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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

**STATE BOARD OF CHIROPRACTIC
VIA VIDEOCONFERENCE**

TIME: 10:31 A.M.

PENNSYLVANIA DEPARTMENT OF STATE

February 24, 2022

State Board of Chiropractic

February 24, 2022

BOARD MEMBERS:

- Joseph Gerard Halloran, D.C., Chair
- Arion R. Claggett, Acting Commissioner, Bureau of Professional and Occupational Affairs - Absent
- William D. Aukerman, D.C.
- Kelsie Coats, Consumer Protection Member
- John E. McCarrin, D.C.
- Michael S. Swank, D.C.

BUREAU PERSONNEL:

- Nicole L. VanOrder, Esquire, Board Counsel
- Carolyn DeLaurentis, Deputy Chief Counsel, Prosecution Division
- Heather J. McCarthy, Esquire, Senior Prosecutor
- Colby B. Widdowson, Esquire, Board Prosecution Liaison
- Andrea L. Costello, Esquire, Board Prosecutor
- Peter D. Kovach, Esquire, Board Prosecutor
- Sarah E. McNeill, Board Administrator
- Amanda Richards, Chief of Fiscal Management, Bureau of Finance and Operations, Department of State
- Andrew LaFratte, MPA, Executive Policy Specialist, Department of State
- Danie Bendesky, Director of Intergovernmental Affairs, Department of State
- Deena Parmelee, Legal Office Administrator 1, Department of State

ALSO PRESENT:

- Katie Merritt, LSW, Director of Policy and Planning, Pennsylvania Insurance Department
- David Buono, Deputy Insurance Commissioner, Office of Market Regulation, Pennsylvania Insurance Department
- Sandy Ykema, Esquire, J.D., Senior Health Insurance Counsel, Pennsylvania Insurance Department
- Edward Nielsen, MHS, Executive Vice President, Pennsylvania Chiropractic Association
- Jen Smeltz, Republican Executive Director, Senate Consumer Protection & Professional Licensure Committee

State Board of Chiropractic

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ALSO PRESENT: (cont.)

- Justin Miller, D.C., Miller Sports Family Chiropractic LLC
- Christopher Cianci, D.C., Cianci Chiropractic and Total Body Rehab
- Ted Mowatt, CAE, Vice President, Wanner Associates, on behalf of the of the Chiropractor Fellowship of Pennsylvania
- Alison Benedetto, D.C., Pennsylvania Chiropractic Association
- Chris Young, D.C., Pennsylvania Chiropractic Association
- Andrew Heck, D.C., Pennsylvania Chiropractic Association
- Stuart Surkosky, D.C., Pennsylvania Chiropractic Association
- Mary Rutkowski, D.C., Pennsylvania Chiropractic Association
- Richard
- Lori A. Behe

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1 ***

2 State Board of Chiropractic

3 February 24, 2022

4 ***

5 [Pursuant to Section 708(a)(5) of the Sunshine Act, at
6 9:00 a.m. the Board entered into executive session
7 with Nicole L. VanOrder, Esquire, Board Counsel, to
8 have attorney-client consultations and for the purpose
9 of conducting quasi-judicial deliberations. The Board
10 returned to open session at 10:30 a.m.]

11 ***

12 Official Call to Order

13 [Joseph Gerard Halloran, D.C., Chair, called the
14 meeting to order at 10:31 a.m.]

15 ***

16 Introduction of Board Members

17 [Chair Halloran requested an introduction of Board
18 members.]

19 ***

20 Meeting Instructions

21 [Nicole L. VanOrder, Esquire, Board Counsel, noted the
22 meeting was being recorded, and those who continue to
23 participate were giving their consent to be recorded.

24 Ms. VanOrder also noted the Board entered into
25 executive session prior to the start of the meeting to

1 have attorney-client consultations and for the purpose
2 of conducting quasi-judicial deliberations regarding
3 items 2 through 5 and 6 through 8 on the agenda.]

4 ***

5 Introduction of Attendees

6 [Chair Halloran requested an introduction of
7 attendees.]

8 ***

9 Adoption of the Agenda

10 CHAIR HALLORAN:

11 I now make a motion to approve the
12 agenda that has been published.

13 Can somebody second that?

14 DR. MCCARRIN:

15 I'll second it.

16 CHAIR HALLORAN:

17 All in favor of approving the agenda,
18 say aye. That's unanimous. All Board
19 members have approved the agenda.

20 [The motion carried unanimously.]

21 ***

22 Approval of minutes of the December 28, 2021 meeting

23 CHAIR HALLORAN:

24 I would like to see if anyone wants to
25 change or review the minutes. I have

1 reviewed the minutes. I did not find
2 any problems with the minutes.

3 Does anybody else have a problem
4 with the minutes of the last meeting?

5 I would like to make a motion that
6 we accept the minutes. Can I have a
7 second on that?

8 DR. SWANK:

9 Second.

10 CHAIR HALLORAN:

11 All in favor of accepting the minutes
12 from the last Chiropractic Board
13 Meeting, say aye. The ayes have it by a
14 unanimous vote.

15 [The motion carried unanimously.]

16 ***

17 Report of Prosecution

18 [Andrea L. Costello, Esquire, Board Prosecutor,
19 presented the VRP Consent Agreements for Case No. 21-
20 43-018048 and Case No. 22-43-001387.]

21 DR. AUKERMAN:

22 I'd like to make a motion to approve the
23 Consent Agreement and Order for Case No.
24 21-43-018048 and Case No. 22-43-001387.

25 CHAIR HALLORAN:

1 D.C.

2 Do I have a second on that?

3 DR. SWANK:

4 Second.

5 CHAIR HALLORAN:

6 We are going to do a voice vote on this.

7

8 Dr. Halloran, aye; Dr. Swank, aye; Dr.
9 Aukerman, aye; Dr. McCarrin, aye; Kelsie
10 Coats, aye.

11 [The motion carried unanimously.]

12 ***

13 Report of Board Counsel - Motion to Enter Default and
14 Deem Facts Admitted

15 CHAIR HALLORAN:

16 Case No. 20-43-010476, Stephen Dwight
17 Herto, D.C.

18 Do I have a motion?

19 DR. MCCARRIN:

20 I make a motion to grant Deem Facts
21 Admitted and Enter Default to direct
22 Board counsel to draft a Final
23 Adjudication and Order in Case No. 20-
24 43-010476 on Stephen Dwight Herto, D.C.

