

Board, Chiropractic, RLD

From: STEPHEN PERLSTEIN <spchiro@comcast.net>
Sent: Tuesday, May 28, 2019 8:32 AM
To: Board, Chiropractic, RLD; Salazar, Marguerite, RLD; Salazar, Melissa, GOV; Wishner, Jane, GOV
Subject: [EXT] Response to Chiropractic Examining Board Rules changes

NM Board of Chiropractic Board of Examiners

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To all:

I am writing to express my opposition regarding proposed rules changes by the chiropractic board scheduled to be heard on June 21, 2019.

16.4.3.9 New Licensee Presentment to the Board

This new rule asks for any new licensee, within a year of receiving their license, to make arrangements with the board to physically present themselves to the board at a regularly scheduled board meeting. This rule does not state the reason for this request. An applicant has applied, has met all requirements of the board, has been accepted, and has been issued a license. If the purpose of this presentation is to educate the new licensee on how the board works, sending a statute and rules booklet plus a booklet outlining how to practice in compliance with all laws, rules, and regulations would be sufficient. Even having a new licensee pass an examination on the above issues prior to receiving their license would work. Having to appear in person can be a physical and financial hardship on a new licensee, when, if the purpose is education, can be handled in a much more expeditious and effective way. This rule proposal is unnecessary and potentially restrictive.

16.4.15.8A

"A chiropractic physician shall have the prescriptive authority to administer through injection and prescribe compounded substances, prepared by a certified, licensed compounding pharmacy, that are authorized in the advanced practice formulary."

This rule changes the dynamics of effective pain medication administration such that it renders most pain management injection treatment protocol impractical, unworkable, and ineffective. Pain management injection treatment is decided on the day of treatment when an examination is performed that provides information not only on the injection site(s), but most importantly on what medications to use. If this rule is implemented, and a compounding pharmacy has to put two or more medications together, the procedure that was decided upon on the day of examination wouldn't be able to occur for several days to a week as the pharmacy prepares the compounded medication that the doctor would have to bring to the pharmacy. There is no compounding pharmacy that would have homeopathic injectable medications. Procaine, which is the principal anesthetic that is used, would have to be compounded. I practice in Santa Fe. There is no compounding pharmacy Santa Fe that will make procaine. I must go to Albuquerque to buy procaine from a compounding pharmacy that compounds it. When the medication is ready, and the patient is back in the office, which could be a week or more, the procedure and/or medications to be used will more than likely change as second examination findings may indicate. This rule, then, makes the administration of two or more liquid pain management substances, be it a homeopathic injectable medication and procaine, or two homeopathic injectable medications, medically

impractical and unworkable. It more than likely would either force doctors to put each substance into a patient separately, which would require additional needle sticks into the injection site, which would be a clinically ineffective and ill-advised method of medication administration, or force doctors to only use one injection with one substance and hope that not using the other in combination would be as effective, which is not appropriate medication administration and which would be ineffective. In effect, it would put a stop to procedures that we have been performing quite successfully for the past 11 years.

The Advanced Practice Certified Chiropractic Physicians in this state have effectively practiced pain management injections and have put two or more medications in one syringe on their own for the past 11 years with only one incident of contamination that the Department of Health has mentioned. That is an enviable track record. That suggests that the compounding of two or more substances in one syringe by the doctor in office and the injection of those substances has been safe and effective. We are taught effective technique that ensures the highest level of safety. I teach the injection workshop to the APC's for CEU credit and I have always emphasized how to put two or more medications into one syringe in the most effective and safe matter. I have taken injection pain management workshops by The American Academy of Orthopedic Medicine and by the Hackett Hemwall Foundation, both long term organizations run and taught by MD's and DO's. These organizations train doctors in pain management techniques using homeopathics, anesthetics, and other substances that are most often compounded for medication administration. These teachers and practitioners always compound these medications in office. They do this because they know that the methodology of doing so is held to the highest standards of safety. This rule would serve as an imposition to an effective treatment regimen and would hinder the doctor from using these procedures when the procedures should be used.

Lastly, it should be noted that the individual who is promoting this rule is not an Advanced Practice Certified Chiropractic Physician. In fact, this person and others who are not APC's on the board would rather that this entire law allowing chiropractors to prescribe and administer prescriptive medications simply disappear. Philosophically, it is not to their liking. They represent a very vocal minority within the chiropractic profession that advocates for traditional chiropractic, which is chiropractic without the use of drugs. We APC's only advocate for prescriptive rights for chiropractors who want to have these rights. We have no issue with those who do not. Unfortunately, those who think that there is no place for drugs in chiropractic wish for us to not have that privilege, and this rule is designed to make it impossible for us to do what our law and rules say we can do and what we have been successfully doing since the law's inception in 2008. This rule must be scrapped. It may sound like it is being promoted for patient safety, but it is an imposition, and it is not being proposed in good faith.

Sincerely,

Stephen Perlstein, DC, APC, DAAPM, FAADEP, FICC

President, Academy of Advanced Practice Chiropractic Medicine

Immediate Past NMCA PAC Chair

Past NMCA President

Board Certified: Impairment Rating and Disability Evaluation