PENNSYLVANIA

STATE BOARD OF

CHIROPRACTIC

NEWSLETTER

Spring 2008



COMMONWEALTH OF PENNSYLVANIA

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Governor's Newsletter

Ethics and Boundaries

by Kathleen McConnell, D.C.

"You have the freedom of choice but not the freedom of consequence!"

Joseph Janse, D.C.

It is the responsibility of the State Board of Chiropractic to protect the public through statutes, regulations and rules that are adopted by the Pennsylvania legislature, but it is the job of the entire profession to police itself. Each individual doctor of chiropractic has the responsibility and duty to serve his or her patients and the public in an ethical and competent fashion.

Moral turpitude relates to gross violations of standards of moral conduct, vileness and intentional evil which are contrary to justice, honesty, modesty and good moral judgment. Common violations in professional practice include felony and fraud convictions, incompetence or negligent practice, practicing outside of scope, breaches of confidentiality, substance abuse, advertising violations, failure to renew license, unprofessional conduct and sexual impropriety.

As professional health care providers, chiropractors need to understand the boundaries and respect needed to interact with patients. Patients set the boundaries. Your intentions don't matter but the patient's interpretation does. Boundaries may differ among patients and between visits. Patients are not considered sufficiently independent of bias or vulnerability to consent to romantic or sexual intimacy. This power differential makes patients especially vulnerable to an aggressive doctor. Even after care is terminated, boundaries still exist. Because the chiropractic profession requires physical contact with the patients, it may be easier for chiropractors to inadvertently cross boundaries.

It is the responsibility of the board to keep the integrity of the profession, to answer to the public for the actions of all licensees and decide whether to dismiss or rehabilitate a doctor, or revoke his or her license. Board interventions can include but are not limited to sanctions, reporting to a national database violations and actions, revocation of license, monetary sanctions, and requirement for professional intervention and post-therapy testing.

Here are some risk management keys:

- Monitor your own behavior.
- If a joke or comment is inappropriate to share with a child, don't share it with a patient.

- Conduct yourself as if your peers were looking over your shoulder.
- Any behavior you would be ashamed to share with your state association or regulatory board is probably behavior you should avoid.
- Even if you meant no malice or harm, if the patient felt violated, threatened, or insulted, you have put yourself at risk for accusations of ethical and legal transgression.

If you play the game of golf, you can appreciate the honor of this game. The ability to maintain the integrity of the sport by selfmonitoring and adherence to the rules of play is at the heart of this challenging endeavor. Knowing and learning the rules of golf are imperative if you want to play the game properly. So, too, we are challenged to know the rules of our profession. We are licensed for a reason. It is not your right to practice chiropractic, but your privilege to do so.

Protection for all involved can often include use of chaperones, establishing and maintaining boundaries you are comfortable with and documenting each and every encounter. What should you do to protect the public, yourself and the profession? The answer: empower your patients, monitor yourself and police your peers.

Reference: Federation of Chiropractic Licensing Board, Ethics and Practice position paper on Ethics and Boundaries. www.fclb.org

Upcoming 2008 Board Meetings

May 22 July 24 Sept. 25 Nov. 20

Continuing Education

by Michael A. Phillips, D.C.

Failure of licensees to meet the continuing education (CE) requirements for the biennial renewal of their licenses to practice chiropractic consistently represents more than half of the disciplinary sanctions imposed by this board.

Section 507 of our Chiropractic Act requires that, as a condition for biennial renewal, we must complete at least 24 hours of continuing chiropractic education within the immediately preceding two-year period. It also states credit will be given only for those hours attained in a board-approved program. This is referring specifically to approval by the Board of Chiropractic, before the program is presented. All board-approved programs or courses are given a board approval number. If a course doesn't have this number, it has not been approved, and you will not receive continuing education credit for it. It is the licensees' responsibility to make sure any courses they are taking for continuing education credit have this number. A list of those courses with current board approval numbers can be found on the board's Web site. The course provider should also make this number available before you take any course for continuing education credit.