25 CHAIR HALLORAN:

1 We have a motion on the floor to Deem
2 Facts Admitted and Enter Default and
3 this motion also asks and directs Board
4 counsel to draft a Final Adjudication
5 and Order.

6 Do I have a second for that?

7 DR. SWANK:

8 Second.

9 CHAIR HALLORAN:

10 We will put this to a voice vote.

11
12 Dr. Halloran, aye; Dr. Swank, aye; Dr.
13 Aukerman, aye; Dr. McCarrin, aye; Kelsie
14 Coats, aye.

15 [The motion carried unanimously.]

16 ***

17 New Business

18 CHAIR HALLORAN:

19 There is a reactivation request from
20 James Ferraro, D.C., License No.
21 DC004232L. He is making a request to
22 reactivate his license.

23 I am making a motion to
24 provisionally deny the Reactivation
25 Application of Dr. Ferraro at this

1 present time.

2 Do I have a second on that?

3 DR. SWANK:

4 Second.

5 CHAIR HALLORAN:

6 We will call this to a voice vote.

7

8 Dr. Halloran, aye; Dr. Swank, aye; Dr.
9 Aukerman, aye; Dr. McCarrin, aye; Kelsie
10 Coats, aye.

11 [The motion carried unanimously.]

12 ***

13 Report of Acting Commissioner - No Report

14 ***

15 Appointment - Pennsylvania Insurance Department - No
16 Surprises Act

17 [Katie Merritt, LSW, Director of Policy and Planning,
18 Pennsylvania Insurance Department (PID), stated the No
19 Surprises Act took effect on January 1, 2022. She
20 informed the Board that the No Surprises Act is a
21 consumer protection initiative to make sure consumers
22 are not billed for situations where they have little
23 or no control over who provides their care.

24 Ms. Merritt stated Governor Wolf charged the
25 Pennsylvania Insurance Department with being the lead

1 agency on implementing the act while working closely
2 with the Department of State, Department of Health,
3 and Department of Drug and Alcohol Programs.

4 David Buono, Deputy Insurance Commissioner,
5 Office of Market Regulation, Pennsylvania Insurance
6 Department, informed the Board that material presented
7 was prepared by the Commonwealth of Pennsylvania
8 Insurance Department based on the law, regulations,
9 and guidance as of December 1, 2021.

10 Mr. Buono addressed the No Surprises Act (NSA),
11 noting that the disclosure requirement applies to all
12 health care providers, the provider directory
13 requirement applies to all healthcare providers
14 applicable only to providers in-network for major
15 medical insurance policies, and the Good Faith
16 Estimate requirement applies to all health care
17 providers.

18 Mr. Buono commented that health plans covering
19 any benefits for emergency services, including air
20 ambulance, under the No Surprises Act, requires
21 emergency services to be covered without any prior
22 authorization regardless of whether a provider or
23 facility is in-network.

24 Mr. Buono also commented that if a health plan
25 covers any benefits for nonemergency services related

1 to a visit in an in-network facility, the No Surprises
2 Act requires patients be protected when they have
3 little or no control over who provides their care.

4 Mr. Buono stated ancillary providers, such as
5 labs or doctors, involved in a surgery that the
6 patient does not select may not balance bill. He
7 noted cost-sharing for ancillary providers is treated
8 as in-network. He commented that the No Surprises Act
9 protects people from unexpected bills for emergency
10 services, air ambulance services, and certain
11 nonemergency services related to a visit to a
12 facility.

13 Mr. Buono mentioned that emergency ground
14 ambulance services are not included and deferred for
15 further study at the federal level. He stated
16 nonemergency services for some ancillary care at an
17 in-network facility is treated as in-network in all
18 circumstances. He reported that other nonemergency
19 services may only be billed as out-of-network with
20 advanced notice and consent from the patient.

21 Mr. Buono noted the No Surprises Act limits the
22 high out-of-network cost-sharing, where patient cost-
23 sharing, such as coinsurance or deductible, cannot be
24 higher than if such services were provided by an in-
25 network doctor and any coinsurance or deductible must

1 be based on in-network provider rates.

2 Mr. Buono stated No Surprises Act billing
3 protection applies if coverage is through an employer,
4 state-based marketplace Pennie, or directly through an
5 individual market health insurance company. He
6 mentioned that the act does not apply to Medicare,
7 Medicaid, Indian Health Services, Veterans Affairs, or
8 TRICARE.

9 Mr. Buono addressed plans that do not have the
10 balance billing protection, including indemnity or
11 accepted benefit plan enrollees because it is not
12 individual market coverage and does not typically have
13 a network. He noted short-term limited duration plan
14 enrollees, health care sharing ministries, the Amish,
15 or uninsured are not individual market coverage.

16 Mr. Buono addressed uninsured individuals, noting
17 providers are required to provide a Good Faith
18 Estimate upon request or scheduling an item or
19 service. He stated uninsured and self-pay patients
20 must receive a Good Faith Estimate at least 72 hours
21 before services.

22 Mr. Buono also noted that a Good Faith Estimate
23 must be given at least 3 hours ahead of time if a
24 service is scheduled within three days. He noted the
25 act does require that a Good Faith Estimate be

1 provided to a patient's plan in advance of service but
2 stated the federal government and Pennsylvania was
3 taking a non-enforcement approach to this provision
4 due to the technological challenges affecting this
5 provision.

6 Mr. Buono stated providers are encouraged to
7 coordinate with co-providers to present a single Good
8 Faith Estimate, but the Department of Health and Human
9 Services (HHS) is exercising enforcement discretion
10 and flexibility to allow for technical coordination.

11 Mr. Buono provided a summary of providers that
12 may not balance bill. He stated providers and
13 facilities must have a business process to give
14 provider directory and network information to plans
15 anytime there is a material change. He commented that
16 providers and facilities may, by contract, impose on
17 plans the duty to keep the directory current in the
18 event of contract termination. He noted that the
19 provider or facility must reimburse the patient plus
20 interest if a provider or facility bills a patient
21 more than the in-network cost-sharing amount and the
22 patient pays the bill.

23 Mr. Buono addressed continuity of care, where a
24 contract with a plan terminates and the provider or
25 facility is no longer in-network and the patient is a

1 continuing care patient, the provider or facility must
2 accept payment, including cost-sharing calculated on
3 an in-network basis for the duration of the continuity
4 of care.

