establishing those
20 standards? What was that group 15 years ago that told
21 us we only get six treatments?

22 DR. PRIDHAM: Dr. Pridham.

23 I'm the president of the New Mexico
24 Chiropractic Association's Independent Practice
25 Association, IPA -- improvement network, and what we

1 were trying to do is get everybody together so that they
2 would all send -- so we could do credentialing for each
3 insurance company so that we -- so that they don't have
4 to do individual credentialing, and we can send all of
5 our claims of all of the doctors -- send all their
6 claims to Infinity, which is the clearing house. And
7 that breaks it up by diagnosis code, by charged amount,
8 and then you have a graph of where the bell curve is.
9 And you can go to either side of the spectrum and say,
10 Hey, you guys are being abusive over here. We need to
11 rein you in a little bit. It hasn't worked out, but --

12 DR. KHALSA: It hasn't worked, right?

13 DR. PRIDHAM: I think it's just because of
14 the whole thing that was going on with the Supreme Court
15 and the Affordable Care Act and then the elections. So
16 at some point it's going to be -- it's going to work,
17 and it's going to be --

18 DR. GOFORTH: So what you're saying is that
19 "abusive" has not been defined by anybody? If you're
20 accusing me of using abusive language, there is no
21 definition of that?

22 MS. LEWIS: "Abusive" in this context, you
23 know, it's not helpful to look at the "Webster's
24 Dictionary" definition of abusive. So within the
25 context of boards and commissions that do regulation,

1 licensing, the word "abusive" has not been defined. I'm
2 sure if I Google the word "abusive," I could get some
3 definition of it, but I would hope you would go for
4 something that's relevant to what you're doing here.

5 DR. GOFORTH: It's like what do you mean by
6 "is"?

7 MS. LEWIS: It depends what the definition
8 of "is" is. Yes, exactly.

9 DR. GOFORTH: I think we shouldn't even
10 address it.

11 MS. LEWIS: You don't have a choice. I
12 mean, you have a choice of whether or not to define it,
13 but you do not have a choice of whether or not to
14 prosecute it. So what are you going to do based on when
15 someone comes before you --

16 DR. GOFORTH: How do you know what it is?

17 MS. LEWIS: You'll know when you see it.

18 DR. GOFORTH: If you tell me what it is and
19 I'll tell you --

20 MS. LEWIS: Well, that's why I need your
21 help because I'm not --

22 DR. GOFORTH: It's ridiculous.

23 MS. LEWIS: I could write you a definition
24 of abusive legal billing, but I cannot on my own write
25 you a definition of abusive chiropractic billing because

1 I'm not a chiropractor.

2 DR. GOFORTH: No, but it says "billing."
3 It doesn't say "chiropractic billing."

4 MS. LEWIS: What else are chiros billing
5 for?

6 DR. GOFORTH: I don't know. I could bill
7 for anything. I could bill for you parking in my front
8 yard.

9 MS. LEWIS: Yes. But you're not doing it
10 as a chiropractor. You're doing it as a parking lot
11 attendant.

12 DR. RIEKEMAN: This is under chiropractor
13 rules and regs.

14 MS. LEWIS: This is under chiropractic.

15 DR. GOFORTH: With my office
16 chiropractic --

17 DR. KHALSA: There must be some procedure
18 when statutes are created for boards to get clarity.
19 And I'm not hearing -- you can go and talk to your
20 legislators. Hello. That's not a reasonable request of
21 a board member on a board that's been appointed by the
22 Governor. There's got to be some procedure where we
23 make a formal complaint to who to define "abusive,"
24 because nobody's dealing with it. And now you're
25 telling us, Well, you chiropractics have to deal with

1 it. I disagree with you. There needs to be further
2 clarity of what that means. "Abusive billing practices"
3 is just three words. What does it mean?

4 DR. RIEKEMAN: If we can't come up with a
5 definition, I can guarantee you, if you go to a
6 Legislative Committee, they're not going to come up with
7 one either.

8 DR. KHALSA: Then take that out of the
9 statute. That's the point. It's not -- to me as a
10 fairly common-sense human being, it makes no sense. It
11 becomes a subjective, non-real thing you're dealing
12 with.

13 MS. LEWIS: I know this is hard because you
14 work in the realm of science all day, but you are
15 sitting in a subjective position. So you are charged
16 with making subjective decisions based on factual
17 patterns, and you're going to have to do it anyway
18 whether you have a definition or not.

19 DR. GOFORTH: So there is a definition.
20 Put that down, and I'll say, Aye. What you (indicating)
21 just said.

22 MS. LEWIS: You'll know it when you see it
23 (laughter), which -- which --

24 DR. GOFORTH: You just explained it. So
25 make that as my "abusive" explanation. If I'm going to

1 sit in judgment of what you just said, that's an
2 explanation to me, as far as I'm concerned. I can -- I
3 can go with that -- what "abusive" means --

4 MS. LEWIS: But that doesn't provide due
5 process for the chiropractors to know what it means in
6 the end, so --

7 DR. GOFORTH: Put that down, and I'll vote
8 for it.

9 DR. KHALSA: Yeah, but -- I mean, to a
10 certain degree what you said is fact, but to a certain
11 degree it's not fact at all.

12 What we do is we hear from our legal teams,
13 and then we issue an NCA. And then what we saw with
14 that person that was charging \$550 is there was a
15 negotiated settlement between our legal team and her
16 legal team. Boom. And we issued this namby-pamby kind
17 of ruling that simply said, Well, you've got to take 12
18 hours. So to me it was, like, wow, that's a lot of time
19 spent on finally it's going to be two lawyers sitting
20 down, really, deciding if this had any teeth. It has no
21 teeth until you define it.

22 DR. PRIDHAM: I'm sorry, but I found a
23 definition. The American Chiropractic Association says:
24 "Abuse" definition -- "abuse differs from fraud in that
25 it describes incidents or practices of chiropractic

1 providers that are inconsistent with accepted, sound
2 clinical business or fiscal practices, including, but
3 not limited to, excessive or unnecessary care, improper
4 business practices, poor clinical documentation, coding
5 and billing mistakes, but that are not knowingly or
6 intentionally misrepresented facts to obtain payment,"
7 "American Chiropractic Association's fraud and abuse
8 medical review benchmarks."

9 MS. LEWIS: But -- I'm sorry. You said
10 that is not intentional -- what were the other two L-Y
11 words, like, at the end?

12 UNIDENTIFIED AUDIENCE MEMEBER: So not
13 intentional means not fraudulent is what you're stating.
14 I mean, it was abusive, but it wasn't intentional.

15 MS. LEWIS: Unintentionally abusive?

16 MR. PINON: "Knowingly or intentionally."
17 Well, I think what it's referring to is maybe you just
18 run a really sloppy business because you do that.

19 MS. LEWIS: Yeah.

20 MR. PINON: You keep billing people for
21 things that you shouldn't be billing them for, and
22 you're not doing it fraudulently. It's just you're not
23 running your business the way you should.

24 MS. LEWIS: I worry that that one would
25 make it difficult for the Board to move against people

1 who are intentionally abusive. So I like most of that
2 definition. I don't know how they feel about it, but I
3 might just --

4 DR. KHALSA: It's more defined, and if, in
5 fact, there was something published that shows the Bell
6 curve and I got it as a practitioner and I knew -- it
7 would be great to know what everybody else is charging.
8 I'd go, Oh, I'm too low; I'm going to go up.

9 DR. PRIDHAM: And that's what they're doing
10 with the prescription monitoring program. They're
11 saying, Here's the amount of people in the state that
12 are prescribing opiates, and then they send out a list
13 and say, Look, you're prescribing too many opiates, and
14 then that just helps them. So that would be good to
15 have something that you could look at.

16 CHAIRPERSON ATCHLEY: So we have a choice.
17 We've got a choice. Table it or leave it as it is in
18 the law and move on. What do you want to do?

19 DR. KHALSA: Leave it as is what?

20 CHAIRPERSON ATCHLEY: In the law.

21 DR. RIEKEMAN: Well, you have to leave it
22 there.

23 CHAIRPERSON ATCHLEY: It's in the law, so
24 you leave it in as it is.

25 DR. RIEKEMAN: But the question is: Do you

1 know whether that's as it is in the rules and regs.

2 CHAIRPERSON ATCHLEY: If it's in the
3 statute, we should leave it in the rules and regs and
4 move on. We can come back and address it at another
5 time.

6 DR. KHALSA: So you're saying instead of
7 scratching "abusive" --

8 DR. RIEKEMAN: Adding fraudulently. Just
9 table it.

10 CHAIRPERSON ATCHLEY: No. I'm saying leave
11 it as "abusive" the way it states in the law and come
12 back and address it another time.

13 DR. GOFORTH: Well, why are we making a
14 rule for something that's already in the law?

15 CHAIRPERSON ATCHLEY: Because we were going
16 to change it.

17 DR. GOFORTH: If the rule is to help the
18 law, what better teeth? Is that right?

19 CHAIRPERSON ATCHLEY: Yeah.

20 DR. GOFORTH: Our rules -- the law helps
21 us. So it's already in the law. We don't have to
22 address it at all.

23 MS. LEWIS: Correct. If for some reason
24 you decided to take that out, it would still be
25 something that the statute says that you would be

1 responsible for --

2 CHAIRPERSON ATCHLEY: The statute is going
3 to make us look at "abusive" whether we want to or not.

4 MS. LEWIS: Right. Whether it's in there
5 or not.

6 DR. GOFORTH: Fraudulent is in the law,
7 also.

8 MS. LEWIS: Correct.

9 DR. GOFORTH: So why don't we just forget J
10 or whatever it is we're missing and go on?

11 CHAIRPERSON ATCHLEY: Is "fraudulent" in
12 the law?

13 MS. LEWIS: Yeah. It's a different one,
14 but it's -- 61-4-10(A)11 is "guilty of obtaining a fee
15 by fraud or misrepresentation." So not specifically
16 fraudulent billing practices, but the bigger umbrella is
17 fraud, which --

18 DR. GOFORTH: Misrepresentation, which is
19 the same thing that you're saying in this. I think we
20 ought to just scratch that whole line. In fact, I make
21 a motion that we scratch that whole line.

22 CHAIRPERSON ATCHLEY: The whole line of 12?

23 DR. GOFORTH: No. In this rule.

24 CHAIRPERSON ATCHLEY: Huh?

25 DR. GOFORTH: Yeah. The rule you have

1 right here, 12. Just move 12 up. Move 13 up to 12.

2 DR. KHALSA: I would like to table it. The
3 only reason is I do believe -- what I've seen in the
4 last 12 years is that if doctors knew that there was
5 this Bell curve thing that they could refer to and
6 it's -- Dr. Pridham -- does that mean they're -- if
7 they're toward the outer edges of that --

8 DR. PRIDHAM: Then we would -- in the model
9 that was set up, we would have a messenger, Ms. Janis
10 Torres [phonetic], and she can look over all that
11 information and say, Okay, this guy over here is
12 charging way too much.

13 And then she can go to him and say, You're
14 way outside of the Bell curve. And they could say, Oh,
15 well, that's because I deal with, you know, people with
16 a heroin addiction or pregnant women that need me to see
17 them more often at one point. And if they can explain
18 it, then okay, then that's fine. But if they're just
19 trying to maximize their billing, then you can say,
20 Look, you're reprimanded; if you do it again, you're off
21 the panel.

22 CHAIRPERSON ATCHLEY: That's in the perfect
23 world of the IPA.

24 DR. PRIDHAM: We have the information.

25 CHAIRPERSON ATCHLEY: But we're talking

1 about a legal thing here that we have to act on that's
2 more legal than what you're acting on, because you can
3 tell them that. You can maybe kick them out of the IPA,
4 whatever, but we don't have that, whatever that would
5 be, to be able to do that. So we have to act on it or
6 not act on it based on what our law is saying.

7 So what is your motion, Dr. Khalsa?

8 DR. GOFORTH: Well, I don't think we'd to
9 act on it.

10 DR. RIEKEMAN: Sounds to me like --

11 DR. GOFORTH: It's in the law. We don't
12 have to make a ruling. We don't have to make a ruling.

13 MS. LEWIS: Make a ruling as to?

14 DR. GOFORTH: We don't have to make this
15 ruling. It's not necessary.

16 MS. LEWIS: Right. Correct. You could
17 take it out and it wouldn't change your obligation or
18 duty or whatever.

19 DR. GOFORTH: It's actually redundant, as
20 far as I'm concerned.

21 MS. LEWIS: And, you know, it is a
22 philosophical argument, an academic argument on
23 whether -- a lot of people do; they take the statute,
24 they copy it, paste it into a rule. Not helpful. Like
25 you're saying, the point of the rule is to explain how

1 to implement it. So this looks like someone just copied
2 and pasted.

3 DR. RIEKEMAN: It doesn't really explain
4 how to implement --

5 MS. LEWIS: Right.

6 DR. RIEKEMAN: -- what's in the statute.
7 It's just --

8 MS. LEWIS: A copy and paste.

9 MR. PINON: And I'm with Dr. Khalsa. I'm
10 not comfortable even going a little bit further taking
11 it as any type of practitioner, saying to someone, you
12 know, We're going to set your rates. Well, what if I'm
13 extremely busy and I don't want to take on any more
14 work? I'll take it on for a certain rate. If you want
15 to pay that rate, you know, then I'll take on your work,
16 but otherwise, you know, I'm too busy. Why would I be
17 constrained by a board from New Mexico as to what kind
18 of work I want to take on for the amount of money if
19 somebody -- you know, I just -- I'm playing devil's
20 advocate and going a little further than Dr. Khalsa is.
21 I don't think setting --

22 DR. KHALSA: Well, I'll give you an
23 example. I fired Medicare. It's ridiculous. I also
24 contemplated firing United Healthcare. I mean, a lot of
25 chiropractors have done that because the reimbursement

1 is so horrible. Why would I subject myself to some
2 overseer telling me what I get to charge? It's against
3 capitalism. It doesn't make any sense (laughter).

4 So I don't know. I might go along with
5 Dr. Goforth and just strike it and make it so nebulous
6 that it's got no teeth.

7 DR. GOFORTH: We don't have a motion now,
8 do we?

9 DR. RIEKEMAN: Not yet.

10 DR. GOFORTH: I move that we completely
11 strike 12.

12 CHAIRPERSON ATCHLEY: Do I have a second on
13 it?

14 DR. KHALSA: I'll second.

15 CHAIRPERSON ATCHLEY: A motion's made and
16 seconded that we strike sentence 12 from our rules and
17 regs.

18 All those in favor?

19 (Ayes are unanimous.)

20 CHAIRPERSON ATCHLEY: Opposed?

21 Motion carries.

22 That was easy.

23 CHAIRPERSON ATCHLEY: "License Renewal
24 Procedures," number 9.

25 DR. GOFORTH: Why are we changing it?

1 What's wrong with the old one?

2 DR. RIEKEMAN: We're trying to get in line
3 with what the statute says, but if it doesn't make any
4 sense, it's not practical.

5 DR. GOFORTH: There is no later than
6 July -- it says no later than July 1st. I don't
7 understand why --

8 DR. KHALSA: They could get it in on the --

9 MS. LEWIS: Just mirroring language. Some
10 of these -- some of these are policy decisions, and some
11 of them are just cleanup.