Section 507 of our Chiropractic Act requires that we have board approval of our continuing education programs. Also, Section 507 and Sections 5.71 through 5.74 of our regulations spell out very specific criteria for qualifying education. These include such things as course content, which institutions and organizations

are eligible to conduct courses, acceptable faculty, the application process for course approval and certificates of attendance.

At this time, disciplinary sanctions imposed by the board for continuing education violations typically consist of a \$50 civil penalty for each credit short of the required 24 and a requirement to make up the credits within six months after the date of the order. Failure to comply would result in immediate license suspension, until such time as the hours are completed. Additional disciplinary sanctions could apply if it were determined the licensee deliberately provided falsified information to the board regarding the satisfaction of their CE requirements. Section 5.75 of our regulations requires us to maintain continuing education attendance certificates on file for four years, subject to board audit.

In addition to the described disciplinary sanctions and of as much or more serious consequence, a continuing education violation is reported to the Federation of Chiropractic Licensing Boards' Chiropractic Information Network/Board Action Databank. This national databank can be accessed by anyone interested in knowing if you've had any actions against your license. This potentially could include such entities as other state licensing boards, healthcare organizations or the public.

State Law Versus Contract Law

State Law

The state legislature creates, develops and puts into effect practice parameters for each of the professions under the Bureau of Professional and Occupational Affairs. The goal of this legislation is to protect Pennsylvania consumers. These legislative acts identify exactly what professional services chiropractors are allowed to provide.

Contract Law

When there is an agreement between two or more parties, (i.e., doctor and third party payer), about what type of services can be rendered and what type of payment procedures will be followed, this falls under contract law. Contract law can and does sometimes restrict practice parameters. Contract law can not expand practice parameters beyond legislative intent that regulates our profession, but it can reduce what services can be performed, no matter what the legislative intent.

Bottom line: read every third party participating contract carefully before you sign it. Understand exactly what it is telling you and how it will affect your mode of practice.

PA Chiropractic Assistant and Independent Medical Examination Regulations

by Jon McCullough, DC, DABCO, DACR, DACRBm DABCT, Chairman

A. Chiropractic Supportive Personnel

Although the Chiropractic Practice Act was amended in 1996 to include Section 601 (supportive personnel), some continue to question exactly what supportive personnel can do in a chiropractic office. Section 601 is clear: A chiropractor may supervise unlicensed personnel only on premises. The chiropractor may not delegate any activity that would require formal chiropractic education, "or the knowledge and skill of a licensed chiropractor."

In order to aid licensees in complying with the act, the board is considering promulgating regulations to identify what procedures may be delegated or not. The board sent an exposure draft to interested parties and will incorporate their input on the proposed rulemaking. Ultimately, the chiropractor is professionally responsible for all actions of unlicensed personnel. Supportive personnel may only function under the chiropractor's direct on-premises supervision.

Only a chiropractor who is certified to use adjunctive physiotherapeutic procedures may delegate the assistance of various modalities. The chiropractic doctor may not delegate any activities that would require chiropractic licensure, such as evaluation and management of patients, chiropractic manipulation, x-ray or diagnostic interpretation, or venipuncture.

Chiropractic assistants may provide invaluable help in recording chief complaints or history of presenting illnesses, vital signs or documenting the patient's response to care. They may assist the chiropractor in applying a cast, splint, appliance or orthotic, and may relay the doctor's instructions. They may maintain the patient file and prepare the patient for the therapeutic encounter.

The licensed doctor of chiropractic must make the daily evaluation and management decisions, specify the treatment regimen and may not delegate these activities to unlicensed supportive personnel. While unlicensed supportive personnel may develop an x-ray, only the doctor or a radiologic technologist "may apply ionizing radiation to patients for diagnostic purposes" pursuant to §5.62.