5 Mr. Buono stated providers with complaints about
6 a plan should contact the Pennsylvania Insurance
7 Department because they have a process to quickly
8 review the complaint. He mentioned HHS is also
9 establishing a complaint process with the
10 acknowledgement of the complaint possibly taking 60
11 days. He mentioned that providers with complaints
12 about a patient should first make sure the patient
13 understands the act and are encouraged to contact the
14 Pennsylvania Insurance Department.

15 Mr. Buono noted that patients who do understand
16 the act should be handled as before with the
17 understanding in the case of a surprise medical bill
18 that the provider may not collect more than the in-
19 network cost-sharing.

20 Sandy Ykema, Esquire, J.D., Senior Health
21 Insurance Counsel, Pennsylvania Insurance Department,
22 addressed disclosure requirements, noting a one-page
23 disclosure notice must be available to patients with
24 the requirements and prohibitions regarding balance
25 billing and must identify how a patient may contact

1 the appropriate state and federal agencies if the
2 patient believes the provider or facility has violated
3 the requirements of the law.

4 Ms. Ykema stated the information has to be
5 publicly available from the provider and facility as
6 well as being posted. She mentioned the Pennsylvania
7 Insurance Department has a model disclosure notice and
8 information on their website, along with the federal
9 government website at www.cms.gov/nosurprises
10 containing NSA information.

11 Ms. Ykema addressed notice and consent, which
12 allows a provider to balance bill if they give notice
13 and receive written consent from the patient at least
14 3 days before the service, not later than 1 business
15 day after scheduling, or 3 business days in advance if
16 the service is scheduled 10 days in advance. She
17 noted it may not be used in an emergency situation.
18 She explained that the notice and consent has to be on
19 a separate form, signed, retained for seven years, and
20 a copy given to the patient.

21 Ms. Ykema explained that the notice and consent
22 has to give notice that the provider does not
23 participate in the consumer's health insurance plan,
24 include a Good Faith Estimate amount that the provider
25 may charge for all of the services, explain that there

1 may need to be prior authorization or other approval,
2 and be clear that a consumer does not have to consent
3 to an out-of-network provider.

4 Ms. Ykema emphasized that a person has to be able
5 to get services from an available in-network provider,
6 but if there is no available in-network provider, then
7 notice and consent may not be used to allow the
8 provider to balance bill.

9 Ms. Ykema addressed payment, where the provider
10 will need to confirm the patient's coverage. She
11 explained that an out-of-network provider who
12 furnished a surprise medical service may collect cost-
13 sharing from the patient at the in-network level and
14 then the provider may bill the patient's plan directly
15 for all remaining charges.

16 Ms. Ykema noted a provider and plan may negotiate
17 if the provider is not satisfied with the amount
18 directly and then through a federally administered
19 Independent Dispute Resolution process. She mentioned
20 there is litigation on the qualifying payment amount
21 and the Independent Dispute Resolution process at the
22 federal level.

23 Ms. Ykema addressed disputes with uninsured and
24 self-pay individuals, where the provider may bill the
25 patient. She stated the patient may access the

1 Patient-Provider Dispute Resolution process if there
2 is a difference in the Good Faith Estimate of at least
3 \$400. She noted that the patient must start the
4 process within 120 days and pay a small administrative
5 fee to start the process but will recoup that if the
6 patient prevails.

7 Ms. Ykema encouraged anyone with questions
8 concerning the No Surprises Act to contact the
9 Pennsylvania Insurance Department at
10 www.insurance.pa.gov/nosurprises.

11 Ms. Ykema addressed enforcement, again noting
12 that the Pennsylvania Insurance Department has been
13 tasked with being the lead Commonwealth of
14 Pennsylvania agency coordinating enforcement with all
15 of the state agencies. She mentioned that the
16 Pennsylvania Insurance Department has oversight over
17 insurance companies and the other agencies have
18 oversight over providers and facilities. She stated
19 the Pennsylvania Insurance Department has a process to
20 quickly review the complaint and make sure it is
21 handled in the best and most expeditious way possible.

22 Ms. Ykema noted the Pennsylvania Insurance
23 Department has oversight over insurance companies, the
24 Department of State has oversight over providers, and
25 the Department of Health and Human Services and

1 Department of Drug and Alcohol Programs also have
2 enforcement authority over providers and facilities.
3 She noted the Pennsylvania Insurance Department is
4 working collaboratively with the state agencies in
5 implementing the new law. She commented that the
6 federal complaint process is also available but will
7 likely take longer.

8 Ms. Ykema noted that the state law applies unless
9 it prevents the application of the federal law. She
10 mentioned that the Pennsylvania Insurance Department,
11 Department of State, Department of Health, and Drug
12 and Alcohol Programs use insurance laws, professional
13 conduct laws, and licensure laws. She explained that
14 state agencies that receive a call related to balance
15 billing and the No Surprises Act can go to the
16 Pennsylvania Insurance Department's website for
17 guidance.

18 Ms. Ykema stated complaints are assigned to a
19 consumer services representative after a complaint is
20 received to work with the patient, provider, or health
21 plan and with other state agencies and collaborate
22 with the federal agency if they cannot address the
23 issue. She noted the Pennsylvania Insurance
24 Department is in communication with the federal
25 government to enforce as necessary. She stated the

1 federal government has additional levers, including
2 monetary penalties.

3 Ms. Ykema noted the Department of Health and
4 Human Services has oversight over the insurance plans,
5 providers, and facilities; Department of Labor has
6 oversight over self-funded plans; and the Office of
7 Personnel Management has oversight over the Federal
8 Employees Health Benefits (FEHB) program. She stated
9 Pennsylvania Insurance Department is prepared to enter
10 into collaborative enforcement agreements with any of
11 those agencies as needed to address concerns.

12 Ms. Ykema encouraged everyone to visit the
13 Pennsylvania Insurance Department at
14 www.insurance.pa.gov/nosurprises for more information.

15 Chair Halloran asked whether it automatically
16 defaults to in-network if time frames by the doctor
17 were incorrect.

18 Ms. Ykema noted Chair Halloran to be correct,
19 where the patient will pay the in-network rate and the
20 provider will then work with the plan for
21 reimbursement.

22 Ms. Ykema stated the law is for services provided
23 in connection with a visit to a facility and does not
24 require notice of consent for services being provided
25 at a doctor's office.

1 Chair Halloran commented that chiropractors hired
2 by a hospital entity probably would not have to worry
3 about it because there would be an administrator
4 taking care of that part of problem.