12 DR. GOFORTH: I have a problem with this,
13 too.

14 MS. LEWIS: Do you?

15 DR. GOFORTH: Yes. Because if I have all
16 my ducks in order, you "may" give me a license?

17 MS. LEWIS: Well, again, as I said earlier,
18 a lot of boards do just have a checklist, a paperwork
19 checklist. This one, as well as -- Sign Language, I
20 think, has it too -- says that the applicant must be of
21 good moral character. So how does that person prove
22 that? And if you have a "shall" in there -- and they
23 feel that they've proved their good moral character and
24 you've got "shall" in there, then you've got a lawsuit
25 on your hands. So I agree with you if it's just a

1 regular checklist of paperwork, but that's not -- that's
2 kind of the Board's decision.

3 DR. GOFORTH: Well, what about the other
4 one? I think we ought to leave it in.

5 CHAIRPERSON ATCHLEY: We've got that one.
6 Then you've got on the next page. So look at that
7 because we've got to pass this out, a complete part. So
8 you've got that, and then you've got the other language,
9 "permissive," "temporary cancelation," "upon order of
10 the board." So you've got -- one, two, three, four
11 things -- five with "may" instead of "shall."

12 DR. RIEKEMAN: The "permissive, temporary
13 cancelation" was changing the wording to match the
14 statute. There is no -- there is no reference to
15 inactive license in the statute.

16 MS. LEWIS: Uh-huh.

17 CHAIRPERSON ATCHLEY: So "permissive"
18 matches it?

19 DR. RIEKEMAN: It means the same thing,
20 just different wording.

21 DR. GOFORTH: Sounds to me like I have to
22 say it's okay, "permissive."

23 DR. RIEKEMAN: It's in the statute. We
24 just were changing it to comport with the statute.

25 MR. PINON: I'm trying to remember back,

1 and I think the reason "no later than June 30th" didn't
2 work is because it said "postmarked no later than June
3 30th." But if you go up to number two, it says, "The
4 license shall expire at midnight on June 30th." And so
5 we said, Well, if it's at midnight, how the heck do you
6 get it postmarked June 30th? You miss a day there. So
7 we said it should be "on or before June 1st," because if
8 it expires at midnight on June 30th, how the heck -- you
9 just cut them a day by saying it has to be postmarked on
10 the 30th. I remember that discussion now.

11 MS. LEWIS: It's 61-4-13(A) that says "on
12 or before July 1 of each year."

13 CHAIRPERSON ATCHLEY: Same as statute
14 [sic]?

15 MS. LEWIS: Yeah.

16 MR. PINON: So number three uses -- it says
17 "no later than June 30th" it has to be postmarked, but
18 that would mean you don't actually get till midnight, as
19 the rule states.

20 DR. GOFORTH: Oh, but the rule goes along
21 with the statute right now.

22 MS. LEWIS: No, it doesn't.

23 DR. GOFORTH: Sure it does. It says "on or
24 before" and we said "before."

25 DR. KHALSA: No, no. It says "no later

1 than June 30th."

2 DR. GOFORTH: That's no later than June
3 30th. No later than June 30th.

4 MS. LEWIS: July 1 is after June 30th, and
5 the statute says "on or before July 1."

6 DR. GOFORTH: We fine them \$50 if they have
7 to -- if they have to pay -- if they do that? I don't
8 see the problem. I think we should leave it like it is.

9 MS. LEWIS: Okay. But if someone gets
10 their application in on July 1, then Cynthia's not going
11 to charge them the late fee regardless of what your
12 rules say because the statute says "on or before July
13 1."

14 DR. GOFORTH: Yeah.

15 DR. RIEKEMAN: So do you want it to end on
16 July 30 or July 1? That's the question.

17 DR. GOFORTH: You're swatting at flies that
18 don't exist.

19 CHAIRPERSON ATCHLEY: What?

20 DR. GOFORTH: You're swatting at flies that
21 don't exist.

22 MS. LEWIS: An ounce of prevention is worth
23 a pound of cure. My job is to keep you-all out of
24 trouble. I'm not being difficult.

25 DR. RIEKEMAN: The deadline is June 30th --

1 DR. GOFORTH: June 30. It's in the
2 statute.

3 MS. LEWIS: No. The statute says "on or
4 before July 1."

5 DR. GOFORTH: Which is June 30.

6 MR. LEWIS: "On or before"?

7 DR. GOFORTH: I'm practicing illegally on
8 July 1. I am practicing illegally.

9 DR. KHALSA: Not according to statute.

10 DR. GOFORTH: If I wait until July 1, it's
11 illegal. We just established that with this discussion
12 we had a while ago. You said I'm practicing one day
13 without a license. Did I hear that right?

14 MS. SALAZAR: That's correct.

15 (The court reporter requested the parties
16 speak one at a time.)

17 CHAIRPERSON ATCHLEY: For the court
18 reporter, we need to talk one at a time.

19 MS. TAFOYA: "On or before midnight on June
20 30th."

21 MS. LEWIS: Well, is midnight June 30th?

22 MS. TAFOYA: It's 12:01, July 1. Right?

23 MS. LEWIS: 12:01 would be July 1, yes.

24 And as I said before, unfortunately as we
25 have said many times as we're going through this,

1 practicality does not always line up with the way that
2 they write a statute. So the statute does say "on or
3 before July 1." But, Dr. Goforth, of course your point
4 is, you know, well received because -- but, you know, I
5 guess the hope is that you wouldn't wait until the last
6 minute.

7 (Laughter.)

8 DR. GOFORTH: So it's late on July 2nd.
9 July 2nd is late.

10 MS. LEWIS: Right.

11 DR. GOFORTH: You will get a late fee. Put
12 that in there, and it's all over. Now we know what it
13 means.

14 MS. LEWIS: Oh.

15 DR. GOFORTH: So that nobody's going to
16 charge me if I get it in on July 1st. If that's the
17 problem, then just put "on July the 2nd, you will get a
18 late fee," if it's that important.

19 MS. LEWIS: Again, if you took it out, the
20 statute would prevail either way. So if it's awkward,
21 you could take it out, or you could change it. That's
22 another idea to say, If you don't get it in by July 2,
23 it's a late fee versus saying, You must get it in by on
24 or before.

25 DR. GOFORTH: Well, it's a small point to

1 drag it along.

2 CHAIRPERSON ATCHLEY: But that should be
3 made by the determination of the Board on the complaint
4 by the person if they were charged a late fee.

5 DR. RIEKEMAN: Make it clear. We do have
6 to do a determination.

7 CHAIRPERSON ATCHLEY: So the law reads "on
8 or before July the 1st."

9 DR. RIEKEMAN: That's what the statute
10 reads.

11 CHAIRPERSON ATCHLEY: That's what the
12 statute says.

13 And I have a motion.

14 DR. KHALSA: I'd like to hear it.

15 CHAIRPERSON ATCHLEY: Huh?

16 DR. KHALSA: And I'd like to hear it.

17 CHAIRPERSON ATCHLEY: Cathy, would you like
18 to make a motion?

19 DR. GOFORTH: "On or before July 1st,"
20 making July 2nd late.

21 MS. LEWIS: "The first day a late fee may
22 be assessed," something like that.

23 MS. SALAZAR: If you do that, we're giving
24 them a one-day grace period.

25 MS. TAFOYA: If you do that, you're giving

1 them a one-day grace period without a late fee.

2 MS. SALAZAR: Huh-uh.

3 MS. TAFOYA: 12:01 is July 1. That late
4 fee kicks in.

5 CHAIRPERSON ATCHLEY: It's by the postmark,
6 right?

7 MS. TAFOYA: Uh-huh. We look at your
8 postmark on your renewal.

9 MS. SALAZAR: And it's in the renewal
10 online. The online is set. It's 12:01, July 1.

11 MS. TAFOYA: At 12:01, it's going to charge
12 you that late fee.

13 MS. SALAZAR: I'm going to charge you.

14 MS. LEWIS: 59 seconds.

15 DR. RIEKEMAN: See, that's not what this
16 says, though. If we're doing it by statute and it says
17 "on or before July 1," they're okay on July 1.

18 MS. SALAZAR: By you putting "no later than
19 June 30th," you're still okay because your statute says
20 "on or before July 1." So if you're keeping the rule no
21 later than June 30th, you're still in compliance.
22 You're still okay because it says "on or before."

23 DR. RIEKEMAN: In the statute?

24 MS. SALAZAR: Yes.

25 DR. RIEKEMAN: I think that's what they

1 probably were doing, was trying to clarify it by saying
2 "no later than" --

3 MS. SALAZAR: You're just being consistent
4 with the statute. But you can put it "no later than
5 June 30th" or keep it that way because your statute says
6 "on or before July 1." And the system is set
7 automatically. We don't set it. I.T. sets it.
8 Automatically, 12:01, that late fee sets in on renewal
9 on July 1 in the middle of the night.

10 DR. GOFORTH: So tell them that the Board
11 of Chiropractor Examiners told them to change it.

12 (Laughter.)

13 DR. RIEKEMAN: Yeah. They're I.T. They
14 can change it.

15 DR. GOFORTH: If I can be a judge in other
16 things, I can judge that they can change it.

17 MS. SALAZAR: So you can basically, if you
18 want, keep this the way it's written, but it's up to
19 you, because your statute says "on or before." So
20 you're okay. You're just making it consistent with the
21 statute right now if you change it.

22 CHAIRPERSON ATCHLEY: I think the simple
23 thing to do is leave it as it is because it is --

24 MS. SALAZAR: It's already defined.

25 CHAIRPERSON ATCHLEY: It's already there.

1 MS. SALAZAR: Yeah.

2 CHAIRPERSON ATCHLEY: It's already defined.

3 June 30th --

4 MS. SALAZAR: No later than June 30th.

5 CHAIRPERSON ATCHLEY: -- at 11:59, you're

6 okay.

7 MS. SALAZAR: Yes.

8 CHAIRPERSON ATCHLEY: But at 12:01, you're

9 into July?

10 MS. SALAZAR: Yes.

11 CHAIRPERSON ATCHLEY: Why don't you make a

12 motion and leave --

13 DR. RIEKEMAN: "No later than June 30th,

14 11:59 p.m."

15 CHAIRPERSON ATCHLEY: 11:59 p.m.

16 MS. SALAZAR: I don't know if I want to put

17 that in there. The liaisons -- the rules liaisons,

18 they're really -- I don't know if they'll put in the

19 time. I can try.

20 DR. RIEKEMAN: They don't want to put the

21 time in there?

22 MS. SALAZAR: I don't know.

23 DR. KHALSA: Is it a big problem, Dona?

24 MS. SALAZAR: We can try.

25 MS. TAFOYA: Renewals?

1 DR. KHALSA: But like on July 1st?

2 MS. TAFOYA: Even July 30th, yeah.

3 DR. KHALSA: Well, no. But I mean --
4 that's obvious, but on July 1st, are there a lot of
5 people who go, Oh, I missed the deadline?

6 MS. TAFOYA: Uh-huh. We tell them to go
7 ahead and send it in along with their late fee, and
8 we'll renew your license and send it on.

9 CHAIRPERSON ATCHLEY: Pretty black and
10 white.

11 MS. TAFOYA: And nobody has contested --
12 well, I shouldn't say that. Most will not contest it,
13 but there have been a few that have.

14 CHAIRPERSON ATCHLEY: I need a motion. I
15 need a motion, please.

16 DR. GOFORTH: We have one, and he said it.

17 DR. RIEKEMAN: I didn't hear anything.

18 DR. GOFORTH: Didn't you second that motion
19 I made?

20 DR. KHALSA: Which one?

21 CHAIRPERSON ATCHLEY: So if you're going to
22 make a motion, you've got to make a motion on all of
23 Part 9.

24 MS. LEWIS: Not necessarily.

25 CHAIRPERSON ATCHLEY: Not necessarily.

1 Okay. In a perfect world, I would like to do that. I
2 don't see any problems with the other part on page 2.

3 DR. GOFORTH: So on page 1, you're leaving
4 it like it is? "May" is going to change, instead of
5 "shall," and you're leaving it in the red and not the
6 green?

7 DR. RIEKEMAN: Depends on who --

8 DR. GOFORTH: And then tell me what
9 "permissive" means, because it sounds like "I" is the
10 one that's in trouble and has to give the board
11 permission or they can cancel my --

12 MS. SALAZAR: It means inactive. It means
13 inactive.

14 CHAIRPERSON ATCHLEY: It means inactive.

15 DR. GOFORTH: It means inactive?

16 DR. RIEKEMAN: So in other words, if
17 someone asks to have their license become inactive for a
18 period over time, okay, they're asking permission for
19 temporary cancelation, "permissive temporary
20 cancelation," which is the terminology used in the
21 statute.

22 For instance, say, you've got a
23 chiropractor who is going to be going through
24 chemotherapy and is not going to be practicing for a
25 year. Okay? They can ask to have it temporarily

1 canceled, okay, or set as inactive during that year, and
2 then they can come back and ask that it be reactivated.
3 And if they do it within two years, there's no -- you
4 know, they don't have to do any new testing and that
5 sort of thing.

6 DR. GOFORTH: So what was wrong with
7 "inactive license"? What was wrong with that?

8 DR. RIEKEMAN: It's not -- it's not in our
9 statute. It's not referred to as an inactive license in
10 our statute. It's "permissive temporary cancelation."

11 DR. GOFORTH: We're on the same page. Go
12 ahead.

13 DR. RIEKEMAN: So, again, just trying to
14 get the rules and regs the same as in the statute. The
15 statute super- -- well, what's the proper wording?

16 MS. LEWIS: Supersede.

17 DR. RIEKEMAN: Supersedes. The statute
18 supersedes the rules and regs. So we're just trying to
19 get the language to match, because if you're reading in
20 the rules and regs "inactive license," and you go look
21 for it in the statute, it's not there. It's in there as
22 a "permissive temporary cancelation." We're not trying
23 to change it. We're just trying to give it the same
24 title or name as in the statute.

25 CHAIRPERSON ATCHLEY: This went pretty easy

1 as we were doing the public stuff. How has it become so
2 hard now (laughter)?

3 DR. RIEKEMAN: Because we reserved our
4 comments (laughter).

5 CHAIRPERSON ATCHLEY: I guess so.

6 DR. GOFORTH: We didn't want to look bad.

7 CHAIRPERSON ATCHLEY: I thought we were
8 doing great.

9 DR. GOFORTH: So you need a motion?

10 CHAIRPERSON ATCHLEY: Nobody had any
11 objection to it on public --

12 So what's your motion?

13 DR. GOFORTH: I move that we keep, on
14 16-4-9 -- 16-4-9(A), on 3, keep it the way it was, "no
15 later than June 30th," and that we change "shall" to
16 "may" on the same area of 2, and that we change Part 4
17 and Part 6 to say "permissive temporary cancelation,"
18 and then "upon order of the board." And apparently I
19 don't have the quick [sic] chiropractic board.