B. Independent Chiropractic Examination and Chiropractic Peer Review

The board also has determined that it would be beneficial to provide standards for those licensees performing independent chiropractic reviews. The board sent to interested parties an exposure draft and will incorporate their input on proposed rulemaking.

The board's primary function is to safeguard the public. While peer review, utilization review and independent medical and chiropractic examinations are necessary to review the treatment being rendered, there has been little professional oversight of these activities. Independent medical/chiropractic examinations, peer review and utilization reviews require professional licensure. As such, this board has jurisdiction over its licensee's behavior. This regulation requires chiropractors performing these functions to hold a valid license to practice chiropractic medicine in Pennsylvania, be in active chiropractic clinical practice for a minimum of 20 hours per week and maintain malpractice insurance that covers these activities. The examining chiropractor may not perform an IME/ICE if they have had previous professional involvement with the patient or provider under review or if the examining chiropractor ever performed pre-certification, case management or vocational rehabilitation regarding the patient. Finally, the examining chiropractor may not perform and IME/ ICE when their impartiality may be questioned.

The reviewing chiropractor would be required to obtain the patient record from his or her treating chiropractor, take an independent history and perform a clinical examination and prepare a signed report. The report must be provided to the treating chiropractor. Finally, the examining chiropractor may not make any recommendations directly to the patient altering his or her care nor solicit the patient for care.

Confusing, Misleading or Deceptive Advertising

by Nicole L. VanOrder, Deputy Attorney General with the Pennsylvania Office of Attorney General's Health Care Section

The Pennsylvania Office of Attorney General's Health Care Section observed a rise in the number of complaints concerning confusing, misleading or deceptive advertising by medical professionals. There appears to be increased competition among healthcare service providers, which has led to the use of advertising or marketing to carve out specific niches to secure a greater market share.

This type of advertising arises when medical professionals, or other individuals operating in the healthcare field, market themselves using additional letters or titles other than those generally recognized as a government licensure or certification, or completion of an accredited educational degree program. The deception appears in two forms: either failing to disclose an item of importance or affirmatively misrepresenting something. This unscrupulous practice causes confusion in the minds of consumers as to the true nature of the services or provider.

For example, our office filed suit against two separate audioprostologists, hearing-aid fitters, for this conduct. Both hearing-aid fitters were advertising "audiological services" without an audiologist on staff. An audiologist is a person holding a certificate of clinical competence in audiology awarded by the American Speech and Hearing Association or one who can provide evidence of having successfully completed equivalent academic training and clinical experience. One of the two hearing-aid fitters also was advertising using the title master hearing instrument specialist, or MHIS. The defendant's use of the title "master" hearing instrument specialist implies that the provider has education, training and/ or skills that are above and beyond those possessed by other registered hearing-aid fitters violating the Pennsylvania Unfair Trade Practices and Consumer Protection Law, 73 P.S. §§ 201-1, et seq. ("Consumer Protection Law") and other hearing-aid specific laws.

Specifically, these examples demonstrate violations of the following sections of the Consumer Protection Law:

- (ii) Causing likelihood of confusion or misunderstanding as to the source, sponsorship, approval or certification of goods or services;
- (iii) Causing likelihood of confusion or misunderstanding as to affiliation, connection or association with, or certification by, another;
- (v) Representing that goods or services have sponsorship, approval, characteristics, ingredients, uses, benefits or quantities that they do not have or that a person has a sponsorship, approval status, affiliation or connection that he does not have;
- (xxi) Engaging in any other fraudulent or deceptive conduct which creates a likelihood of confusion or of misunderstanding. See 73 P.S. § 201-2(4) (ii), (iii), (v), (xxi)

This also is a violation of another Pennsylvania law because the Speech-Language and Hearing Licensure Act, 63 P.S. § 1701, et seq. ("Hearing Licensure Law") provides that "A person is deemed to be or to hold himself out as being an audiologist if he [or she] offers such services to the public under any title incorporating the words audiology, audiologist, audiological consultant... or any similar title or description of service."