5 Ms. Ykema encouraged chiropractors working in a
6 facility to make sure it is addressed.

7 Chair Halloran thanked the Pennsylvania Insurance
8 Department for their presentation.]

9

10 Appointment - Prosecution Division Annual Report
11 Presentation

12 [Carolyn A. DeLaurentis, Esquire, Deputy Chief
13 Counsel, Prosecution Division, provided a summary of
14 the prosecution division's caseload during 2021.

15 Ms. DeLaurentis informed the Board that 112 cases
16 were opened in 2021, which is consistent with 2020 at
17 117 cases for the State Board of Chiropractic. She
18 noted closing 118 files in 2021, which is also
19 consistent with 2020 at 119 cases. She reported 97
20 open cases for the Board as of January 1, 2022.

21 Ms. DeLaurentis addressed enforcement actions,
22 noting 12 cases resulted in discipline in 2021 with 1
23 fine, 3 Act 48 or citation fines, 1 suspension, 1
24 reprimand, 3 revocations or voluntary surrenders, and
25 3 probations. She also reported 39 warning letters in

1 2021, which was an increase from 9 in 2020.

2 Chair Halloran asked whether most of the warning
3 letters were related to COVID or other issues.

4 Mr. Widdowson commented that the vast majority of
5 the increase in warning letters could be attributed to
6 COVID issues.

7 Ms. DeLaurentis stated every COVID complaint is
8 looked at on a case-by-case basis for patient harm or
9 patient considerations and a warning letter would
10 generally be the final action.

11 Heather J. McCarthy, Esquire, Senior Board
12 Prosecutor, mentioned that prosecution also has
13 compliance letters, which would essentially result in
14 two letters if it is a minor violation or something
15 that could be fixed easily. She stated a letter
16 identifying their concerns is sometimes sent, giving
17 the licensee a chance to come into compliance, and if
18 they do, results in a warning letter.

19 Chair Halloran asked whether all the percentages
20 across the medical boards are around the same level.

21 Ms. DeLaurentis noted she could not say whether
22 there is a consistent increase in warning letters just
23 based on COVID across the health boards. She
24 mentioned that a lot of warning letters are going out
25 but not necessarily related to COVID and every case

1 generated is based on a complaint.

2 Ms. DeLaurentis addressed COVID-related cases,
3 noting that one complaint may result in more than one
4 case being opened. She reported 1,223 cases were
5 opened regarding COVID complaints in 2020 with 32 of
6 those cases for the State Board of Chiropractic. She
7 also reported a significant decrease in COVID-related
8 complaints in 2021, mostly for business-related boards
9 but an increase in healthcare-related boards. She
10 reported opening 543 COVID-related cases in 2021 with
11 24 of those for the Board.

12 Ms. DeLaurentis noted a record number of cases
13 opened last year and thanked the administrative
14 assistants for processing so many files. She reported
15 18,363 cases were opened in 2021, which is an increase
16 from 2020 at 13,394.

17 Ms. DeLaurentis reported 15,994 cases were closed
18 in 2021 and 13,274 in 2020. She noted 15,141 open
19 cases as of January 1, 2022, with 97 of those cases
20 for the Board.

21 Ms. DeLaurentis thanked Board prosecutors and
22 Board counsel for all of their hard work.

23 Chair Halloran mentioned that there are still
24 restrictions in the health-care environment and is
25 happy there are less open cases for chiropractors this

1 year. He encouraged everyone to stay professional.]

2

3 Appointment - Bureau of Finance and Operations

4 Annual Budget and Fee Increase Proposal Presentation

5 [Amanda Richards, Chief of Fiscal Management, Bureau
6 of Finance and Operations, Department of State,
7 informed the Board that the Bureau of Finance and
8 Operations (BFO) looks at the licensee population on a
9 biennial basis, noting the Board renews in August of
10 even years. She reported a license count in FY16-17
11 of 4,047, FY18-19 of 3,959 and FY20-21 of 3,839. She
12 stated the license count as of February 10 was 4,011
13 and increased another 5 licenses this morning for a
14 total of 4,016.

15 Ms. Richards noted the total biennial revenue with
16 98% of the revenue coming from renewals and
17 applications. She commented that revenue is brought
18 in from other categories but the Board cannot count on
19 it because it is not consistent.

20 Ms. Richards addressed the two main categories of
21 Board expenses, administrative and legal costs. She
22 stated expenses incur through direct charges,
23 timesheet charges, and license population. She
24 referred to expenses for FY19-20, FY20-21, and as of
25 February 10, 2022. She reported on a recent increase

1 in expenses. She noted the budget for FY21-22.

2 Ms. Richards reviewed revenues and expenses,
3 noting the balance at the end of FY21-22. She
4 referred to the projection into FY24-25, where Board
5 expenses are starting to exceed revenue. She noted
6 BFO would be addressing that in a fee increase package
7 following the presentation.

8 Ms. Richards noted Board member expenses in FY19-
9 20, FY20-21, and FY21-22 as of February 10, 2022. She
10 reported no change in expenses as of this morning.
11 She stated the \$19,000 budget was adequate for FY21-22
12 and has been carried over to FY22-23.

13 Ms. Richards reminded Board members that anything
14 not spent is returned to the restricted account for
15 the Board's use at a later time.

16 Ms. Richards reported on the projected biennial
17 revenue and projected biennial budget and expenses,
18 noting the projected biennial balance for FY19-20 and
19 FY20-21.

20 Ms. Richards provided a categorical breakdown of
21 expenses and revenue over the last 6 years.

22 Dr. Aukerman referred to enforcement and
23 investigation and requested additional information
24 regarding an increase of \$35,000 in actual expenses
25 from FY19-20 to FY20-21.

1 Ms. Richards explained that there was an increase
2 in cases from FY19-20 to FY20-21 and an increase in
3 hours.

4 Chair Halloran commented that some of expenses are
5 possibly for cases that have taken longer to finally
6 resolve.

7 Ms. Richards noted the number of investigations
8 from FY19-20 were 77 and 100 in FY20-21.

9 Ms. Richards referred to the Board's current
10 financial status showing the current license count and
11 current renewal fees, where non-renewal years FY19-20
12 through FY27-28, there is a decrease of at least
13 \$200,000 every non-renewal year.

14 Ms. Richards addressed the fee package process,
15 starting with looking at all the revenue coming into
16 the Bureau of Professional and Occupational Affairs
17 (BPOA) from applications and renewals. She noted BFO
18 determines the cost to do business and then does a
19 cost analysis. She explained that the actual cost to
20 process an application for the exam and application is
21 \$105 in FY24-25, the reciprocity application is \$150,
22 the continuing education program application would
23 increase to \$100, and chiropractic adjunctive
24 procedures application would increase to \$105.