20 CHAIRPERSON ATCHLEY: This is the
21 chiropractic board.

22 DR. GOFORTH: Is that a viable motion?

23 DR. KHALSA: I second.

24 CHAIRPERSON ATCHLEY: A motion has been
25 made and seconded on changing "shall" to "may" and

1 keeping "no later than June 30th," changing "inactive
2 license" to "permissive temporary cancelation" and "upon
3 order of the board."

4 All those in favor?

5 (Ayes are unanimous.)

6 CHAIRPERSON ATCHLEY: Opposed?

7 Motion carries.

8 Okay. Part 10. This was continuing
9 education. This is the one we spent one hour on. Has
10 the Board come to a consensus to make a motion on what
11 we're doing here?

12 MR. PINON: My comment to the Board would
13 just simply be this: I wasn't swayed that there is a
14 necessity to spout out specific companies as CE
15 providers. However, I thought that, as a new member,
16 the feeling of distrust by AP providers might be
17 enhanced [sic] if we table this and allow for a
18 subcommittee or a group of APs, however you want to do
19 it, to make comment so they can feel like we're not
20 trying to do anything underhanded. And if you've been
21 in the meetings, you would know that nobody is trying to
22 do that. But maybe from a -- I forget the doctor's name
23 that made the statement that two monologues don't make a
24 dialogue, and I think that is exactly right. We have
25 all this conversation. Nobody is really actually

1 listening to what the other side was saying, and I
2 think -- that's just the feeling I had. I think it
3 would go a long ways for the trust level if there is
4 communication there.

5 CHAIRPERSON ATCHLEY: I also have a
6 comment. I think that if you're going to change that --
7 and I think Jaeni brought it up also in the public
8 meeting, that if you're going to change that, you've
9 also maybe got to look at this rule again and strike out
10 "American Chiropractic, New Mexico Chiropractic
11 Association, colleges" and everybody else that you give
12 automatic certification to do a seminar.

13 DR. RIEKEMAN: Can I read this to them?

14 CHAIRPERSON ATCHLEY: Yes, you can.

15 DR. RIEKEMAN: All right. So -- yeah.
16 There is some confusion as far as in the rules and regs.
17 If you read it, it says: "The following seminars are
18 continuing education programs. Meeting board criteria
19 for license renewal credit by the following entities
20 shall be automatically approved." That's kind of like
21 doublespeak. On the one hand, it's saying that
22 automatically be approved. On the other hand, it's
23 saying if they're meeting board criteria. And how do
24 you know if they're meeting board criteria if they're
25 not looking at it and automatically approved? So I

1 think the problem arises in this, you know, statement
2 here. You're putting two criteria in the same sentence.
3 It has to meet board criteria, but it's automatically
4 approved. Well, how do you know it's meeting board
5 criteria if it's automatically approved? So I think we
6 need to look at the wording of that particular sentence.
7 So -- yeah. I think there's going to have to be a whole
8 big conversation not just on the AP, but on this whole
9 section, and it may be that we need to back up and work
10 on all of that at the same time.

11 MR. PINON: Yeah. And my beef isn't so
12 much that, but as an attorney, I see it and I go, Wow, I
13 can't believe they mention actual companies in this
14 rule, because you're going to have other -- the argument
15 from those that attended do not sway me from a legal
16 standpoint because the arguments they were making were
17 nonlegal. And I think Abbey would completely agree with
18 me here. Maybe not. When you mention companies by
19 name, you're going to have a likelihood down the road
20 that some company is going to say, Hey, wait a minute.
21 We're not here. This board went out of their way to --
22 the state board went out of their way to mention a
23 company, and now I want to be there. They're giving
24 favoritism. We're going to sue them.

25 CHAIRPERSON ATCHLEY: Preferential

1 treatment.

2 MR. PINON: Yeah, for preferential
3 treatment. And nobody in the audience -- their
4 arguments were great as far as from a practicing
5 standpoint. I understood that, and I got that. And I
6 think they were thinking we're trying to discredit what
7 they're doing as AP practitioners, that they're not, you
8 know, that advanced, that they shouldn't be able to do
9 those types of things. That's not at all what I think
10 they -- my concern is not at all that. It is -- you're
11 going to have some company come along and say, How is it
12 that a state board can name a specific company --

13 CHAIRPERSON ATCHLEY: I agree.

14 MR. PINON: -- and give them that
15 preferential treatment when this is supposed to be a
16 state thing? These are for-profit companies, aren't
17 they?

18 CHAIRPERSON ATCHLEY: Yes.

19 DR. RIEKEMAN: Yeah. Not all of them.
20 Some of them.

21 MR. PINON: Yeah. I realize we have some
22 associations. I realize there is an intermix in here.
23 But that's my beef from a legal perspective, that I
24 think you're going to have a problem -- will have a
25 problem as a board sometime. It may never come up, but

1 if somebody smarts up to it, I think they would -- you
2 know, if you get one attorney that says, Hey, we've got
3 a case here, I think you have a problem. I really do.
4 Sorry I'm chatting and chatting, but --

5 CHAIRPERSON ATCHLEY: No, that's fine.

6 MR. PINON: -- I'm thinking -- going back
7 to the whole thing, the level of distrust that I noticed
8 that I was not aware of until really today was so high
9 that I think there should be some conversation between
10 the AP practitioners and the Board before just striking
11 it so that there is legitimate conversation made, and so
12 they know that we're not trying to cut their legs out
13 from under them. I don't know. That's just my --

14 CHAIRPERSON ATCHLEY: I did talk to one of
15 the APCs, Dr. Perlstein, and he'd suggest that if the
16 APC community would just get the committee that
17 certifies the names of companies that they would like to
18 have, and then we can then post those on the Web site so
19 that they would know in advance that those courses are
20 available. And as they want to have more available, we
21 can keep adding more to the Web site that are approved
22 by the board, that meet all the educational criteria.
23 And I think it simplifies it. I think it takes it out
24 of law, doesn't show preferential treatment and, at the
25 same time, gives the APC community a guideline of what

1 seminars they can take and gives them the ability to add
2 ones that want to come on and teach them some more.

3 DR. KHALSA: You know, for me I think that
4 the ACA and all the things we've always done, if there
5 are 700 doctors -- let's assume 1,000 doctors in the
6 next five to ten years -- that's a lot of people that
7 are going to call you, Lyman, for approval if we don't
8 have some sort of recommendations in our rules. It will
9 just be a nightmare for a person trying to run a
10 practice and being the head of this Board to have to
11 approve every single -- everything.

12 So I like your idea, but I'm not sure I
13 like it with private individual businesses. I like it
14 with associations, unless those businesses have been
15 vetted by someone. You can blame the association for
16 not making a good decision. So, again, ACA is not
17 putting, necessarily, the course on, but they might
18 be -- I don't know this. They might be making
19 recommendations as to courses they have vetted, and
20 we're trusting the ACA or the ICA's judgment that those
21 go along with what the schools are teaching, et cetera,
22 et cetera.

23 So I like your (indicating) idea about not
24 naming individual businesses, but I do like the idea
25 that trade associations would be included in there that

1 do the vetting. So I do think we might need to table it
2 and have, you know, that discussion. I agree with you
3 (indicating). The tension could easily be -- unless
4 it's going to keep going on behind the scenes, because
5 you can see at the state association all the APC docs
6 are over talking to each other about the crap they're
7 getting from the Board or whatever, and every little --
8 so let's do something to alleviate that stress and have
9 everybody on the same page. We've got enough outside
10 attacking that we don't really need to fight amongst
11 ourselves.

12 DR. RIEKEMAN: So I'll make a motion --

13 CHAIRPERSON ATCHLEY: You make a motion?

14 DR. RIEKEMAN: -- that we table this for
15 now and direct the Rules Committee to set up a committee
16 with AP docs and get the information as to what
17 associations they think would be providing good
18 education for them. And I would want you (indicating)
19 to be -- since you're the one that has been approving --

20 MS. LEWIS: I'm sorry. Your motion --

21 DR. RIEKEMAN: Is too long?

22 MS. LEWIS: Yeah.

23 DR. RIEKEMAN: Okay. Move to table --

24 MS. LEWIS: Well, but if you -- if you want
25 to talk about a committee, I think that's great, but

1 when you got into what the committee should do, you're
2 strangling yourself from what you're able to do.

3 DR. RIEKEMAN: All right. So let's just --
4 I'll make a motion that we table this for right now and
5 send it back to the Rules Committee for further action,
6 further consideration.

7 CHAIRPERSON ATCHLEY: Okay.

8 DR. KHALSA: Second it.

9 CHAIRPERSON ATCHLEY: Motion's been made
10 and seconded on Part 15.

11 All those in favor?

12 (Ayes are unanimous.)

13 CHAIRPERSON ATCHLEY: All opposed?

14 Motion carries.

15 MS. LEWIS: That wasn't Part 15. It was
16 Part --

17 CHAIRPERSON ATCHLEY: I'm sorry.

18 MS. SALAZAR: Part 10.

19 CHAIRPERSON ATCHLEY: Oh, Part 10. That
20 was Part 10. Yeah. That was Part 10. I was a little
21 ahead of myself. That was Part 10. Then I stand
22 corrected.

23 Now Part 11, Forfeiture of License.

24 DR. KHALSA: I make a motion that we accept
25 Title 16, Chapter 4, Part 11 as written.

1 MR. PINON: Second.

2 CHAIRPERSON ATCHLEY: Striking the word

3 "medicine"?

4 DR. KHALSA: No. You went too far.

5 CHAIRPERSON ATCHLEY: Oh, I'm sorry.

6 DR. RIEKEMAN: You're in such a hurry.

7 CHAIRPERSON ATCHLEY: A motion's been made

8 and seconded on forfeiture of license.

9 All those in favor?

10 (Ayes are unanimous.)

11 CHAIRPERSON ATCHLEY: Opposed?

12 Motion carries.

13 Okay. Now we're at 15, Chiropractic

14 Advanced Practice Certification Registry, which we've

15 had a long discussion on.

16 I can't vote unless there is a tie, but I'm

17 in favor of leaving "medicine" in.

18 DR. GOFORTH: What part?

19 DR. RIEKEMAN: We're on the part of the

20 word "medicine."

21 Can we do this all as one thing, or can we

22 take the portion separately?

23 So are you taking comments right now?

24 CHAIRPERSON ATCHLEY: I'm taking comments.

25 DR. RIEKEMAN: Okay. My comment is that

1 the reason I think "medicine" should be taken out of
2 here is because it's not in our national lexicon. Okay?
3 We don't have doctor chiropractic medicine licenses. I
4 know that Dr. Jones referred to the fact that the CCE
5 said something about chiropractic medicine being
6 equivalent to Doctor of Chiropractic. However, I texted
7 my brother, who has been sitting on the CCE for two
8 years, asked him if there was any references to
9 chiropractic medicine in CCE, and he says not that he's
10 aware of.

11 If you look at the colleges who have some
12 programs called chiropractic medicine, they are not
13 accredited by the CCE. They are accredited by the
14 regional accrediting agencies, but those colleges,
15 Western, National, Bridgeport, their Doctor of
16 Chiropractic students are total of about 1,000. The
17 chiropractic colleges that do not reference chiropractic
18 medicine don't teach programs that use that terminology,
19 Palmer, Davenport, Life, Life West. There are over
20 4,000 DC students -- students in the program.

21 I feel like that it's not an accepted
22 terminology in our profession at this point. Some
23 people would like it to be, but if you look at, you
24 know, nationally, that's not the case. The Summit
25 voted, and that's the top 40 organizations in our

1 profession, including ACA, ICA, COSTA, you know, the
2 colleges that we don't do drugs.

3 And I understand that you can go on and
4 Google medicine and you will get definitions. It's just
5 like Abbey said with "abusive." You can get definitions
6 that are general, but you can also Google and get that
7 medicine is drugs. And I think it's confusing. And I
8 think until it is a more highly accepted terminology in
9 our national lexicon, that it doesn't belong in our
10 rules and regs. And because it's not in our statute,
11 there, again, I don't think it should be in our rules
12 and regs. That's where I'm coming from.

13 DR. KHALSA: Can you remind me how it got
14 inserted?

15 DR. RIEKEMAN: I have no idea.

16 DR. KHALSA: I mean, this is a
17 recommendation, or it's in there now?

18 DR. RIEKEMAN: It's in there now, and the
19 recommendation was to remove it, because we don't have a
20 Doctor of Chiropractic Medicine license. We don't have
21 the terminology "chiropractic medicine" in our statute.

22 And in my opinion, chiropractic physician
23 is a good enough designation for dealing with insurance
24 companies and the like. I mean, that was one of their
25 things that they said, that if we're not called

1 chiropractic medicine, then it makes it more difficult
2 to deal with insurance companies and what have you.
3 "Chiropractic physician" should take care of that. I
4 think that's sufficient.

5 The other concern that I have -- and this
6 just came up even after this recommendation. I just
7 attended the sunset hearing, and when the osteopathic
8 board came up for approval to be, you know, retained
9 and -- what's the word I need to use?

10 MS. SALAZAR: Extended.

11 DR. RIEKEMAN: Extended. Okay.

12 -- extended as a board, the committee said,
13 you know, We're not doing that today. We're looking at
14 putting you under the Medical Board because you're
15 trained the same, you do the same thing, and so we do
16 not see necessarily the need for the two boards. Now,
17 they haven't done that yet, but that is something
18 they're looking at.

19 If we try to set ourselves out as
20 chiropractic medicine and being just another branch of
21 medicine, it very likely could end up that they would
22 say the same thing about us in the future. Well, you
23 guys are trained the same, if you get prescriptive drugs
24 rights, you know, then you're medicine and you should be
25 under the Medical Board.

1 I think that we have worked really hard,
2 you know, for our profession to be separate and distinct
3 and to try and push us back into medicine is not a good
4 thing for our profession. And so that's where I stand
5 on it.

6 CHAIRPERSON ATCHLEY: Okay.

7 Dr. Khalsa?

8 DR. KHALSA: I'm going to pass for right
9 now.

10 CHAIRPERSON ATCHLEY: Dr. Goforth, any
11 comments?

12 DR. GOFORTH: Are you talking about
13 discussion?

14 CHAIRPERSON ATCHLEY: Yes. We're talking
15 about discussion.

16 DR. GOFORTH: No.

17 CHAIRPERSON ATCHLEY: Huh? No discussion?

18 DR. GOFORTH: No.

19 CHAIRPERSON ATCHLEY: Mr. Pinon?

20 MR. PINON: You know, when I posed the
21 question -- thoughts were on the detriment of taking out
22 the word "medicine," it seemed -- I mean, I got a long
23 answer from different people, but the overwhelming
24 response more succinct would have been -- to me the
25 level of credibility is taken away if you don't have the

1 word "medicine" there.

2 My question for us, then, as a board is
3 what's the detriment to leave it in? I mean, if we just
4 take out the word "medicine," we have the sentence that
5 says "chiropractic physician includes doctor of
6 chiropractic, chiropractor, doctor of chiropractic
7 medicine." So if you just take out that word, one,
8 you're going to have doctor of chiropractic twice.

9 MS. LEWIS: We can take that out. It's
10 logical --

11 MR. PINON: But I understand what you're
12 saying, Dr. Riekeman, and I just further -- I guess as a
13 board member, I would like to know what the detriment is
14 to leaving the word "medicine." I mean, is there any
15 type of repercussion that would come against the Board?