The Consumer Protection Law protects the weakest and most vulnerable of consumers and prohibits any "fraudulent or deceptive conduct which creates a likelihood of confusion or misunderstanding." It is not necessary to prove intent to support a legal violation; even if the provider does not mean to deceive, but engages in confusing, misleading, or deceptive advertising, he or she may find themselves on the wrong side of this law.

The Consumer Protection Law allows for the imposition of costs, restitution, and civil penalties in the amount of up to \$1,000 per violation, or up to \$3,000 per violation where the effected consumer is over 60 years of age or older. In some cases, forfeiture of franchise or right to do business and contractual rescission may result from violation. The Consumer Protection Law also provides for a private right of action by individual consumers.

My Role as the Attorney General Designee on the Board

by Nicole L. VanOrder, Deputy Attorney General with the Pennsylvania Office of Attorney General's Health Care Section

By statute, the director of the Pennsylvania Attorney General's Bureau of Consumer Protection or her designee serves on many of the business and healthcare-related boards, including the boards of Dentistry, Optometry, Pharmacy, Nursing Home Administrators and Chiropractic. My role as the director of the Bureau of Consumer Protection's designee is to protect the public in a fair and equitable manner.

The bureau within the attorney general's office is tasked with protecting the public from unfair, misleading or deceptive business practices. The bureau is authorized to conduct investigations into commercial and trade practices relating to consumer goods and services, conduct studies and research into matters affecting consumer interest, advise the legislature on matters affecting consumer protection, investigate fraud and deception in consumer goods and services, and promote consumer education concerning consumer fraud, deception and misrepresentation.

The bureau responds to a consumer protection hotline, conducts public awareness and outreach events, mediates thousands of consumer complaints, and responds to many inquiries. It is authorized to file formal legal action where it has reason to believe that a business engaged in illegal practices against the public interest, including but not limited to situations where there is a pattern or practice that violates the law; an important legal issue, or a significant number of consumer victims.

I was appointed as the bureau director's designee when the former designee, Thomas E. Devlin, was appointed chief of the health care section in July 2006. The section operates within the public protection division and focuses on enforcing the Unfair Trade Practices and Consumer Protection Law as it relates to the healthcare industry; and protecting the public from unfair healthcare practices. For example, consumers who believe they have been unfairly denied coverage or improperly billed by a healthcare company can file a complaint with the section. This is unique and among the first of its kind in the nation. It focuses

on helping Pennsylvanians. The section mediates, investigates and takes legal action on behalf of the public interest but, it does not act as a personal attorney for individual consumers.

The health care section operates its own toll-free consumer hotline, 1-877-888-4877. It mediates and investigates consumer complaints. As of August 2007, the section handled more than 1,000 telephone calls, and more than 600 complaints were opened and assigned to specific agents.

More than one-third of the cases involve a refund request or improper billing issue. Other major issues include insurance coverage denials, deceptive or misleading sales practices, non-payment of insurance claims, excessive charges for healthcare services, debt collection for medical services, defective goods and services, access to medical records, coordination of insurance benefits, or insurance termination. Combined, these subjects account for over three quarters of the complaints filed. The other 25 percent deal with a variety of healthcare-related issues.

The year-to-date savings for consumers totals approximately \$500,000. The section experienced success resolving a significant number of consumer complaints through a voluntary mediation process. During that mediation process, our agents, together with attorneys, are able to identify unfair and deceptive practices or patterns of conduct which violate Pennsylvania law and may warrant a formal legal action.

Prior to working for the section, I obtained a bachelor's degree from Lebanon Valley College in Annville and a Juris Doctor from Washington and Lee University School of Law in Lexington, Va. Since I was admitted to practice in 2000, I have spent six years within the commonwealth's office of general counsel, one year with the Bureau of Workers Compensation within the Department of Labor and Industry and five years assigned to the Department of Corrections as an assistant counsel.