25 Chair Halloran commented that those increases are

1 the breakeven point, noting the Board would have to
2 get it to at least that or lose money.

3 Ms. Richards explained that it is still not quite
4 enough to do an application fee increase looking at
5 FY21-22 through FY-27-28.

6 Ms. Richards provided information regarding a
7 renewal fee increase combined with an application fee
8 increase beginning in August 2024 with a 7 percent
9 incremental increase over the next 3 years. She also
10 pointed out a 5 percent decrease in the license count.
11 She reported revenue exceeding expenses by FY29-30.

12 Ms. VanOrder commented that the numbers BFO
13 presented were incorporated into the annex on the fee
14 package being discussed later. She asked whether
15 there was a further increase in the fees in 2028.

16 Ms. Richards explained that the last column was
17 excluded when converted to a PDF but would provide the
18 missing column to Ms. VanOrder.

19 Ms. VanOrder noted that she would have the Board
20 include the current numbers as presented when voting
21 on the exposure draft of the annex.

22 Ms. Richards provided more fee increases, noting
23 FY24-25 at \$225, FY26-27 at \$241, and FY28-29 at \$258.

24 Ms. VanOrder reviewed the breakdown of application
25 fees, where the license by exam is \$126, licensure by

1 reciprocity is \$180, adjunctive procedures
2 certification is \$126, and continuing education
3 program application is \$120.

4 Ms. VanOrder also noted biennial renewals would be
5 \$258 for the chiropractor and the rest would be the
6 same. She mentioned the only one that needs updated
7 on the annex is the \$258 under biennial renewal going
8 out to 2028.

9 Ms. VanOrder thanked BFO for the presentation and
10 all of their work behind the scenes providing
11 information for the regulations.

12 Chair Halloran commented that the Board has not
13 changed their application fees or other fees in a long
14 time and is behind other states. He noted wanting to
15 be fair to the chiropractic community but also noted
16 the importance of being able to pay the bills.]

17 ***

18 Report of Board Counsel - Regulations

19 [Nicole L. VanOrder, Esquire, Board Counsel, referred
20 to the annex for 16A-4335 regarding the fee
21 regulation. She noted she is still working on the
22 preamble to make sure they had the correct number.

23 Ms. VanOrder referred to § 5.6 showing the
24 existing fees and changes presented by BFO for the
25 Board to effectuate those changes to maintain a

1 healthy balance going forward. She noted changing
2 \$250 to \$258 under chiropractor biennial renewal fee.

3 Ms. VanOrder informed new Board members that the
4 regulatory process is long and provided a summary of
5 the process.

6 Chair Halloran asked whether any Board members
7 had any questions about the presentation from BFO or
8 16A-4335, noting the only correction from \$250 to \$258
9 effective September 2, 2028.

10 Chair Halloran commented that some of their old
11 fees were very low, including reciprocity and initial
12 application fees and are going up just to reflect the
13 actual cost of doing business. He also noted that
14 effective September 2, 2024, biennial renewal fees
15 will increase from \$210 to \$223, September 2, 2026 to
16 \$236, and then September 2, 2028 to \$258. He noted
17 the importance of raising the fees now to prevent a
18 deficit in 2 years.]

19 CHAIR HALLORAN:

20 I make a motion to give to our Board
21 counsel permission to do an exposure
22 draft on the changes in fees found in
23 the Annex A document 16A-4335, and our
24 Board counsel will prepare that exposure
25 document for us so we could start the

1 process.

2 Does anybody want to second that
3 motion?

4 MS. COATS:

5 I'll second it.

6 CHAIR HALLORAN:

7 We are going to need to do a voice vote
8 on this.

9

10 Dr. Halloran, aye; Dr. Swank, aye; Dr.
11 Aukerman, aye; Dr. McCarrin, aye; Kelsie
12 Coats, aye.

13 [The motion carried unanimously.]

14

15 Report of Board Counsel - Regulations

16 [Nicole L. VanOrder, Esquire, Board Counsel, referred
17 to the January 2022 Regulatory Report. She noted
18 items 13 and 14 would be deferred for further
19 discussion at a Regulatory Committee Meeting on April
20 28 at 8 a.m. before the regular Board meeting.]

21 CHAIR HALLORAN:

22 I make a motion that we defer for
23 further consideration on the regulation
24 part of this meeting, general revisions
25 package 16A-6328 and specialties -

1 review IRRC comments and discussions
2 that they asked us to have on 16A-4312.

3 We are going to defer for further
4 consideration those items to go to the
5 Regulatory Committee Meeting that will
6 be chaired by Dr. Swank. We are
7 projecting at 8:00 in the morning on
8 April 28, 2022, to have a separate
9 regulatory committee meeting there.

10 Dr. Swank will chair that. Our
11 Board counsel will be there, and our
12 chiropractors will be there for that
13 committee.

14 I made a motion to defer that.
15 Does anybody second that?

16 DR. SWANK:

17 Second.

18 CHAIR HALLORAN:

19 We'll do a voice vote on that. there is
20 a motion on the floor to defer for
21 further consultation and refer these
22 items to the Chiropractic Regulatory
23 Committee for the general revisions
24 package and specialties - review by IRRC
25 for that meeting that will take place at

1 8:00 in the morning on April 28, 2022.

2

3 Dr. Halloran, aye; Dr. Swank, aye; Dr.
4 Aukerman, aye; Dr. McCarrin, aye; Kelsie
5 Coats, aye.

6 [The motion carried unanimously.]

7

8 Report of Board Counsel - Regulations

9 [Nicole L. VanOrder, Esquire, Board Counsel, addressed
10 16A-4334 regarding licensure by endorsement. She
11 noted the updated version of Act 41 and changes to the
12 annex since the last Board discussion. She explained
13 that Act 41 was passed 2 years ago requiring state
14 boards have licensure by endorsement that allows
15 practitioners from other jurisdictions with similar
16 legal framework and requirements for licensure be
17 allowed to become licensed in Pennsylvania.

18 Ms. VanOrder noted that there is a two-step
19 analysis, including whether legal requirements are
20 substantially similar and a competency component.

21 Ms. VanOrder noted comments were received from
22 the Office of General Counsel and Independent
23 Regulatory Review Commission that were mostly
24 technical but a couple of substantive issues.