16 DR. KHALSA: We've got a couple of hands
17 I'd like to hear.

18 CHAIRPERSON ATCHLEY: So to speak, I think
19 you both had, in the public meeting, your opportunity
20 for why we would do this and why we didn't.

21 DR. BROWN: I would like to answer
22 Dr. Khalsa's question about how that got put in there.

23 CHAIRPERSON ATCHLEY: I'll allow that just
24 shortly.

25 DR. BROWN: I'm Dr. Brown from Las Cruces.

1 When I was first appointed to the Board,
2 there were people that were accused of doing improper
3 examinations. In other words, they weren't meeting the
4 medical minimum standards for doing physical
5 examinations or initial examinations.

6 And the reason why -- to try to cover the
7 Board, to make sure everything was legal, we had to
8 meet -- that's when chiropractors had to start meeting
9 the medical standard for an initial examination and a
10 physical examination. In other words, you had to take a
11 blood pressure. You had to take a temperature. You had
12 to listen to their heart. You had to listen to their
13 lungs. You had to do minimal standard procedures to do
14 an initial examination. And that's how "chiropractic
15 medicine" got put in the rules and regulations.

16 So the fact that "chiropractic medicine" is
17 in there, that signifies to the public that when we go
18 see a chiropractor and he does an examination, they are
19 going to get the minimal medical and chiropractic
20 standards for doing an evaluation or an examination.
21 That's why that was put in there.

22 DR. KHALSA: Thank you.

23 DR. GOFORTH: What year was it?

24 DR. BROWN: '91, '92.

25 DR. RIEKEMAN: That couldn't be possible

1 because this is under APC.

2 MS. LEWIS: Yeah. The history line --

3 DR. RIEKEMAN: There's no way.

4 MS. LEWIS: -- indicates that it would be
5 there 3/31/2009 or 7/23/2010.

6 DR. RIEKEMAN: The language is only under
7 APC.

8 DR. BROWN: I remember it was put in there
9 because I got a lot of flack for putting that in there.

10 DR. GOFORTH: Well, it didn't get put in
11 the new statute.

12 DR. BROWN: No?

13 DR. RIEKEMAN: No.

14 DR. GOFORTH: This is the rules. The only
15 place it appears in our rules and -- statutes and rules
16 is in the rules, not the statute. It was put in since
17 the APC.

18 DR. BROWN: Okay.

19 DR. GOFORTH: What you're talking about
20 didn't get taken over. The legislature in 2008 put this
21 in and left "medicine" out of it.

22 DR. RIEKEMAN: Because it was unnecessary.
23 When you're a chiropractic physician --

24 DR. GOFORTH: I wasn't here.

25 DR. RIEKEMAN: -- and as long as you have

1 laid out what those minimal procedures are, which we do,
2 that was unnecessary to put the word "medicine" in
3 there. And that's what I'm saying, is that we don't
4 need the word "medicine" in there. We've got
5 "physician."

6 DR. BROWN: Doesn't matter when it was put
7 in there, but it does give the public a perception that
8 they're going to get the best possible care. And when
9 they see "medicine," it gives them the perception that
10 they're going to a medical doctor.

11 CHAIRPERSON ATCHLEY: I don't think that
12 comes either way because I don't -- I don't think the
13 public looks at it as chiropractic medicine or
14 chiropractic -- I don't think they come in and say, Are
15 you a chiropractic medicine? They're coming to you as
16 chiropractor or APC. But I don't think the "medicine"
17 rules in that context -- and it very specifically states
18 in the next practice procedure what we can do and what
19 we can't do, as far as examinations we can do, what
20 examinations you can't do.

21 So let's get back on track. We've
22 discussed the "medicine" part. Is that everything?

23 DR. KHALSA: No. I'm not even close.

24 CHAIRPERSON ATCHLEY: You're not close.
25 Are you going to --

1 DR. GOFORTH: Lyman, let me say this. What
2 I heard today is what I've heard victims say for a long
3 time. If you're a victim, something somebody did caused
4 you not to be able to do what you want. So I've never
5 been a chiropractor that has been put down by other
6 people. I've been invited to practice in hospitals.
7 I've never called a medical physician and said I was a
8 chiropractic physician or a chiropractic medical doctor.
9 I just tell them, I'm Wayne Goforth, the chiropractor; I
10 have a patient that needs this. Are you willing to see
11 him? And guess what they say?

12 CHAIRPERSON ATCHLEY: Send them over.

13 DR. GOFORTH: Yes, because they're willing
14 to help somebody. So I can't get into that thought
15 pattern that a name is going to make me different. I am
16 what I am because of what I am, and I'm respected
17 because of that, not because I'm great, because I'm
18 good. It's because what I am. So what you call me is
19 not going to make a difference in my practice or my
20 insurance.

21 So I don't have "chiropractic medicine" in
22 my billing practices, but I collect what other people
23 collect. I may have a higher fee than some of you or a
24 lower fee than others. I can't get into the paradigm
25 because I'm not called a physician that I'm not on the

1 same platform as another physician. We are. We're
2 trained well. We've already established that we have
3 good credentials, so I don't see that the name is going
4 to cause a problem.

5 What I can see is it's going to cause a
6 riff in our profession. We've had plenty of that. So
7 I'm neither for or against it, to be honest with you. I
8 don't think the name is going to make a difference.
9 I've heard that if we don't do this, chiropractic is
10 going to be lost. Well, we're a profession. We're not
11 a club. We've been here too long and too many people
12 have been helped for us to just suddenly quit because we
13 change our name. We were going to have a better
14 association because -- what did we call ourselves at one
15 time? We changed it from NMCA to what?

16 DR. RIEKEMAN: United Chiropractic
17 Association.

18 DR. GOFORTH: We thought it would be nice
19 if we all get together. How ridiculous. The name
20 doesn't make a difference. And so I think it is going
21 to cause a real problem, but we've had one as long as
22 I've been a chiropractor, 46 years. So it doesn't
23 matter what we do. We're going to have people angry.
24 We're going to have people feeling bad. And if that's
25 what we're here for, then we might as well pack up and

1 go home.

2 We're supposed to be the board that decides
3 what's best for the state. Well, neither one is best
4 for the state. It's a name. It's a word. It doesn't
5 make a difference in your practice or how you're
6 trained. You're going to be the same chiropractor,
7 chiropractic physician, medical doctor tomorrow as you
8 are today with whatever name you call yourself. You can
9 be a quack and still be a chiropractic, medical
10 physician or be a fantastic healer. It depends on you.

11 And so that's my opinion. I personally
12 like it the way it's said, but it doesn't hurt my ego
13 either way.

14 DR. SUSSEX: May I ask Dr. Goforth a
15 question?

16 So I've practiced for 38 years. You take
17 care of a lot of people. When your old Navajo patients
18 come in and tell you how good your medicine is -- have
19 you heard that before? Because I've heard it a lot from
20 my older patients. They come in and say, Man, you've
21 got good medicine, not meaning that I'm giving them any
22 medicine, pharmaceutical medicine, but they consider --
23 I'm an AP doc, but I do 99 percent adjusting. They
24 consider that medicine, you know. Not that we're
25 medical or we're giving prescriptions, but they come and

1 they say, You give good medicine; I feel a lot better.

2 DR. GOFORTH: Because you're their billing
3 medicine man.

4 DR. SUSSEX: But anyway -- so have your
5 patients told you that?

6 DR. GOFORTH: They call me their white
7 medicine man --

8 DR. SUSSEX: There you go.

9 DR. GOFORTH: -- but it's not a medical
10 doc. It's not the same.

11 DR. SUSSEX: That's right. But medicine --
12 we're giving them chiropractic medicine, and they
13 understand that medicine. I just know you've heard that
14 before because I have.

15 CHAIRPERSON ATCHLEY: Let's go to the --
16 besides "medicine," you-all are going to have to make a
17 decision when it comes to vote, whoever is going to make
18 a motion.

19 But let's go further on into that Section
20 16.4.15.12, Chiropractic Formulary Additional Education
21 Requirements. And I think Cathy pretty well said why
22 they we're taking that out, and I don't think anybody
23 had that much objection to it in the public meeting. So
24 I don't think we're going to hurt anybody's feelings. I
25 think we can probably take that out and be okay. That's

1 what I heard from the public.

2 DR. RIEKEMAN: It doesn't make sense to
3 have additional educational requirements for something
4 that's not in the formulary right now. When it is in
5 the formulary, then that can be put back in, but it
6 makes no sense to have requirements for something that's
7 not there.

8 CHAIRPERSON ATCHLEY: Right. I agree.

9 Dr. Khalsa?

10 DR. GOFORTH: Is this not in the statute?

11 DR. RIEKEMAN: It's in the rules and
12 regulations.

13 DR. GOFORTH: There is no statute on this?

14 DR. RIEKEMAN: Well, no, because --

15 DR. GOFORTH: On the advanced practice, in
16 the amount of hours they have, this is not the language
17 that's in there?

18 DR. RIEKEMAN: No. This was added when
19 they made the rules changes in 2011. It was the
20 additional education that went along with it. The 2011
21 formulary was struck down by the Court, so these
22 requirements -- these educational requirements are for
23 the formulary that the Court basically threw out. The
24 educational -- what Dr. Jones was referring to, when the
25 judge said he was okay with the educational

1 requirements, the judge was referring to the 90 hours
2 for the original APCs, not for this.

3 Right, Abbey?

4 MS. LEWIS: Correct.

5 DR. GOFORTH: I understand that part. But
6 I was sure somewhere in our statute it had to do with
7 the 50 hours and 25 hours, but that's always been in the
8 rule?

9 DR. RIEKEMAN: The rule was added -- the
10 additional educational requirements were added in the
11 rules hearing in 2011. Okay? So let's see here.

12 DR. GOFORTH: I just had to make sure.

13 DR. RIEKEMAN: If there is, it's on page 52
14 or 53.

15 DR. KHALSA: I think one of the issues for
16 an extended formulary is around education. If I
17 remember correctly, the Medical Board doesn't think
18 we're getting enough education to do a more advanced
19 formulary.

20 And I know when I talked to Dr. Kessler
21 [phonetic] about his nurses [sic] -- so he can do it all
22 the time, when I talked to him, I said, Well, what was
23 the requirement for you versus what we're asking? He
24 said, This is kindergarten compared to what I had to go
25 through.

1 So not doing any of it made me think, well,
2 maybe we're not asking for enough. And that's certainly
3 what the Medical Board is asking for, is a more thorough
4 education to do these procedures.

5 It makes sense that this will have to be
6 rewritten, so I don't mind striking it now knowing that
7 it's probably going to be a higher standard or more
8 hours.

9 DR. RIEKEMAN: Well, not necessarily,
10 though. I mean, because what -- and Wayne would be the
11 one that needs to, you know, speak to this. He's the
12 formulary chairman. Whatever they propose and the
13 Pharmacy Board and the Medical Board agree to, at that
14 point it makes sense to look at what additional
15 education requirements might be necessary, and it might
16 be exactly this. But it seems to me like it makes more
17 sense to know what that approved formulary is first and
18 then set up the additional, if any, requirements for
19 education.

20 DR. KHALSA: Can you give me an idea of
21 where that process is at? I mean, is it pending and
22 they're going to decide next month?

23 DR. GOFORTH: Very soon.

24 MS. LEWIS: It's later in the agenda. So
25 if you'd like to make a motion to bring it up on the

1 agenda, we can discuss it now, but if not, you'll need
2 to wait until it's on the agenda.

3 CHAIRPERSON ATCHLEY: He has a report
4 coming.

5 DR. KHALSA: Oh.

6 DR. GOFORTH: But because of this rule, if
7 he needs an answer, can I give a quick answer?

8 MS. LEWIS: Sure.

9 DR. GOFORTH: There was a consensus that
10 the minerals and vitamins that they're asking for is
11 probably not a problem, and the pharmacist that's on the
12 committee said that there probably wouldn't be a
13 problem. Even though it's more anecdotal, as far as the
14 research, it's not true research. It's clinical studies
15 mostly. And some of the studies that have been done on
16 it are pretty small because it hasn't been a long time
17 of practicing in the medical field, which is what people
18 listen to. But they don't have any idea what it does
19 because they haven't tried it. What I'm saying is
20 they're not using those for treatment. And so we are,
21 and so we're getting good results. We just have to sell
22 it to them. That shouldn't be a problem. They want
23 people to get well, too.

24 DR. RIEKEMAN: And it's possible they may
25 not even want this much additional.

1 DR. GOFORTH: But taking into the medical
2 area, you're encroaching in another profession, so
3 they're going to fight it a little. It was a dumb thing
4 to put in the law in the first place, to have all of us
5 get together. It's never happened, but we're hoping
6 that it will with some of these guys' expertise.

7 DR. BROWN: Could I make a comment?

8 CHAIRPERSON ATCHLEY: Yeah.

9 DR. BROWN: Dr. Brown, again.

10 And so if that is pending, I would make a
11 suggestion that you table these changes until that
12 formulary process gets done. Then you can change it to
13 make the additions, and then that would really make
14 everybody happy.

15 CHAIRPERSON ATCHLEY: I don't think tabling
16 would be -- we can just strike it. I mean, it's not in
17 the law. We don't have those formularies there yet.
18 When we do and we go to the Pharmacy Board, Medical
19 Board, we can go with the hours, if we need those hours,
20 or get feedback from them on the hours that we need to
21 go ahead and advance the formulary.

22 Isn't that your intention, Dr. Goforth?

23 DR. GOFORTH: Yes.

24 CHAIRPERSON ATCHLEY: When you take the
25 formulary -- the request for formulary, whatever you

1 take to the Medical Board, Pharmacy Board, you're also
2 going to include hours that you're going to require them
3 to do, add that to the formulary; is that correct?

4 DR. GOFORTH: I don't know that I'll
5 include it. It'll be in a lot of the discussion we
6 have. I think both sides will have AP doctors that
7 actually practice this in attendance, so they'll be
8 presenting. Obviously, I couldn't present it well. I'm
9 not an AP.

10 CHAIRPERSON ATCHLEY: Yeah. But you have
11 people on your committee that are?

12 DR. GOFORTH: Yes. And we'll have invited
13 people.

14 CHAIRPERSON ATCHLEY: Okay. We need to act
15 on this. There are two parts to this.

16 DR. RIEKEMAN: Can we split it up?

17 CHAIRPERSON ATCHLEY: We're going to split
18 it up? We're going to split it up, so you can make a
19 motion to split it. Do them one at a time.

20 DR. RIEKEMAN: I make a motion we split the
21 to two issues, take one at a time.

22 CHAIRPERSON ATCHLEY: May I have a second?

23 DR. KHALSA: I'll go along with that.

24 Second.

25 CHAIRPERSON ATCHLEY: The motion's been

1 made and seconded that we submit the issues, one that --
2 of the word "medicine" and then the second issue will be
3 additional educational requirements.

4 All those in favor?

5 (Ayes are unanimous.)