New Board Member Profile: Kathleen Gorman McConnell, DC

I am honored and appreciate the opportunity to serve the chiropractic profession as a member of the state board. Listing degrees, schools and other assorted facts will follow but the true measure of a chiropractor is his or her ability to treat patients and do so in an ethical manner and to a professional standard. This is what I strive to do in my practice, where I have partnered with my husband for more than 20 years at Squirrel Hill Chiropractic in Pittsburgh.

I was born and raised in Mountain Top, a small town in northeastern Pennsylvania. I graduated from Slippery Rock State College with a BS in parks and recreation. After post graduate work at the University of Pittsburgh, I entered National College of Chiropractic and graduated with honors in 1986. My husband Jerry and I have been very happily married for 25 years and have two wonderful children. Tyler is an honor student at Central Catholic High School and a member of the crew team. Madison is an honor student at St. Maurice School.

I am an avid volunteer in my community, with my children's activities, and I enjoy golfing, skiing and camping. I was elected Chiropractor of the Year in 1999. I have been a district officer, district director and convention committee chairperson of the Pennsylvania Chiropractic Association and currently am a member of the PCA and a Fellow of the Federation of Chiropractic Licensing Board.

PA Chiropractic Assistant

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The proposed regulation concerning chiropractic peer/utilization review essentially would mirror those requirements the board would impose upon independent chiropractic examiners. An additional adjunctive procedures certificate is required to address reviews involving adjunctive procedures. As in the IME/ICE, the clinical rationale for any opinion expressed with respect to the patient's prognosis and need for chiropractic care must be included in the reviewers report. A peer review report must be provided to the treating chiropractor by the chiropractor performing the peer/utilization review.

In summary, these proposed regulations would clarify the sanctioned duties of supportive personnel as well as define appropriate professional behavior of chiropractic reviewers in performing IME/ICE, utilization or peer reviews.

REMINDERS

Licensees must contact the board with any changes in name or address.

Name changes require a copy of a court order, marriage certificate or divorce decree.

Licensees also must notify the board within 90 days if another state board takes disciplinary action against them.

Criminal convictions must be reported to the board within 30 days.

Mail information to:

State Board of Chiropractic PO Box 2649 Harrisburg PA 17105-2649

Governor Rendell's Prescription for Pennsylvania

Since 2000, the cost of family health insurance premiums has increased nearly 76 percent, while the increase in wages has increased just more than 13 percent. During the same time, inflation has grown 17 percent. If health care premiums continue to rise at six times the rate of inflation or wages, the health care system in Pennsylvania as we know it will disappear. The problem affects every Pennsylvanian, every Pennsylvania business and every Pennsylvania taxpayer.

There are also 767,000 uninsured adults and 133,000 uninsured children in Pennsylvania and just because they are uninsured doesn't mean they don't get sick and need health care services. Unfortunately, they often receive those services in very expensive emergency rooms because they have nowhere else to turn. Ultimately, we all pay for those services and it drives up the cost of health insurance for everyone. In fact, 6.5 percent of every Pennsylvanian's health insurance premium goes toward covering the cost of the uninsured. In addition, charges in 2005 for services resulting from unnecessary and avoidable health care costs, including hospital acquired infections, medical errors and avoidable hospitalizations for chronic disease totaled \$7.6 billion.

Governor Edward G. Rendell has proposed a health care reform plan that will Cover All Pennsylvanians, Cover All Kids and comprehensively reform and repair our broken health care system with an aggressive Prescription for Pennsylvania.

The Prescription for Pennsylvania is a set of integrated, achievable, practical strategies focused on driving down costs, providing access to universal

coverage, improving the quality of health care and driving down the inefficiencies of the health care system.

Its many initiatives will drive major costs out of the system, while improving efficiency of delivery of services and quality. These are proven private sector approaches modeled on proven private sector solutions for cost containment and quality improvement. Both employers and individuals will benefit.