25 Ms. VanOrder referred to § 5.6 fees and § 5.11

1 types of licensure and certification offered by the
2 Board. She noted prior changes identifying a fee for
3 licensure by endorsement and another change to
4 reciprocity to include endorsement to read, "an
5 application for licensure by reciprocity or
6 endorsement." She also noted the addition of
7 provisional endorsement license to types of licensure.

8 Ms. VanOrder explained that she utilized the
9 licensure by reciprocity because the actual work
10 involved in processing a license by endorsement is
11 very similar to what is required by a license by
12 reciprocity.

13 Ms. VanOrder referred to the fee package, noting
14 the \$65 fee to be the current rate but would increase
15 according to the fee schedule through the fee process.

16 Ms. VanOrder referred to § 5.13a, noting no
17 changes to substantial equivalency since the last
18 Board discussion. She reported changes regarding
19 competency and referred to § 5.13a(2)(i), where the
20 specific minimal number of practice hours in the prior
21 draft was removed and replaced with experience in the
22 practice for at least 2 of the 5 years immediately
23 preceding the date of the application.

24 Ms. VanOrder explained that the reason for this
25 change is to more closely follow the language of the

1 act requiring the licensure by endorsement and to
2 model the regulation that has already been approved
3 through the process. She believed the change would
4 reduce the amount of time and effort spent and moving
5 the regulation through the regulatory process.

6 Ms. VanOrder informed the Board that the
7 remaining changes through the annex were made in all
8 the regulatory packages and include formatting, word
9 choice changes, and changes in legal citations.

10 Ms. VanOrder also noted the addition of a
11 requirement that makes it clear that it is the
12 applicant's duty to provide and translate the law of
13 another jurisdiction, including the required child
14 abuse clearance and allowing for a videoconference if
15 an informal conference meeting are offered or needed,
16 and the addition of a termination of provisional
17 license paragraph to explain those procedures.

18 Ms. VanOrder addressed the proposed preamble for
19 16A-4334 regarding licensure by endorsement. She
20 noted that the annex is the regulation itself and the
21 preamble is the argument or explanation as to why the
22 regulation is happening. She mentioned that the
23 endorsement regulations are being done by all the
24 boards, so everyone now has a good idea of what the
25 preamble should look like because much of this

1 language has been adopted from packages that have
2 already been approved through the regulatory process.

3 Ms. VanOrder and regulatory counsel keep records
4 of all edits and updates to documents to reflect
5 changes for every package. She asked the Board
6 whether they wished to vote to approve the final
7 regulatory package for 16A-4334 regarding licensure by
8 endorsement and allowing the package to proceed
9 through the regulatory process to be published as
10 proposed.]

11 CHAIR HALLORAN:

12 I make a motion based on the very, very
13 clear legal language from our Board
14 counsel that we vote to approve the
15 final regulation package, licensure by
16 endorsement for 16A-4334.

17 Do we have a second on that?

18 DR. AUKERMAN:

19 I'll second it.

20 CHAIR HALLORAN:

21 Let's do a voice vote on this.

22
23 Dr. Halloran, aye; Dr. Swank, aye; Dr.
24 Aukerman, aye; Dr. McCarrin, aye; Kelsie
25 Coats, aye.

1 [The motion carried unanimously.]

2

3 Report of Board Counsel - Miscellaneous

4 [Nicole L. VanOrder, Esquire, Board Counsel, referred
5 to the Sunshine Act and Recusal Guidelines for the
6 Board's review.]

7 Ms. VanOrder noted House Bill 2267 regarding
8 licensing of certified chiropractic assistants and
9 provided a draft for the Board's information.

10 Ms. VanOrder addressed an animal chiropractic
11 case involving Maria McElwee, Case No. 1274 C.D. 2020.
12 She mentioned that the McElwee case was before the
13 Board of Veterinary Medicine and before the Board of
14 Chiropractic. She noted the case was dismissed given
15 the language as it is written in the act of the
16 definition of chiropractic. She informed the Board
17 that there was discipline imposed by the Board of
18 Veterinary Medicine and was upheld by the Commonwealth
19 Court of Pennsylvania.

20 Ms. VanOrder stated Dr. McElwee may be appealing
21 the Commonwealth Court of Pennsylvania decision, but
22 because it is a veterinary case, it will be held by
23 Board counsel for the State Board of Veterinary
24 Medicine.

25 Dr. McCarrin asked whether the case might turn

1 into the same thing as the Cavuto case, where it will
2 become part of the Chiropractic Practice Act and be
3 unfavorable for chiropractors regarding manipulation
4 of animals. He noted chiropractors lost the ability
5 to exercise because of an appeal and asked whether
6 chiropractors would lose the ability to manipulate
7 animals.

8 Ms. VanOrder explained that the case would not be
9 interpreting the Chiropractic Practice Act and will
10 only be and has only been based on the Veterinary
11 Medicine Practice Act and their accompanying
12 regulations because they had a case for practice
13 without a license and that is the case that is going
14 on appeal. She noted the case has already been
15 through its first round of appeal, and it is unlikely
16 it would be overturned.

17 Chair Halloran stated it is a problem for
18 veterinarians that may need to be addressed a little
19 better in the legislature, where there could be some
20 sort of better working relationship with
21 chiropractors. He noted that the opinion that upheld
22 the Veterinarian Medicine Board's supremacy on this
23 was that she was not precluded from working with
24 animals provided she had a relationship with a
25 veterinarian, which by her "chiropractic principles"

1 decided not to do.

2 Chair Halloran stated the dissenting judge makes
3 a case, where how can a veterinarian with no
4 experience in chiropractic manipulation or adjustment
5 supervise a chiropractor.

6 Chair Halloran commented that both sides agreed
7 that this may be something the legislature should work
8 with the veterinarians and chiropractors about and
9 have something better legislatively, rather than
10 having it come to the Board.]

11 ***

12 Report of Board Chair

13 [Joseph Gerard Halloran, D.C., Chair, informed
14 everyone of a statewide lifting of the mask mandate on
15 June 28, 2022, according to the Pennsylvania
16 Department of Health. He noted health care workers
17 would still probably follow the Centers for Disease
18 Control and Prevention (CDC) advice until the
19 Department of Health gives everyone the right to relax
20 it.

21 Chair Halloran thanked the chiropractic community
22 for having less COVID complaints this year than last
23 year.

24 Chair Halloran thanked Commissioner Kalonji
25 Johnson, on behalf of the Pennsylvania State Board of

1 Chiropractic, for his leadership as the commissioner
2 of the Bureau of Professional and Occupational
3 Affairs. He welcomed Acting Commissioner Arion
4 Claggett and is hoping to have a fruitful relationship
5 with him also.