6 CHAIRPERSON ATCHLEY: Opposed?

7 Motion carries.

8 DR. BROWN: What did the split involve?

9 DR. KHALSA: "Medicine" and --

10 CHAIRPERSON ATCHLEY: We're voting on
11 "medicine" now. Okay. Make a motion on the first part.

12 DR. RIEKEMAN: I make a motion that we
13 strike "medicine." It's not in our statute, and I don't
14 think it's -- well, that shouldn't go -- I just make a
15 motion that we strike "medicine."

16 CHAIRPERSON ATCHLEY: That can be a
17 discussion.

18 The motion's been made. Is there a second?

19 DR. GOFORTH: I second.

20 CHAIRPERSON ATCHLEY: A motion has been and
21 seconded that we strike the word "medicine."

22 All those in favor?

23 DR. RIEKEMAN: Aye.

24 DR. GOFORTH: Aye.

25 CHAIRPERSON ATCHLEY: We have -- what do we

1 have?

2 DR. KHALSA: You just called that they're
3 all in favor, and there's two ayes.

4 CHAIRPERSON ATCHLEY: Okay. I want to know
5 who is in favor.

6 DR. GOFORTH: I seconded. I'm obvious.

7 MS. LEWIS: You don't have to vote for it
8 just because you seconded.

9 CHAIRPERSON ATCHLEY: What?

10 MS. LEWIS: You don't have to vote for it
11 just because you seconded it.

12 CHAIRPERSON ATCHLEY: All those opposed?

13 DR. KHALSA: Aye.

14 MR. PINON: Nay.

15 CHAIRPERSON ATCHLEY: And I oppose.

16 So we leave the word "medicine" in. The
17 motion carries to leave word "medicine" in.

18 The second part.

19 DR. GOFORTH: In the second part, are we
20 addressing permanent temporary cancelation?

21 MS. LEWIS: "Permissive."

22 DR. RIEKEMAN: No. We're addressing --

23 CHAIRPERSON ATCHLEY: Temporary educational
24 requirements.

25 MS. LEWIS: You skipped one, though.

1 CHAIRPERSON ATCHLEY: I'm sorry. Did I
2 skip one?

3 MS. LEWIS: Yeah. Well, aren't you going
4 to roll it in with the other one?

5 CHAIRPERSON ATCHLEY: Let's roll it in with
6 the next one.

7 MS. LEWIS: Okay.

8 DR. GOFORTH: So are you saying all the
9 rest that we didn't address?

10 DR. RIEKEMAN: Well, that doesn't work,
11 though, because we may be in favor of one and not the
12 other.

13 MR. PINON: Which one is --

14 DR. RIEKEMAN: Permissive temporary.

15 DR. GOFORTH: There is a misspelling.

16 DR. RIEKEMAN: That's just a misspelling.
17 There is also this "permissive temporary cancelation."
18 Does the motion cover that, or does it just cover two?

19 MS. LEWIS: I don't know. I'm confused why
20 you did that motion, but there is no reason not to do
21 the motion. But --

22 DR. RIEKEMAN: The reason is because --

23 MS. LEWIS: But you don't have to have a
24 motion to consider them separately.
25 Can you read back what the motion was about

1 splitting?

2 CHAIRPERSON ATCHLEY: Well, I can -- I

3 can --

4 MS. LEWIS: Yeah. Can you rephrase it?

5 CHAIRPERSON ATCHLEY: I cannot rephrase it.

6 I know what it was.

7 MS. LEWIS: What was it?

8 CHAIRPERSON ATCHLEY: There were two

9 sections. One motion was to vote only on the word and

10 the second part of it was on the chiropractic formulary

11 additional requirements. What we didn't address was the

12 "permissive temporary cancelation" part of that.

13 MS. LEWIS: Or the word "perform."

14 CHAIRPERSON ATCHLEY: Or the word

15 "perform."

16 MS. LEWIS: So you could do another motion

17 that those two items -- your split doesn't prevent you,

18 but it sounds like it ignores that, so you need another

19 motion for those two items.

20 DR. RIEKEMAN: Okay. I'll make a motion to

21 act on the two items, "permissive temporary cancelation"

22 change and the correction in the spelling of

23 "performed."

24 DR. KHALSA: Second.

25 CHAIRPERSON ATCHLEY: Motion has been made

1 and seconded on the "permissive temporary cancelation"
2 and on the word "performed."

3 Those in favor?

4 (Ayes are unanimous.)

5 CHAIRPERSON ATCHLEY: All opposed?

6 Motion carries.

7 Now we need a motion on chiropractic
8 formulary educational --

9 DR. RIEKEMAN: We actually talked about
10 them and approved those. All I did was make a motion to
11 act on them, right?

12 CHAIRPERSON ATCHLEY: Oh, I thought -- oh,
13 to act on them? Okay. Was that to act on them?

14 DR. RIEKEMAN: Act on them separately.

15 DR. KHALSA: I'd like to make a motion that
16 we accept the re-spelling of "perform" and "permissive
17 temporary cancellation" be accepted.

18 DR. GOFORTH: I second.

19 CHAIRPERSON ATCHLEY: The motion has been
20 made and seconded.

21 All those in favor?

22 (Ayes are unanimous.)

23 CHAIRPERSON ATCHLEY: Opposed?

24 Okay. Third part.

25 MS. LEWIS: Now you're starting to sound

1 like --

2 CHAIRPERSON ATCHLEY: Do I have a motion on

3 chiropractic formulary requirements?

4 DR. GOFORTH: I move that we strike

5 16.4.15.12.

6 CHAIRPERSON ATCHLEY: Can I have a second?

7 DR. RIEKEMAN: Second.

8 CHAIRPERSON ATCHLEY: Motion's been made

9 and seconded that we strike 16.4.15.12.

10 All those in favor?

11 (Ayes are unanimous.)

12 CHAIRPERSON ATCHLEY: Opposed?

13 Motion carries.

14 MR. PINON: Can I just note that I abstain?

15 Am I able to abstain from the vote? I'm going to

16 abstain from that one. I don't -- I'll be honest. I

17 don't understand it completely, and so I'm abstaining.

18 MS. LEWIS: In the future, do go ahead and

19 say that before the vote and give your reason for

20 abstaining.

21 MR. PINON: Oh, I apologize. Can we rewind

22 that?

23 MS. LEWIS: If only we could rewind or

24 fast-forward.

25 CHAIRPERSON ATCHLEY: Okay. Now we go to

1 chiropractic procedures, number 18 -- Part 18, rewriting
2 of the law -- not rewriting, but just spelling it out,
3 under (B)1, 2. It's more of a language thing than it is
4 a change. It's not a change, just -- how do you want to
5 put it?

6 DR. RIEKEMAN: Well, practice procedure.

7 DR. GOFORTH: I move that we accept the
8 changes of 16.4.18.8(B)1,2 and 3.

9 DR. KHALSA: Second the motion.

10 CHAIRPERSON ATCHLEY: Motion's been made
11 and seconded.

12 All those in favor?

13 (Ayes are unanimous.)

14 CHAIRPERSON ATCHLEY: Opposed?

15 Motion carries.

16 MS. SALAZAR: Who seconded?

17 DR. KHALSA: Dr. Khalsa.

18 CHAIRPERSON ATCHLEY: Number 22, Fees.

19 DR. KHALSA: I'd like to make a motion that
20 we accept the change scratching 16.4.22.8(1)(C).

21 DR. GOFORTH: I'll second.

22 MS. LEWIS: A(1)(C).

23 DR. KHALSA: A(1)(C).

24 CHAIRPERSON ATCHLEY: Do I have a second?

25 DR. GOFORTH: I second.

1 CHAIRPERSON ATCHLEY: Motion has been made
2 and seconded.

3 All those in favor?

4 (Ayes are unanimous.)

5 CHAIRPERSON ATCHLEY: Opposed?

6 License for military service? Do I have a
7 motion to accept that into our rules and regs?

8 DR. KHALSA: I'll make a motion that we
9 accept Title 16, Chapter 4, Part 23 into our rules and
10 regulations.

11 DR. GOFORTH: I'll second.

12 CHAIRPERSON ATCHLEY: Motion's been made
13 and seconded.

14 All those in favor?

15 (Ayes are unanimous.)

16 CHAIRPERSON ATCHLEY: Opposed?

17 Motion carries.

18 Reports? I guess we're there, Cynthia.

19 MS. SALAZAR: Uh-huh.

20 CHAIRPERSON ATCHLEY: I'm tired. I have no
21 report.

22 (Laughter.)

23 MS. SALAZAR: I like that one.

24 CHAIRPERSON ATCHLEY: Dr. Riekeman, do you
25 have a report on Federation of Chiropractic Licensing

1 Boards?

2 DR. RIEKEMAN: Yes, I do. And everybody
3 should have gotten what Cynthia sent out. However, when
4 I checked, the second page didn't come through. She has
5 it in the book, but --

6 MS. SALAZAR: It's not in the e-mail.

7 DR. RIEKEMAN: It's not in the e-mail,
8 right.

9 CHAIRPERSON ATCHLEY: Is it in here
10 (indicating)?

11 DR. RIEKEMAN: Yes. It should be in your
12 book.

13 MS. SALAZAR: Yes.

14 DR. RIEKEMAN: It is.

15 Dr. Goforth and I represented the Board at
16 the latest FCLB District 1 and District 4 meetings held
17 down in Albuquerque, and I had the -- we both had the
18 opportunity to talk to a number of different friends
19 from other boards. I know one of the things that we
20 dealt with earlier was, you know, having to strike the
21 temporary licensure because it's not in our statute.

22 Nevada has a really nice, simple
23 two-paragraph statement in their statute for temporary
24 licensing that I think, you know, in a future meeting we
25 need to look at as perhaps something that we could get,

1 you know, done here in New Mexico so that we can take
2 care of the problem with the visiting, you know,
3 chiropractors who are with sports activities or, you
4 know, teaching and that type of thing. So, you know,
5 there's not very many boards that have this, but there
6 are a few that we can take wording from and maybe work
7 that out.

8 The other thing that we discussed, there
9 are a number of boards in a number of states who have
10 gotten business entity rules put into their statute.
11 And I have a copy of Arizona's, which I'll be sharing
12 with Abbey and eventually with the whole board so that
13 we can take a look at that, so the issues that we've
14 been having come up with like the joint [sic], that type
15 of thing, you know, we can look at how we can make
16 changes for that. Most of these are going to be in the
17 statute, however, not rules and regs.

18 And then an interesting one that Oklahoma
19 came up with -- you know, you have infractions sometimes
20 where they're minor infractions, and you hate to see the
21 doc's name go on the SIMBAD list or whatever. So
22 they've come up with a way that they do field citations.
23 And the field citations don't get entered into, like,
24 SIMBAD. So that's something we can look at.

25 So I came back with a lot of information

1 from a number of different boards on how to deal with
2 some of the issues we're running into, and I'll share
3 those at a later board meeting when we have more time.

4 CHAIRPERSON ATCHLEY: Okay. Administrative
5 report?

6 MS. SALAZAR: Okay. I just wanted to
7 report from the last board meeting, when we were in the
8 middle of -- well, the end of renewals, but still in the
9 late fee renewal. We have revoked all the renewals,
10 sent out the certified letters to the doctors that
11 didn't renew. We have had some that have reinstated,
12 some that have gone into inactive.

13 I am still currently working with I.T. to
14 see if the jurisprudence exam can be put online for next
15 year's renewal, if you-all approve that at probably a
16 later board meeting, to have it on the agenda for
17 discussion. We're still trying to work that out to see
18 how we can see it on our end, when it comes on our side,
19 to see if the doctors have completed the jurisprudence
20 exam and passed it. We're trying to figure out how our
21 staff on our end can review that jurisprudence exam and
22 be able to grade it. So that's kind of like an issue
23 that is on for the online renewal. We're still trying
24 to see if that is possible, but we can discuss it at a
25 later board meeting, when the jurisprudence exam is on

1 the agenda, to see if you guys would consider having the
2 jurisprudence exam at the next renewal cycle, which I
3 think was a good idea for all these doctors to take and
4 have, just based off -- so they are familiar with the
5 rules and stay in compliance with the rules.

6 I just think that it was sent out a little
7 too early last time, to where these doctors didn't
8 remember that they had to do the jurisprudence exam. So
9 we were overwhelmed in receiving jurisprudence exams at
10 the last minute. So I think that we can see that at a
11 future date.

12 Other than that, the Board is running
13 smoothly. We're conducting business as usual, and I'm
14 here to answer any questions you may have at this time.

15 DR. RIEKEMAN: I think one of the problems
16 we ran into is that, you know, we thought it was going
17 to be online, and so some of the docs waited until the
18 last minute to go online to do it. And you couldn't do
19 it online --

20 MS. SALAZAR: Right.

21 DR. RIEKEMAN: -- so they had to print it
22 out and send it in, and so it came in late. So it will
23 be great once we get it online, but if we can't, then we
24 need to let them know far enough ahead of time not to
25 wait until the last minute.

1 MS. SALAZAR: Which I think the letter we
2 sent out to everybody probably like March, closer to
3 renewal time, would be better than it being sent out
4 last July or August, where they didn't remember that
5 they had to do it. So I think the closer time as
6 renewals come, I can get the letter sent out stating
7 that the Board is approved for the jurisprudence exam
8 for renewal again, and it's what you guys have decided.
9 So we can do that.

10 DR. RIEKEMAN: Was there a reminder on the
11 Web site?

12 MS. SALAZAR: No.

13 DR. RIEKEMAN: Is that possible?

14 MS. SALAZAR: We can put a reminder on the
15 Web site for -- that if the Board agrees to having the
16 Board take the jurisprudence exam again for renewal,
17 that can definitely be put on the Web site. Yes. It's
18 just that we can discuss that when it's on the agenda at
19 the next board meeting, if you guys decide to do this or
20 not.

21 DR. GOFORTH: For the board members, is
22 there a little string-along with that little card so we
23 can wrap it around our fingers so some of us don't
24 forget to renew our license?

25 MS. TAFOYA: Dr. Goforth, Dr. Atchley.

1 We didn't have anybody that didn't pass the
2 jurisprudence exam, but we had about 20 that came really
3 close. And it's going -- the exams -- I got all of the
4 exams, and I scored them all. Everybody missed the same
5 questions.

6 DR. GOFORTH: Well, there was one question
7 that was ambiguous. It could go either way.

8 DR. RIEKEMAN: That's the one everybody
9 missed.

10 MS. TAFOYA: On the second page --
11 second -- first and second pages are -- the questions
12 were all the same that everybody missed. And it's just
13 they chose one over the other. It could have been
14 either/or, but the one fit better than the other.

15 MS. SALAZAR: So my suggestion,
16 Dr. Atchley, maybe at the next board meeting, we can
17 suggest -- provide a committee -- Jurisprudence Exam
18 Committee to review the jurisprudence exam and review
19 it, have any changes, so I can get it changed. That way
20 if you guys do agree and if we can put it online, we can
21 put it online.