In July 2006, the first piece of the Governor's Prescription for Pennsylvania – Cover All Kids – was passed by the legislature. Cover All Kids ensures that affordable health insurance is available for all our children. With final federal approval received this summer, Pennsylvania becomes one of only a few states with such a comprehensive program.

Now attention turns to uninsured adults. The Governor's Rx for PA proposal provides private sector access to affordable health insurance for uninsured adults through Cover All Pennsylvanians (CAP). But that alone will not affect the cost of health care for the remaining 11.6 million Pennsylvanians. That's why CAP is only one piece of the Prescription for Pennsylvania. And that's why the entire plan must be adopted.

Prescription for Pennsylvania puts forward common sense, workable initiatives that people are demanding. By pursuing this realistic and achievable private-sector plan, we can save billions of dollars. More importantly, we can give our working families a brighter and healthier future.

For more information on the governor's plan, go to RxforPA.com.

Reminder...

Renew Your License Online

You are eligible to renew online if:

- · You are currently in your license renewal period
- · Your license is delinquent by no more than 30 days

Go to the Department's Web site at www.dos.state.pa.us

Click on RENEW a Professional License (www.myLicense.state.pa.us).

Then simply follow the instructions to renew your license online.

First-time users need the following information:

- · Pennsylvania License Number
- · Registration Code
- Current mailing address

- Credit Card information
- E-mail address

Professional Health Monitoring and Voluntary Recovery Programs

By Kevin Knipe, Program Manager, Professional Health Monitoring Programs

The Professional Health Monitoring Programs' voluntary recovery program of the Bureau of Professional and Occupational Affairs (BPOA) provides a method by which licensees suffering from a physical or mental impairment, such as chemical dependency, can be directed to appropriate treatment and receive monitoring to ensure they remain capable of practicing safely.

The voluntary recovery program (VRP) is an alternative to discipline program offered to commonwealth-licensed healthcare professionals. Licensees are brought to the VRP's attention from a variety of sources, including individuals who self-report to the program, health care facilities, peers and colleagues, the Department of State legal office, the health-related licensing boards of BPOA, peer assistance programs, concerned citizens, etc.

The majority of licensed practitioners reported to the VRP are done so by individuals who are fulfilling their mandatory reporting requirement as defined under state law. In an effort by the PA State Board of Chiropractic to identify suspected cases of impaired professionals, Section 509. (f) of the chiropractic law requires the following:

"Any hospital or health care facility, peer or colleague who has substantial evidence that a professional has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance or is mentally or physically incompetent to carry out the duties of his or her license shall make or cause to be made a report to the board, provided that any person or facility which acts in a treatment capacity to an impaired professional in an approved treatment program is exempt from the mandatory reporting requirements of this subsection."

When a licensed practitioner is referred to the VRP, the individual is offered the opportunity to be assessed by a VRP-approved treatment provider. Only those licensees meeting criteria for a diagnosis under the "Diagnostic and Statistical Manual of Mental Disorders," Fourth Edition (DSM-IV), are considered for enrollment in the VRP.

The VRP is only offered to licensees who agree to enter into a consent agreement with the licensing board for a period of no less than three years. The consent agreement stipulates disciplinary action, including suspension or revocation, will be deferred so long as the licensee adheres to the terms and conditions of the agreement and maintains satisfactory progress in the program.

Because it is a voluntary program, licensees are provided the option of deciding whether or not they wish to cooperate with the VRP. When a licensee declines to cooperate with the requests of the VRP, the VRP reports the individual to the Department of State Legal Office for review regarding the possible initiation of formal public disciplinary procedures by the board against his or her license.

In order to ensure that there is no public record of a licensee's VRP participation, consent agreements are presented to the licensing boards for their approval with all identifying information of the licensee being redacted. Successful completion of the VRP allows for the licensee's file to be cleared of any record of disciplinary action against him or her through the process of petitioning the licensing board, once again anonymously, to have the record expunged.