6 Chair Halloran announced his and Dr. Aukerman's
7 intentions of attending the Federation of Chiropractic
8 Licensing Boards and the National Board of
9 Chiropractic Examiners Meeting May 5-8, 2022, in
10 Denver, CO. He offered to provide the information to
11 Dr. Aukerman as soon as he has successfully used the
12 new travel portal to get the trip approved and thanked
13 Ms. McNeill for providing information to Board members
14 regarding the new system.

15 Chair Halloran announced that the National Board
16 of Chiropractic Examiners will be requesting help with
17 monitoring their Part IV Exam in New York and
18 suggested contacting the former chair of the
19 Pennsylvania State Board of Chiropractic, Kathleen
20 McConnell, to take care of that duty for the Board.

21 Chair Halloran informed Ms. McNeill that she
22 should be receiving a request for help in New York and
23 could either send him an email asking if she could
24 contact Dr. McConnell or send him the link, so he
25 could have Dr. McConnell contact the National Board of

1 Chiropractic Examiners.

2 Chair Halloran informed the Board that he
3 received a recent study from the Federation of
4 Chiropractic Licensing Boards regarding how each state
5 certifies, registers, or licenses chiropractic
6 assistants. He mentioned that the study was performed
7 by a law student from the American University of
8 Washington College of Law, Sarah Spady.

9 Chair Halloran noted Ms. Spady found that 23
10 states in the United States had no specific language
11 in their law as to how a chiropractic assistant is
12 trained, other than a chiropractor must be at the
13 location where the chiropractic assistant activity is
14 taking place so onsite supervision could be achieved.

15 Chair Halloran commented that Pennsylvania has
16 always allowed the chiropractor to do that. He noted
17 that some states had language only pertaining to
18 training chiropractic assistants in helping the
19 chiropractor perform X-rays.

20 Chair Halloran mentioned that some states
21 required certification of chiropractic assistants
22 through educational programs either designed by the
23 state or using training and testing from certified
24 chiropractic assistants programs, such the coursework
25 and testing that the Federation of Chiropractic

1 Licensing Boards does through their Providers of
2 Approved Continuing Education (PACE) coursework, where
3 6 hours every 2 years is required to keep their
4 certification.

5 Chair Halloran noted Florida requires their
6 chiropractic assistants to be registered assistants,
7 but there was really no educational specifics spelled
8 out in the law. He explained that the chiropractor
9 must train and maintain their chiropractic staff, and
10 their assistants have to be registered with the state.
11 He mentioned that a chiropractic assistant could also
12 take extra coursework and become a certified
13 chiropractic assistant and could then be a supervisor
14 for the registered chiropractic assistants.

15 Chair Halloran stated Iowa requires a
16 chiropractic assistant training program that is 12
17 hours active therapy and 12 hours passive therapy,
18 where each of those 12 hours must have 6 hours of
19 hands-on training. He noted there did not seem to be
20 a continuing education requirement.

21 Chair Halloran commented that the United States
22 has different degrees of chiropractic assistant
23 certification and training with about half of them
24 depending on individual chiropractic offices to train
25 their chiropractic assistants.

1 Chair Halloran stated House Bill 2267 seems to be
2 close in line to the requirements of the Federation of
3 Chiropractic Licensing Boards chiropractic
4 certification program. He noted the act would require
5 16 hours of continuing education, 8 of which would be
6 sponsored onsite by an agency that would request
7 permission from the state Board to sponsor the
8 continuing education.

9 Chair Halloran mentioned that 16 hours of
10 continuing education is more hours than most states
11 that have a type of requirement initially for
12 training. He noted that after the initial training,
13 the individual would rely on the chiropractors
14 themselves to keep their training up with the
15 assumption they have achieved a certain competency
16 after working with the chiropractic equipment,
17 patients, and the chiropractic office management
18 software.

19 Chair Halloran mentioned that chiropractic
20 licensing boards research shows that most states do
21 not require that many hours of continuing education or
22 do not require any extra continuing education after
23 initial classroom training.

24 Chair Halloran commented that the Pennsylvania
25 State Board of Chiropractic is very interested in this

1 bill and what type of economic impact it would have in
2 the office when requiring this much continuing
3 education for chiropractic assistants and whether
4 there would be an administrative burden.

5 Chair Halloran informed everyone that there would
6 be further discussion concerning the bill during the
7 Regulatory Committee Meeting and at the next Board
8 meeting because it is the beginning of getting
9 chiropractic assistants certified.]

10 ***

11 Report of Board Administrator - No Report

12 ***

13 New Business

14 [Joseph Gerard Halloran, D.C., Chair, noted PACE
15 course submission for continuing education approval.

16 Ms. VanOrder explained that the language
17 submitted by the Federation of Chiropractic Licensing
18 Boards (FCLB) is to be included in the application.
19 She suggested having the Regulatory Committee consider
20 the language or putting a committee together just to
21 look at whether there is a way to include it in the
22 application.

23 Chair Halloran recommended having two different
24 committee meetings with Dr. Swank chairing both. He
25 mentioned having the issue taken discussed by the

1 Continuing Education Committee and then have all the
2 chiropractors onboard for the Regulatory Committee.

3 Dr. Swank commented that the only problem he has
4 seen is if a course does have PACE approval and then
5 asks for Pennsylvania approval, they are pending the
6 PACE approval thinking Pennsylvania is automatically
7 going to approve it based on that.

8 Ms. VanOrder commented that this is an
9 administrative action and suggested she and the people
10 reviewing the CE applications on behalf of the Board,
11 Dr. Swank and the Board administrator, get together to
12 look at the forms and proposed language and bring it
13 back to the Board.]

14 ***

15 Public Comment

16 [Edward Nielsen, MHS, Executive Vice President,
17 Pennsylvania Chiropractic Association, commented that
18 the issues the Pennsylvania Chiropractic Association
19 (PCA) is looking at are similar to what the Board is
20 dealing with from delegation to COVID issues with
21 masking and social media posts in terms of
22 disciplinary issues.

23 Chair Halloran addressed a question presented
24 three Board meetings ago concerning the Pennsylvania
25 Interscholastic Athletic Association (PIAA). He

1 explained that the state of Pennsylvania wanted PIAA
2 to give them access to their information system, and
3 PIAA said no because they are an independent agency
4 and sued the state.