22 MS. TAFOYA: Because the exam needs to
23 reflect --

24 CHAIRPERSON ATCHLEY: Remind me of that.
25 Maybe like Dr. Goforth's --

1 MS. SALAZAR: We can do that. We can put
2 it on the next agenda for you to appoint that committee.

3 CHAIRPERSON ATCHLEY: Compliance liaison
4 report?

5 MS. ELISA SALAZAR: No report.

6 CHAIRPERSON ATCHLEY: Ad hoc reports?

7 Okay. We'll go into old business, confirm
8 future meeting dates. What are the meeting dates? That
9 goes into what?

10 DR. KHALSA: February.

11 DR. RIEKEMAN: How am I supposed to know
12 what we're doing all the way over there?

13 CHAIRPERSON ATCHLEY: Is there a holiday?
14 Is the 16th a holiday?

15 DR. RIEKEMAN: No. The 14th is --

16 CHAIRPERSON ATCHLEY: Valentine's Day.

17 DR. RIEKEMAN: Oh. Is there a Presidents'
18 Day?

19 CHAIRPERSON ATCHLEY: How about the 12th or
20 19th? In Albuquerque, 9:00?

21 DR. GOFORTH: 19th is good. Either one.

22 CHAIRPERSON ATCHLEY: Does the 19th work
23 for everybody?

24 DR. GOFORTH: Yeah. It does for me.

25 MS. SALAZAR: Of February? At 10:00?

1 DR. GOFORTH: 2015.

2 CHAIRPERSON ATCHLEY: Is 10:00 easier for
3 you to come to Albuquerque?

4 MS. SALAZAR: In Albuquerque?

5 CHAIRPERSON ATCHLEY: Yeah.
6 Okay. So everybody is fine on February
7 19th, Albuquerque, 10:00?

8 MS. SALAZAR: I can check with the Gaming
9 Board, but regarding their policy, they can remove you
10 from their calendar at any time. And that happened --

11 DR. RIEKEMAN: Without warning.

12 MS. SALAZAR: -- without warning to me
13 already, and I barely found a room. I can try, though.
14 It's up to you.

15 DR. RIEKEMAN: We don't want to take a
16 chance of being bumped at the last minute.

17 MS. SALAZAR: That's their policy, so that
18 can happen. I just want you guys to be aware of that,
19 because last time I barely found a room for you.

20 DR. RIEKEMAN: If that's a possibility,
21 let's not do that. Let's go where we know we're --

22 MS. SALAZAR: Okay.

23 CHAIRPERSON ATCHLEY: Okay. Formulary
24 Committee. Dr. Goforth?

25 DR. GOFORTH: We had our first meeting on

1 June the 16th, and the members were myself and Dr. Easom
2 and Dr. Markum, Dr. Downs, Bob Downs.

3 We found that we didn't have enough
4 information on any of the formulary. Like calcium, we
5 didn't know how it was going to be used and how much.
6 We didn't have any information. All -- they just had
7 names down, names of vitamins and minerals. So we felt
8 we couldn't make a decision, so we scheduled another
9 meeting later and invited some -- the president of the
10 NMCA and Dr. Perlstein to give us some information, and
11 they were kind enough to gather information.

12 It took us until August 28th to get
13 together, and we got together there at the Marriott and
14 found that they couldn't give us the information in a
15 condensed area that we could present to the Medical
16 Board or the Pharmacy Board that made sense. And so
17 they were gracious enough to say that they would --
18 Dr. Perlstein and Dr. Jones got together and condensed
19 it down so that we have an area that we can actually
20 present. And it has some studies that have been shown
21 to be effective with these, especially the nonmedical
22 and stuff that we're using, acylation [sic;phonetic] and
23 injections. The problem was we didn't get the
24 information back until last week, so there wasn't time
25 to get together and put it together. So it took them

1 longer to get everything together than they thought it
2 would, and Dr. Jones couldn't get it done.

3 So we will have a meeting probably in two
4 or three weeks when I get this group together again and
5 find out what we can best do to present this to the
6 Medical Board and Pharmacy Board and find out which AP
7 doctors would like to go and help us present this.

8 We wanted to be positive. It's been
9 presented before, and I presented to the AP doctors that
10 it didn't work. So whatever we're doing isn't working.
11 They didn't accept it the last time we went before them.
12 So we want to at least go through and give them the
13 formulary they need.

14 There was a consensus of all the doctors
15 that were there on the committee and the APC doctors
16 that there hasn't apparently been any negative
17 information of this type of practice in the last -- I
18 think it's been five years since they've been
19 practicing. And as far as I can tell, there is no state
20 that has had a problem, except maybe billing practices,
21 or like a hospital had a problem with a type of needle
22 they were using. But it wasn't a problem of safety with
23 the public. It was some billing thing, that you
24 couldn't bill using a needle of that size to do the
25 procedure. It had nothing to do with safety. So we all

1 had to agree that was a safe procedure. That's where
2 we're at with the committee.

3 I can't present anything to you
4 substantially because I didn't have time for the
5 committee to approve it. I need to get Dr. Eason's
6 information. I've lost it. I've had a hard time
7 getting ahold of him, so if you can give me his phone
8 number, or have him call me if you don't want to give it
9 to me.

10 MS. SALAZAR: I'll e-mail you his
11 information.

12 DR. GOFORTH: Okay. Because I got
13 something from him saying he did get my stuff, but I
14 haven't been able to get ahold of him.

15 CHAIRPERSON ATCHLEY: So it is the
16 committee's -- on the committee's agenda to go ahead and
17 come up with a formulary --

18 DR. GOFORTH: We have it here. We just
19 have to put it together.

20 CHAIRPERSON ATCHLEY: I mean, you have the
21 formulary. You've just got to put it together.

22 DR. GOFORTH: And there is no problem of
23 what they have here. It makes sense the way they're
24 going to use it and what they're doing. The biggest
25 problem is getting a group together that can go and be

1 humble enough to get the Medical and Pharmacy Boards to
2 listen, because you're not going to go into their house
3 and tell them what to do. So that's the problem we've
4 had so far. We can't get them to work with this
5 formulary. So that's what we're trying to do.

6 And I have a good group. Dr. Downs is
7 committed to chiropractic and making sure the safety is
8 there, and he knows a lot about the chemicals. And
9 Dr. Eason is the same way. And then Dr. Perlstein and
10 Dr. Jones really have good things to put together. So
11 we work well together.

12 CHAIRPERSON ATCHLEY: So we have a good
13 working committee?

14 DR. GOFORTH: I think so. I think it's
15 positive. It's just a matter of presenting it properly,
16 and that's the hardest thing.

17 I don't have any expertise on how to get
18 ahold of the Pharmacy and Medical Board and make a
19 request to get together with them. So how is that best
20 done?

21 CHAIRPERSON ATCHLEY: Go through their
22 directors or administrators to get -- how would we do
23 that?

24 MS. SALAZAR: Who do you want to contact in
25 general?

1 DR. GOFORTH: The boss.

2 DR. RIEKEMAN: The director of the Medical
3 Board.

4 MS. SALAZAR: Contact the Medical Board?

5 CHAIRPERSON ATCHLEY: Like if somebody was
6 coming here, I would think they would have to speak to
7 me first, and they can go through you to come to me.
8 Could we go through --

9 MS. SALAZAR: We can contact the director.

10 CHAIRPERSON ATCHLEY: That we can -- that
11 we'd like to -- you know, Dr. Goforth, when he gets
12 ready it do that.

13 MS. SALAZAR: So you want to have them here
14 for the next board meeting?

15 DR. GOFORTH: No. We want to go to
16 their --

17 MS. SALAZAR: You want to attend their
18 board meeting?

19 DR. GOFORTH: We want to present this to
20 them. We want to go to their house, right.

21 CHAIRPERSON ATCHLEY: Would you like to go
22 to their --

23 MS. SALAZAR: To attend their board meeting
24 or be placed on their agenda?

25 DR. GOFORTH: No. I'd like to talk to some

1 of them before we go to the board meeting, because it
2 would be just like here. We're not going to get
3 anything done when they have all of their work to be
4 done. We want to meet with them to let them know what
5 we're looking for. So do they have a committee or
6 something that we can meet with?

7 DR. RIEKEMAN: They do. They do.

8 DR. GOFORTH: Well, they've been told by
9 the legislature that they have to deal with us. So the
10 thing is somewhere along the line we don't understand --
11 we didn't ask. The Governor asked, and the Legislature,
12 the Senate and the House. So they put us together.
13 Whether they like it or not or we like it or not, that's
14 the way we are. So that's the problem as I see it, is
15 none of us has gotten -- we have to work together for
16 the public. So I want to get it across to them that we
17 want to meet with somebody and understand how to read
18 this stuff and they're willing to listen to us, and then
19 we'll go to their board meeting, or we can take it back
20 to them.

21 MS. SALAZAR: So you want to set up a
22 meeting with somebody with the Medical Board and the
23 Pharmacy Board?

24 DR. GOFORTH: Doesn't have to be the
25 same --

1 DR. RIEKEMAN: If you read their minutes,
2 both of them have a committee set up, what they call the
3 Chiropractic Formulary Committee.

4 DR. GOFORTH: Oh, they do?

5 DR. RIEKEMAN: They do.

6 DR. GOFORTH: Then that's who we want to
7 meet with. And separately would be all right. In fact,
8 that may be better. If you have an in with them --

9 MS. SALAZAR: I'll get the information for
10 you.

11 DR. GOFORTH: Because we want this to go
12 through. The thing is we're not just spinning our
13 wheels here. This has been going on long enough and
14 it's been failing, and so it needs to get done. There's
15 no reason why we shouldn't be able to use some of this
16 stuff.

17 DR. PRIDHAM: Dr. Pridham.

18 The Governor's Advisory Task Force meets
19 December 5th at the building by -- by UNM. And they'd
20 asked about the Narcan, Naloxone, the antidote to opiate
21 overdose. I asked them last time, and they said, Oh,
22 there hasn't been any communication on that specific
23 one. So if you want to go to that meeting, it's at 1:30
24 on December 5th.

25 DR. GOFORTH: It's on this --

1 DR. PRIDHAM: And that's all the boards. I
2 think we're the only board that doesn't show up.

3 CHAIRPERSON ATCHLEY: Why don't you get
4 with Dr. Goforth on that and show him what you're
5 talking about.

6 DR. GOFORTH: What date?

7 DR. PRIDHAM: December 5th. I'll introduce
8 you.

9 CHAIRPERSON ATCHLEY: Okay. Thank you,
10 Dr. Goforth.

11 Then we move on to new business. Budget
12 report is Cathy Ortiz, please.

13 MS. ORTIZ: Hi.

14 CHAIRPERSON ATCHLEY: Hi, Cathy.

15 MS. ORTIZ: I'm Cathy Ortiz. I am the team
16 leader for the Financial Division here at Boards and
17 Commissions. And in your packet, you have your budget.
18 The first page is an overview. Column A is what you
19 expended last year for fiscal year '14, and column B is
20 what you are appropriated for this fiscal year. So it
21 was 149,600.

22 So far what you have expended is \$30,915,
23 and you have encumbered \$4,621. So you have in your --
24 you have several categories. One is your 200 category,
25 which is your professional services, and that's for your

1 employees. The other is your contractual. You had
2 \$4,100. And you have your 400 category, which is all
3 your other costs, you know, just to operate the Board.
4 And your 500 category is for all your overhead. Being
5 that you were going to be short in your 300 category,
6 which is your contractual, we're requesting or proposing
7 that we take some money from that to cover your
8 salaries, because you are not going to have enough funds
9 in there to cover your salaries. So at the end of this
10 projected -- at the end of this fiscal year, you should
11 have \$4,474.

12 CHAIRPERSON ATCHLEY: That's what we've
13 spent. So that's our -- overage is \$4,474?

14 MS. ORTIZ: Right. Right.

15 And so right now you do -- and then the
16 second page is the breakdown of how much, you know, you
17 have spent or what you are projected to spend in each
18 category. So, you know, if we look at line L, it tells
19 you what your -- so it's going to -- it's just taking a
20 BAR, or a budget adjustment, taking from your contractual
21 and putting it into your salaries. So at the end of
22 this fiscal year, you should have \$801 in your salaries
23 and benefits and \$900 left in your contractual.

24 And then your 400 category, which is
25 everything else, that includes what we projected for,

1 you know, meals for your meetings, inventory, office
2 supplies. It has a breakdown of what was projected by
3 Cynthia for each category.

4 CHAIRPERSON ATCHLEY: Did I hear meals for
5 meetings?

6 (Laughter.)

7 DR. RIEKEMAN: I was going to say when did
8 that happen?

9 MS. SALAZAR: Now. Now.

10 MS. ORTIZ: And this is just a breakdown of
11 what was projected for the entire fiscal year '15.

12 CHAIRPERSON ATCHLEY: I have a question.
13 One or both of our board members travel to, like, a
14 Federation of Chiropractic Board of Examiners on their
15 own dime. Where in the budget can we insert that they
16 get paid for -- especially for their travel expense and
17 maybe per diem for the hotel, because they're doing it
18 on their own dime right now, and it really pertains to
19 what the Board needs to know and what the Board needs to
20 do. And I don't think it's right that they're expending
21 their own money for it. So we have that \$4,000. Is
22 that the only place we have for that?

23 MS. ORTIZ: Well, in the last category --
24 it's line number -- column L -- Cindy did project to
25 send one member to an out-of-state travel for the Board,

1 and also -- she also projected to spend for the board
2 administrator to attend.

3 CHAIRPERSON ATCHLEY: So the board
4 administrator is projected in there?

5 MS. SALAZAR: Uh-huh.

6 MS. ORTIZ: Cindy.

7 CHAIRPERSON ATCHLEY: And one board member,
8 you put that in there?

9 MS. ORTIZ: Right.

10 CHAIRPERSON ATCHLEY: You go to how many
11 meetings? Four, for FCLB?

12 DR. RIEKEMAN: No, no. Two. There is the
13 annual convention that's usually held in April or May,
14 and that's all the licensing boards that are part of the
15 federation. And then in the fall, around September,
16 there is the district. District 1 and District 4 meet
17 together. And that's, you know, a smaller group, and
18 it's just the two districts. And actually I've learned
19 more from that than I do at the annual. But --

20 CHAIRPERSON ATCHLEY: But you have to be a
21 voting member to the annual?

22 DR. RIEKEMAN: Yes. At the annual meeting,
23 you have to be appointed by this Board if you're going
24 to vote.

25 CHAIRPERSON ATCHLEY: To be a vote. And we

1 do need New Mexico.

2 DR. RIEKEMAN: But that doesn't happen at
3 the district meetings.

4 CHAIRPERSON ATCHLEY: Dr. Goforth?

5 DR. GOFORTH: I want to know what the board
6 training -- board member training is.

7 MS. ORTIZ: That's usually to pay the
8 registration fees for the out-of-state travel.

9 DR. GOFORTH: So that's all it is? So who
10 trains the administrator and those people running this
11 board to be a chiropractic board administrator?

12 MS. ORTIZ: There is some money in your
13 employee training, also.

14 DR. GOFORTH: Where do I find that?

15 MS. ORTIZ: 5468 is the column. It's the
16 fund, which is the chart field right here.

17 DR. GOFORTH: Are you on 3 or 2?

18 MS. ORTIZ: On page 3.

19 DR. GOFORTH: So you're talking about \$600.

20 MS. ORTIZ: \$600 that there is for
21 training.

22 DR. GOFORTH: What kind of training can I
23 get for \$600, because I want this Board to understand
24 chiropractic. I want them to understand what it means
25 to take care of the people in New Mexico, and I don't

1 see that really happening as far as them understanding
2 chiropractic. So I think that it's urgent for us to get
3 either our legal counsel and or the administrator to go
4 a federation meeting and understand what's going on in
5 the United States in chiropractic and how we're trying
6 to protect the public. And I don't think this Board has
7 ever understood that, and they can't with me telling
8 them because I don't teach that.