5 Chair Halloran noted that the state of
6 Pennsylvania won, where PIAA would have to comply and
7 open information but PIAA appealed. He stated PIAA is
8 not cooperating with the state or anybody right now.
9 He explained PIAA would have to share information and
10 any inquiries from anybody in the state about anything
11 if they go as far as the Supreme Court and lose, but
12 it is a matter of being patient with this process.

13 Dr. McCarrin addressed confusion over the role of
14 the Pennsylvania State Board of Chiropractic. He
15 stated the role of the Board is to enforce the law and
16 not to write it. He commented that any changes in the
17 act or anything else is the responsibility of state
18 associations or affiliations. He further explained
19 that the Board's responsibility is to take what is
20 given to them and enforce it with the exception of
21 writing a regulation every once in a while, which is
22 difficult to get passed.

23 Ms. VanOrder commented that some of the questions
24 and frustration comes from not understand the
25 boundaries and jurisdiction of the Board. She noted

1 the Board has been willing to take input and consider
2 input and share with other entities that may be able
3 to proceed or not and try to direct in the way they
4 can.

5 Ms. VanOrder mentioned that a bill is out there
6 and moving in regard to the delegation issue, noting
7 the Board had a special meeting to discuss the
8 delegation issue, along with PCA being very active in
9 supporting and ushering the bill forward.

10 Chair Halloran addressed the importance of
11 understanding the functions of the Board, emphasizing
12 that the Board does not make complaints about someone.
13 The complaints come from staff, patients, or fellow
14 chiropractors. He stated the Board does not make any
15 policies other than regulation from a law and work on
16 disciplinary functions based on complaints that has
17 already been passed by the legislature.

18 Dr. McCarrin commented that about 60 percent of
19 the Board's agenda are people who do not know how to
20 practice in Pennsylvania or know there are certain
21 things a chiropractor cannot do and will end up before
22 the Board for disciplinary actions. He noted that
23 Board members do not want to add things to the agenda
24 unless they are serious.

25 Chair Halloran further explained that Board

1 members would be required to recuse themselves from
2 any cases in which they had involvement. He stated
3 the Board does not have an investigative function.
4 Complaints are received through the prosecution
5 division for investigation with the Board then having
6 the final say in the matter.

7 Chair Halloran informed everyone that the Board
8 would probably be revisiting the 24 hours and trying
9 to get 12 out of the 24 hours in person and will be
10 discussed at the Regulatory Committee Meeting.

11 Chair Halloran encouraged everyone to let the
12 Board know if they have a specific complaint or
13 question. He stated every chiropractor on the Board
14 works really hard for the benefit of the profession in
15 keeping it safe with reasonable regulations.

16 Chair Halloran mentioned that not many
17 prosecution cases are opened for chiropractors out of
18 the thousands of cases opened for medical providers.
19 He stated the profession was doing a great job, and
20 the Board goes through a tremendous amount of work to
21 prepare for the Board meetings.

22 Mary Rutkowski, D.C., Center Valley Chiropractic,
23 informed the Board that she tried to download the No
24 Surprises Act uninformed charges form, but the form is
25 in the process of being made. She also requested a

1 clarification from the Board regarding the act being
2 just for hospitals and facilities.

3 Ms. VanOrder stated the Board cannot provide any
4 advisory opinions, and the presentation was by the
5 Pennsylvania Insurance Department, which is separate
6 from the Department of State. She suggested Dr.
7 Rutkowski contact the Pennsylvania Insurance
8 Department with any follow-up questions and review the
9 act in its entirety.

10 Chair Halloran commented that some of the
11 frustration with the Board is they are not able to
12 answer a question, where it looks like they are
13 legally sidestepping it, but it is because they
14 legally cannot give an advisory opinion.

15 Chair Halloran suggested Dr. Rutkowski contact
16 the PCA since she is a member, where the PCA legal
17 team could go over the No Surprises Act to make sure
18 there is a proper form. He noted that some of the
19 frustration from PCA members and other members of
20 chiropractic is the advisory role, where the Board
21 cannot interpret what another agency's remarks.

22 Mr. Nielsen requested a copy of the notes of the
23 presentation by PID to the Board.

24 Ms. VanOrder offered to reach out to the PID for
25 PCA.

1 DR. SWANK:

2 We can do this by voice acclamation. We
3 have a motion on the floor to adjourn
4 the meeting of February 24, 2022, from
5 the State Board of Chiropractic
6 Examiners.

7 All in favor, say aye. By voice
8 acclamation, this meeting is over.

9 [The motion carried unanimously.]

10 ***

11 [There being no further business, the State Board of
12 Chiropractic Meeting adjourned at 1:10 p.m.]

13 ***

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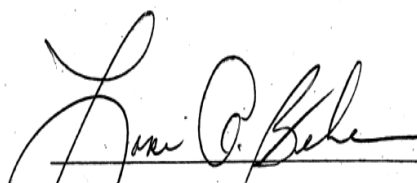
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CERTIFICATE

I hereby certify that the foregoing summary minutes of the State Board of Chiropractic meeting, was reduced to writing by me or under my supervision, and that the minutes accurately summarize the substance of the State Board of Chiropractic meeting.



Lori A. Behe,

Minute Clerk

Sargent's Court Reporting
Service, Inc.

STATE BOARD OF CHIROPRACTIC
REFERENCE INDEX

February 24, 2022

	TIME	AGENDA
1		
2		
3		
4		
5		
6		
7		
8	9:00	Executive Session
9	10:30	Return to Open Session
10		
11	10:31	Official Call to Order
12		
13	10:32	Introduction of Board Members/Attendees
14		
15	10:36	Adoption of the Agenda
16		
17	10:36	Approval of Minutes
18		
19	10:38	Report of Prosecution
20		
21	10:43	Report of Board Counsel
22		
23	10:46	New Business
24		
25	10:50	Appointment - Pennsylvania Insurance Department Presentation
26		
27		
28	11:20	Appointment - Carolyn A. DeLaurentis, Esquire, Deputy Chief Counsel, Prosecution Division Annual Report Presentation
29		
30		
31		
32		
33	11:34	Appointment - Bureau of Finance and Operations Annual Budget and Fee Increase Proposal Presentation
34		
35		
36		
37	11:54	Report of Board Counsel - Regulations
38		
39	12:24	Report of Board Counsel - Miscellaneous
40		
41	12:32	Report of Board Chair
42		
43	12:42	New Business
44		
45	12:46	Public Comment
46		
47	1:10	Adjournment
48		
49		
50		