9 MS. ORTIZ: Right.

10 DR. GOFORTH: Who do I talk to about that?

11 MS. ORTIZ: And the \$600 would also cover
12 the registration fee for your administrator to attend
13 the federation meeting.

14 DR. GOFORTH: So what world do you live in
15 where \$600 takes care of all these people? You're
16 kidding me, right?

17 MS. ORTIZ: Well, that's what you were
18 appropriated by the legislature.

19 DR. GOFORTH: And so how do we ask them to
20 appropriate more so we can get these people educated?
21 That's my question.

22 MS. ORTIZ: We've already submitted the
23 budget request for fiscal year '16. So when it's time
24 to work for your next budget, which is probably in
25 September of next year for the following year, then you

1 can work with Cindy, and she can ask for more money.

2 DR. GOFORTH: Why didn't that happen this
3 year? I wasn't asked to work with Cindy this year.

4 Were you?

5 DR. RIEKEMAN: No.

6 DR. GOFORTH: So what is it that I'm
7 missing?

8 MS. ORTIZ: You know, the board
9 administrators usually kind of look at the funds, you
10 know, but the Board can participate if they'd like, and
11 maybe next year you'd like to.

12 DR. GOFORTH: Well, I think we've asked.
13 So what I'm saying is who am I talking wrong with?
14 We've asked how we do this, and we haven't had an
15 answer. Now you already put my budget in.

16 MS. ORTIZ: Right.

17 DR. GOFORTH: So that doesn't happen in my
18 office.

19 MS. ORTIZ: So I would recommend that next
20 year, before we submit the budget, that someone on your
21 Board work with Cindy, and she can ask for additional
22 funds.

23 DR. GOFORTH: So how do I request that now
24 so you understand I want it?

25 MS. SALAZAR: So come the July board

1 meeting, you can put it on the agenda, and you can work
2 with me, that they're appointing you to work with me on
3 the budget, if that's -- if you want yourself to.

4 DR. GOFORTH: No. I want --

5 MS. SALAZAR: Or one of you. You have to
6 appoint.

7 DR. GOFORTH: I want to get some people so
8 they understand what's going on, because there are some
9 things that should be happening that aren't, and there
10 are some professions we should be working together and
11 we're not because they're not budgeted to understand
12 that it's there. That's my point. If we're going to
13 educate people, medical doctors, pharmacy doctors,
14 chiropractors, the public, we're going to have to spread
15 some of the cash around. We're hoarding it. We're not
16 using it for education. I don't want to spend it
17 wildly, but if this money is building up and we're not
18 using it -- it's okay. I like saving. But we're here
19 to help the public, and I don't see it happening as well
20 as it could.

21 MS. LEWIS: Can they do a BAR to move
22 some --

23 MS. ORTIZ: From their fund balance?

24 MS. LEWIS: Yes.

25 MS. ORTIZ: You can.

1 MS. LEWIS: So you still have those funds
2 available? It's just that --

3 MS. ORTIZ: You can only take 5 percent.

4 MS. LEWIS: You can only do a 5 percent
5 BAR?

6 MS. ORTIZ: Correct.

7 MS. LEWIS: Per year or --

8 MS. ORTIZ: Per year. I can find out
9 exactly how often.

10 MS. LEWIS: Yeah. I know. You may need to
11 do 5 percent at a time, but --

12 MS. ORTIZ: I can ask on how we can do it.

13 DR. GOFORTH: When Dr. Brown was Chair, we
14 had at least one person from the legal counsel go to
15 some of those meetings, and the administrator went. And
16 they learned a tremendous amount, and we came back doing
17 some things for the state. And so that's my point. It
18 hasn't happened. And it's not your fault. It's not
19 your fault. It's just that somewhere along the line, we
20 lost track of what we were trying to do. So I'd like to
21 get back on track. So that's what I'm saying. I'm not
22 trying to spend money.

23 MS. SALAZAR: Do they hold them in Hawaii?

24 DR. GOFORTH: I'm sorry?

25 MS. SALAZAR: Do they hold them in Hawaii?

1 (Laughter.)

2 DR. GOFORTH: Puerto Rico.

3 DR. RIEKEMAN: That's the frustration.

4 DR. GOFORTH: New Orleans, actually.

5 MS. SALAZAR: Oh, okay.

6 DR. RIEKEMAN: The last time that somebody
7 beside just one of the chiropractic members of the Board
8 went was when Dr. Dogget was chairman, and Tony Webb, as
9 the administrator, got to go. But it hasn't happened
10 since then, and it's very frustrating because -- I mean,
11 we were right here in Albuquerque, and it would have
12 been great to have our administrator and our assistant
13 AG there to see what was going on, but we didn't have it
14 budgeted. We brought this up for two or three meetings
15 now, you know, saying we need to do this, but nobody
16 gives us input as to how we can get it done.

17 And at the sunset hearing, one of the only
18 objections that was brought up about our board was that
19 we had -- how much money did they say we had in our
20 account?

21 MS. ORTIZ: 466,000 or -- yeah.

22 DR. RIEKEMAN: -- 466,000 or whatever. And
23 they said, Why do you have all this money? Why are you
24 still, you know, charging your doctors 350, you know,
25 for relicensing if you're not going to use this money?

1 I would have loved to have raised my hand and said, Hey,
2 we'd like to use this money, but somehow we're not being
3 able to communicate to whoever we need to communicate
4 that we have needs; they're reasonable needs, and
5 they're not getting budgeted in. And it's very
6 frustrating.

7 CHAIRPERSON ATCHLEY: Because -- and I was
8 there also and heard that \$400,000 figure, but then
9 when --

10 MS. ORTIZ: Well, actually, it's actually
11 600,016, but you have to keep one year of operating
12 budget in there, so it's 400-.

13 DR. RIEKEMAN: We have over \$400,000 in
14 our --

15 MS. ORTIZ: So you actually have --

16 DR. RIEKEMAN: -- but we can't get the
17 members of this Board to places where they could have
18 training and find out what -- you know, what would make
19 us a better board. That's just frustrating.

20 MS. ORTIZ: In this fund balance, you also
21 have 115- that you were collecting for the impaired. So
22 you need to put that on your agenda and make a decision
23 on how you want to spend that money.

24 CHAIRPERSON ATCHLEY: I think we'll spend
25 it on the Board meetings.

1 DR. RIEKEMAN: Okay. I think we already
2 discussed the fact that we can't use it.

3 MS. BACA: Hi. Vandra Baca, Deputy Director
4 of Boards and Commissions, and I just wanted to -- Cathy
5 was correct. You still have that 115- that you have to
6 figure out what you're going -- how you're going to use
7 it for the impaired [sic]. But also what you need to do
8 is just communicate through Cindy. Cindy's the one that
9 is working on the budget requests. We start that around
10 the beginning of July of each year. So if the Board
11 wants to be part of preparing their budget request and
12 increasing funds for out-of-state travel, that means you
13 just need to address those with Cindy. That's who we do
14 it with. We do have money budgeted this year for Cindy
15 to attend your federation meeting in April. But, again,
16 we can submit the request but it does have to be
17 approved through the department and through the
18 Governor's Office. So we need to get those requests in
19 early for board members and staff that want to travel,
20 so we have enough time to make sure we get the best rate
21 possible on airfare and reservations all done.

22 So as you think about it, if you're meeting
23 in February, at that point you probably want to vote on
24 who is going to be going to the meeting in April or May,
25 whenever the meeting is, so that Cindy has the time to

1 get the paperwork prepared and --

2 CHAIRPERSON ATCHLEY: I guess I'm still a
3 little confused. We've got all this money, but yet when
4 it comes down to it, they give us a little bit of it
5 here to operate, and then just hold that all back or --

6 MS. BACA: The rest of your money is in
7 your fund balance. The legislature appropriates the
8 money that the Board can spend. That's based on the
9 request of the department submitted on your behalf. For
10 the past few years, we've been required to submit a flat
11 budget. So if your salary increases go up, we still
12 have to submit a flat budget, and we have to cut from
13 other places.

14 CHAIRPERSON ATCHLEY: So we're out of that
15 flat budget.

16 MS. BACA: I believe this fiscal year they
17 did let us increase our budget request.

18 DR. GOFORTH: Thank God for the
19 Republicans.

20 CHAIRPERSON ATCHLEY: Because I -- you
21 know, I look here and it says "Boards and Commissions,
22 travel, \$2,600." Where is that going to be?

23 DR. RIEKEMAN: It's going to be in
24 New Orleans. It's from Thursday to, basically,
25 Saturday; Thursday night, Friday night, Saturday night.

1 The rooms are 199. The actual fee attendance is \$495,
2 and then you've got your travel.

3 MS. ORTIZ: And that's all projected for.
4 So you projected for --

5 CHAIRPERSON ATCHLEY: Is that projected for
6 two people or --

7 MS. ORTIZ: For your board administrator
8 and one member.

9 CHAIRPERSON ATCHLEY: And one person.

10 MS. LEWIS: I would propose that you go
11 ahead and do a motion to allow for a BAR, and then
12 delegate to one person, maybe Dr. Goforth since he may
13 be working with Cindy on this, to discuss what that BAR
14 would be. Otherwise, we'll get into a situation where
15 you have to wait until your next meeting to vote on it,
16 and you may miss the opportunity.

17 DR. GOFORTH: Dr. Riekeman is our
18 representative. I was an alternate.

19 MS. LEWIS: Oh, no. I mean on the budget.
20 Sorry. The BAR budget adjustment --

21 DR. GOFORTH: So we can do that in
22 February?

23 MS. LEWIS: No. If you vote now to go
24 ahead and do a BAR for travel and then part of the
25 motion is: And we delegate Dr. Goforth that he work

1 with the board administrator to decide that amount,
2 whether it's 5 percent. You know, RLD will help you
3 figure out how much you can request. But I'm suggesting
4 that you be proactive and have that motion now.
5 Otherwise, you would have to wait till February to do
6 that.

7 DR. GOFORTH: I make a motion that we go to
8 the BAR and that I work -- or somebody who has the
9 brains for financing works with Cindy.

10 MS. LEWIS: I would say a budget adjustment
11 request for -- what is the category? Travel and --

12 MS. BACA: Out-of-state travel.

13 MS. LEWIS: Out-of-state travel, unless --
14 is there some in-state that may be applicable?

15 CHAIRPERSON ATCHLEY: Just out of state.

16 DR. GOFORTH: But there will be in the
17 future, so do we do this every year?

18 MS. LEWIS: Well, next time, you'll -- you
19 know, next July you'll work with Cindy before the budget
20 request gets submitted, so it'll be a patch for this
21 year.

22 DR. GOFORTH: So that's what I -- what you
23 said is what I want to make a motion on.

24 DR. RIEKEMAN: What you said, he wants.

25 CHAIRPERSON ATCHLEY: The BAR. In other

1 words, we request the BAR --

2 DR. GOFORTH: Do we need a second?

3 CHAIRPERSON ATCHLEY: Yes.

4 DR. KHALSA: Second.

5 CHAIRPERSON ATCHLEY: I guess we've got

6 that. We have a motion and a second.

7 All those in favor?

8 (Ayes are unanimous.)

9 CHAIRPERSON ATCHLEY: All opposed?

10 I think we've got what we're wanting to do,

11 don't you?

12 MS. BACA: Yes.

13 DR. KHALSA: Teacher, I'm about to bust.

14 It's been almost three hours. I need to go to the

15 bathroom.

16 CHAIRPERSON ATCHLEY: You want a bathroom

17 break? A five-minute bathroom break.

18 DR. RIEKEMAN: Thank you. I didn't want to

19 be the first one.

20 CHAIRPERSON ATCHLEY: We'll do a

21 five-minute bathroom break.

22 DR. BROWN: Before you take a break, I want

23 to thank everybody on the Board for taking time out of

24 your busy lives and serving on the Board. Thank you.

25 DR. KHALSA: Thank you.

1 DR. GOFORTH: Thank you.

2 (Break taken, 4:08 p.m. to 4:17 p.m.;

3 Dr. Goforth not present; Ms. Tafoya not
4 present.)

5 CHAIRPERSON ATCHLEY: Okay. I think -- do
6 you have anything more on the budget?

7 MS. ORTIZ: No. I'm staying here to hear
8 the next motion.

9 CHAIRPERSON ATCHLEY: Thanks for the
10 information and how to work that new budget.

11 I don't know. This -- Anthony was our
12 board administrator at one time. I told him he should
13 be giving us more money, and he didn't do that. But I
14 think -- and thanks for the information --

15 (Laughter.)

16 MS. ORTIZ: Sure. You're welcome.

17 CHAIRPERSON ATCHLEY: -- on how we can be
18 participants in our budget. I've been on this Board for
19 four years, and I've never been a participant in
20 figuring out the budget, but probably so because it was
21 flat lined for the last four years. So there was
22 nothing we could have added to it, but certainly we want
23 to be in it the next time. We'll get with Cynthia.

24 DR. RIEKEMAN: Well, you should have
25 pointed that out --

1 CHAIRPERSON ATCHLEY: Because that's a lot
2 of -- that's a lot of money to be sitting there. We had
3 a quorum. We went on without you.

4 (Dr. Goforth enters the room.)

5 CHAIRPERSON ATCHLEY: So now we move on to
6 the next one, New Mexico Veterans Health Care Project.

7 MS. SALAZAR: The deputy director is going
8 to speak on that.

9 MS. BACA: Hi. I'm here for Lorie Wrobel,
10 our director. She's at a real estate appraiser meeting.

11 CHAIRPERSON ATCHLEY: Okay.

12 MS. BACA: So the veterans affair project
13 was started by the New Mexico Counseling and Therapy
14 Practice Board. And what they had done is they met with
15 the Social Work Board and the Psychology Board and sent
16 out a letter to all of their licensees and asked them to
17 sign up -- to volunteer to sign up, just provide one
18 year of free counseling to our returning veterans or
19 their families. It was strictly voluntary. We sent out
20 the letter. We had over 400 individuals send back the
21 letter saying they would like to participate. They have
22 been providing counseling services to a veteran or their
23 family for the last couple of years. And so now they
24 would like to expand that project out to the medical
25 field. So we're meeting with the boards.

1 We're asking for your permission to go
2 ahead and send out the survey. We just send out a
3 letter letting them know what's going on, ask them to
4 send back a letter saying: Yes, I'd like to
5 participate. If they don't want to participate, they
6 don't have to send anything back. If they do want to
7 participate, they send us back the letter with their
8 signature on it. We provide a list of the names that
9 have sent back the signatures, and we provide it to the
10 Department of Veterans Affairs. And they're the ones
11 that then will meet -- have the veterans or their family
12 members, they'll put them in contact with the
13 individuals who are volunteering to do this service.
14 Again, it's strictly voluntary, and it's just to help
15 the veterans and their families.

16 DR. GOFORTH: What are the legal
17 ramifications of giving service at no charge, because I
18 thought the IRS disallowed that?

19 MS. BACA: I don't have the answer to that
20 question, but I could get in touch with -- Michael
21 Maestas is the board chair of the Counseling and Therapy
22 Practice Board, and he's really spearheading this. I
23 can get in touch with him to find out.

24 DR. GOFORTH: Well, it must be working if
25 you've been doing it. But I had always been told that

1 if you're going to give a service, you have to ask the
2 patient to give you a copy of their financial area
3 [sic], and then you can do it as a --

4 DR. RIEKEMAN: That's under the HIPAA.

5 DR. GOFORTH: Yeah. I work under that.

6 Don't you?

7 DR. RIEKEMAN: Well, but you said IRS.

8 It's not the IRS --

9 DR. GOFORTH: Well, that's the reason that
10 they give you that. If you've done that aspect, you're
11 taxed for it. I'm a realist. I understand the --

12 DR. RIEKEMAN: You're assuming that.

13 DR. GOFORTH: No. I know for a fact.

14 MS. BACA: Again, I don't have the answer,
15 but the Counseling and Therapy Board, we have been --

16 DR. GOFORTH: Apparently, it's legal.

17 MS. BACA: The other boards have been doing
18 that.

19 DR. GOFORTH: I like the idea. I do it
20 anyway.

21 CHAIRPERSON ATCHLEY: So what this is
22 asking is that chiropractors will donate their time for
23 a particular -- for a veteran?

24 MS. BACA: Or a member of their family.

25 CHAIRPERSON ATCHLEY: Or a member of their

1 family.

2 MS. BACA: And if they choose to do it for
3 more than one veteran, that's great, but we're just
4 asking at least for one.

5 CHAIRPERSON ATCHLEY: For one veteran.

6 MS. BACA: And we're trying to get a
7 chiropractor, like we did with the other boards, in
8 every county, and we were pretty successful. I think we
9 were short in three of the very small counties, but we
10 did have a counselor or social worker in every county
11 providing it. So we're just trying to expand it.

12 And, again, once we create -- once we get
13 the list of everyone who wants to do it, we hand it off.
14 That's really the end of our involvement in it. We may
15 in a year's time, though, send out an e-mail just
16 saying: Have you provided the services, to how many --
17 just to kind of get a count to see how it's working.

18 DR. RIEKEMAN: So how does the patient get
19 hooked up with the doctor?

20 MS. BACA: Through the Veterans Affairs.

21 DR. RIEKEMAN: So there's a list of --

22 MS. BACA: Right.

23 DR. RIEKEMAN: -- these chiropractors in
24 your area are willing to do this?

25 Now, what if you've got -- like

1 Albuquerque's a big area, lots of vets. You have three
2 chiropractors that are signed on to do this and, you
3 know, 100 patients contact each one of those poor
4 chiropractors. Obviously, they can't say yes to
5 everybody.

6 MS. BACA: Right.

7 DR. RIEKEMAN: How does that work?

8 MS. BACA: Right. And, again, we're asking
9 them to provide services to one.

10 DR. RIEKEMAN: Just one.

11 MS. BACA: Right. We're not saying that
12 once you sign up you have to do it for every person that
13 calls. If you already have the one person that you're
14 seeing, at that point, I mean, they could just say,
15 Unfortunately I've already reached my limit of patients
16 that I'm seeing at this time. And if they want to have
17 their name removed, they can have their name removed.

18 CHAIRPERSON ATCHLEY: So we send out this
19 survey to all of our practicing --

20 MS. SALAZAR: Yes.

21 DR. RIEKEMAN: Apparently this draft letter
22 here would say "Sincerely Dr. Lyman," the actual board
23 chair, rather than the Therapy Practice Board.

24 MS. BACA: Yes.

25 DR. RIEKEMAN: Or from Cynthia, the

1 administrator.

2 MS. BACA: We could have it however the
3 Board wanted. If you want the board chair's name on it,
4 we could definitely put the board chair's name on it.

5 CHAIRPERSON ATCHLEY: Okay. I think that's
6 a good program.

7 DR. RIEKEMAN: I think, Wayne, what you
8 were asking, as long as it's something that's being
9 promulgated or supported by something like this, I don't
10 think you'd run into trouble. It's like ICA has a
11 program that you can sign up for where you agree to take
12 care of the vet for no charge.

13 DR. GOFORTH: I do it through Wounded
14 Warriors. There is a program in our county.

15 DR. RIEKEMAN: Yeah. So if you're doing it
16 under a program, I don't think you run into problems
17 with the HIPAA law.

18 DR. GOFORTH: We'll see (laughter). I'm a
19 fighter. We'll see.

20 So do we need a motion?

21 CHAIRPERSON ATCHLEY: So this will be sent
22 out to every licensed chiropractor, and we can do that
23 when?

24 MS. SALAZAR: We can do it in the next
25 couple of weeks.

1 DR. RIEKEMAN: Do we need to actually make
2 a motion and approve all of that?

3 MS. SALAZAR: Yes.

4 CHAIRPERSON ATCHLEY: You need a motion?

5 MS. SALAZAR: We should, right, Vadra, have
6 a motion?

7 MS. BACA: I would, just to cover it.

8 MS. LEWIS: Better safe than sorry.

9 CHAIRPERSON ATCHLEY: Make a motion.

10 DR. RIEKEMAN: Okay. I'll make a motion
11 that we send out a survey to our -- all of our licensed
12 chiropractors in New Mexico with a survey for the
13 New Mexico Veterans Health Care Project.

14 CHAIRPERSON ATCHLEY: May I have a second?

15 DR. KHALSA: Second.

16 CHAIRPERSON ATCHLEY: Motion's been made
17 and seconded.

18 All those in favor?

19 (Ayes are unanimous.)

20 MS. LEWIS: You forgot to vote.

21 CHAIRPERSON ATCHLEY: Oh, I forgot to vote?

22 Aye.

23 Okay. We'll do that.

24 MS. BACA: Thank you.

25 CHAIRPERSON ATCHLEY: Thank you.

1 MS. BACA: Have a good afternoon.

2 CHAIRPERSON ATCHLEY: Ratification and
3 approval of chiropractic licensure, licenses issued from
4 July the 12th through October 29.

5 Dr. Khalsa?

6 DR. KHALSA: I'd like to make a motion that
7 we approve these six doctors and that their licenses
8 have been granted.

9 CHAIRPERSON ATCHLEY: Have a second?

10 DR. RIEKEMAN: Second.

11 CHAIRPERSON ATCHLEY: Motion's been made
12 and seconded to ratify these doctors' applications.

13 All those in favor?

14 (Ayes are unanimous.)

15 CHAIRPERSON ATCHLEY: Opposed?

16 DR. GOFORTH: While we're on licensure, can
17 I ask a question about something that happened the other
18 day, since it had to do with some of our ability to get
19 a license under the APC?

20 MS. SALAZAR: Is that the one Dona sent
21 you?

22 DR. GOFORTH: Yeah.

23 MS. SALAZAR: Yeah. This individual is
24 calling to see why he cannot -- he wants to apply for a
25 chiropractic license, but he wants also to apply for the

1 advanced practice license. And we communicated to him
2 that he could not apply for the advanced practice
3 license at this time because the Board wasn't accepting
4 those at the time due to the -- because of the
5 reconstruction of the test and the exam, but he's
6 insisting on wanting to apply for the APC.

7 So that's why we had e-mailed you, to see
8 what your thoughts were, when we indicated to him that
9 he wasn't able to at this time just based off of how the
10 rules are and because the exam's being reconstructed.
11 So I'm not sure if he's going to apply for the
12 chiropractic license, but we couldn't make him
13 understand that he couldn't apply for the APC at this
14 time.

15 DR. RIEKEMAN: What do you mean the exam is
16 being reconstructed?

17 MS. SALAZAR: I just sent him the --

18 MS. LEWIS: It's okay for Cynthia to -- I
19 mean, the loophole I'm going to give you here is she's
20 disseminating information to you, but as far as a
21 discussion, I don't see where on the agenda this would
22 fit in. So I would caution you regarding the Open
23 Meetings Act as opposed to receiving information from
24 Cynthia to make -- to not make this a discussion of
25 public business.

1 DR. GOFORTH: So how do we get that
2 information? Wait until next time?

3 CHAIRPERSON ATCHLEY: Yup. It will be on
4 the agenda next time.

5 MS. SALAZAR: You can put it on the agenda
6 next time if you don't feel that you can respond fully
7 to the e-mail that was sent to you by Dona. You can
8 just reply back stating that you don't have an answer at
9 this time --

10 DR. GOFORTH: But I can give you the answer
11 I have?

12 MS. SALAZAR: -- and that you would like it
13 to be placed on the February agenda.

14 DR. GOFORTH: Okay.

15 MS. SALAZAR: Both of you.

16 DR. GOFORTH: I see. I thought this
17 dovetailed into what we were talking about, licenses.

18 MS. LEWIS: Well, the agenda item is to
19 ratify and approve the six licenses. You're nowhere
20 near that with your discussion (laughter). You're
21 welcome to risk an Open Meetings Act complaint. You're
22 totally welcome anytime to ignore me.

23 CHAIRPERSON ATCHLEY: I'm on this Complaint
24 Committee by myself. I would like to have some input
25 from somebody else instead of making all these decisions

1 by myself. Who would like to be --

2 DR. GOFORTH: What days do you meet?

3 CHAIRPERSON ATCHLEY: Dr. Khalsa, you said
4 you'd be on my committee.

5 DR. KHALSA: Yeah, four months ago.
6 There's all of the documents.

7 CHAIRPERSON ATCHLEY: Yeah. But I didn't
8 appoint you then. I asked you, but then I didn't
9 appoint you, so then I couldn't do it until I appointed
10 you at a meeting. So Dr. Khalsa's going to be --

11 DR. RIEKEMAN: I told you I was going to
12 need somebody on my committee since I lost Ms. Carter.
13 You were supposed to put it on the agenda.

14 MS. LEWIS: Well, I asked Cindy earlier,
15 and both of our memories are the same. When we talked
16 about committees the first time for the Rules Committee,
17 I suggested that your motion include a delegation to the
18 Chair to form other committees ad hoc as needed. That
19 was repetitive (laughter). And that's Cynthia's
20 recollection as well, that that was your motion. So you
21 have empowered your Chair to create committees outside
22 of an open meeting. Does everybody remember that from
23 last year?

24 DR. RIEKEMAN: So we can take care of
25 getting that done today?

1 MS. LEWIS: You can -- obviously, you
2 can do it -- you can do the complaint one in the open
3 meeting as you choose, but as far as the rules, you're
4 welcome to appoint somebody not within an open meeting.
5 But you can't appoint them in this open meeting because
6 that one's not on the meeting agenda.

7 CHAIRPERSON ATCHLEY: You can appoint them
8 once this meeting is over.

9 MS. LEWIS: Right.

10 DR. RIEKEMAN: Is there an executive
11 session then?

12 CHAIRPERSON ATCHLEY: No.

13 MS. LEWIS: No.

14 DR. RIEKEMAN: No. After the meeting --

15 MS. SALAZAR: He can tell you who he's
16 appointing to help you on that committee.

17 CHAIRPERSON ATCHLEY: Okay. That was
18 weird.

19 MS. LEWIS: So long as you don't have a
20 quorum.

21 CHAIRPERSON ATCHLEY: In public comment,
22 everybody talks.

23 MS. SALAZAR: Who seconded?

24 DR. RIEKEMAN: I did. To approve the
25 licenses?

1 MS. SALAZAR: To approve the committee
2 member?

3 CHAIRPERSON ATCHLEY: Oh, we didn't have a
4 motion.

5 Can we have a motion to approve Dr. Khalsa
6 on the Complaint Committee?

7 DR. RIEKEMAN: I will make that motion.

8 CHAIRPERSON ATCHLEY: Do I have a second on
9 the Complaint --

10 MS. LEWIS: Not the Rules Committee.

11 CHAIRPERSON ATCHLEY: A motion has been
12 made and seconded.

13 All those in favor?

14 (Ayes are unanimous.)

15 CHAIRPERSON ATCHLEY: Now public comment.

16 Okay. We're going to go into executive
17 session. I will hear a motion for closure of the
18 meeting to enter into executive session.

19 DR. KHALSA: I can make that -- oh, she's
20 going --

21 DR. RIEKEMAN: Where are we at? Here
22 (indicating)?

23 I, Dr. Cathy Riekeman, move that the
24 New Mexico Chiropractic Board of Examiners close this
25 meeting in order to enter into executive session to

1 discuss the items listed in the agenda, pursuant to
2 Section 10-15-1.H 1, 3 and 7 of the Open Meetings Act
3 authorizing closed session for matters related to
4 issuance, suspension, renewal, revocation of a license.

5 DR. KHALSA: And I second the motion.

6 CHAIRPERSON ATCHLEY: Motion's been made
7 and seconded to go into executive session.

8 All those in favor?

9 (Ayes are unanimous.)

10 CHAIRPERSON ATCHLEY: Opposed?

11 Motion carries.

12 We're in executive session.

13 MS. SALAZAR: No.

14 CHAIRPERSON ATCHLEY: No?

15 MS. SALAZAR: Ask me to take roll call.

16 CHAIRPERSON ATCHLEY: Oh, I'm sorry.

17 Would the board administrator take a roll
18 call to enter into executive session?

19 MS. SALAZAR: Dr. Lyman Atchley?

20 CHAIRPERSON ATCHLEY: Present.

21 MS. SALAZAR: Dr. Cathy Riekeman?

22 DR. RIEKEMAN: Present.

23 MS. SALAZAR: Dr. Forrest Goforth?

24 DR. GOFORTH: Present.

25 MS. SALAZAR: Dr. Guruchander Khalsa?

1 DR. KHALSA: Present.

2 MS. SALAZAR: Mr. James Easom?

3 Absent.

4 MS. SALAZAR: Mr. Aaron Pinon?

5 MR. PINON: Present.

6 MS. SALAZAR: Mr. Chair, you have a quorum
7 to go into executive session.

8 CHAIRPERSON ATCHLEY: Okay. The motion is
9 approved by unanimous approval. Let the record show
10 that at 4:32 p.m., the Board entered into closed session
11 and the recorder has been turned off.

12 (The open-session proceedings conclude,
13 4:32 p.m.)

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1 STATE OF NEW MEXICO

2 COUNTY OF BERNALILLO

3
4 CERTIFICATE OF COURT REPORTER

5 I, MARY C. HANKINS, New Mexico Certified
6 Court Reporter No. 20, and Registered Professional
7 Reporter, do hereby certify that I reported the
8 foregoing proceedings in stenographic shorthand and that
9 the foregoing pages are a true and correct transcript of
10 those proceedings that were reduced to printed form by
11 me to the best of my ability.

12 I FURTHER CERTIFY that the Reporter's
13 Record of the proceedings truly and accurately reflects
14 the exhibits, if any, offered by the respective parties.

15 I FURTHER CERTIFY that I am neither
16 employed by nor related to any of the parties or
17 attorneys in this case and that I have no interest in
18 the final disposition of this case.

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