While in the VRP, licensees must submit to random body fluid screening; abstain from the use of prohibited substances; comply with the recommendations made by their VRP-approved treatment provider(s); submit to monitoring of their practice by a workplace monitor; and actively attend 12-step mutual help fellowships, such as Alcoholics Anonymous, Narcotics Anonymous or other community-based support groups approved by the VRP. Violations of the agreement may result in immediate action to remove the licensee from practice, providing for optimum protection of the public.

If you suspect a health care practitioner is suffering from an impairment, urge the individual to seek help. To report a licensed practitioner of dentistry suspected of being impaired and/or diverting controlled substances, individuals or facilities can do so by either:

- Obtaining a statement of complaint form by contacting the Professional Compliance Office at (800) 822-2113 or (717) 783-4849, or downloading the form from the Department of State Web site at www.dos.state.pa.us.
 - Completing the online complaint form via the Department of State Web site.
- Sending a written narrative the Professional Health Monitoring Program, P.O. Box 10569, Harrisburg, PA 17105. The written complaint shall include the following: name of licensee suspected of being impaired, licensee's license number or social security number, or home address, and an overview of the event(s) precipitating the report.

For further information regarding the VRP, contact our office at (800) 554-3428 (PA residents only) or (717) 783-4857.

Disciplinary Actions

The following is a chronological listing of disciplinary actions taken by the board from Nov. 2006 through Aug. 2007. Each entry includes the name, certificate or registration number (if any), and last known address of the respondent; the disciplinary sanction imposed; a brief description of the basis of the disciplinary sanction and the effective date of the disciplinary sanction.

Every effort has been made to ensure that the following information is correct. However, this information should not be relied on without verification from the Prothonotary's Office of the Bureau of Professional and Occupational Affairs. One may obtain verification of individual disciplinary action by writing the Prothonotary's Office at P.O. Box 2649. Harrisburg, PA 17105-2649; or telephoning (717) 772-2686. Please note that the names of persons listed below may be similar to the names of persons who have not been disciplined by the board.

Nick Amato, license no. DC004491L, of Flanders, N.J., permanently and voluntarily surrendered his license to practice chiropractic. Amato has been convicted of a felony or a misdemeanor which relates to the profession. (11-16-06) Christopher J. Boucher, license no. DC006930L, of Philadelphia County, was revoked based upon his conviction in federal court for health care fraud and for making fraudulent statements in the practice of chiropractic, submitting to third-party payors claims for service or treatment not actually provided, committing immoral or unprofessional conduct and failing to report this conviction to the board. (12-04-06)

Harlan M. Goldman, license no. DC8636, of Cranberry Township, Venango County, was assessed a \$900 civil penalty because he failed to submit proof of completion of at least 24 credit hours of continuing education in acceptable courses taken between Sept. 2, 2002, and Sept. 1, 2004. (01-25-07)

John R. Derbonne, license no. DC006895L, of Greenville, Mercer County, was suspended for five years and assessed a \$1,000 civil penalty based upon his conviction in federal court for healthcare fraud. After one year of active suspension, the remaining period of suspension may be stayed in favor of probation. (01-26-07)

Brian K. Watkins, license no. DC006288L, of Pittsburgh, Allegheny County, was revoked based upon his federal criminal conviction. (03-26-07)

David A. Leader, license no. DC006256L of Mohrsville, Berks County, was assessed a \$1,200 civil penalty and ordered to submit proof of successful completion of 24 hours of approved continuing education within six months. Leader failed to provide proof of having completed at least 24 hours of continuing education in acceptable courses taken between Sept. 2, 2004, and Sept. 1, 2006. (05-24-07)

Scott A. Grazier, license no. DC002737L of Butler, Butler County, was assessed a \$50 civil penalty and ordered to submit proof of successful completion of one hour of approved continuing education within six months. Grazier failed to provide proof of having completed at least 24 hours of continuing education in acceptable courses taken between Sept. 2, 2004, and Sept. 1, 2006. (05-24-07)

Craig S. Phillips, license no. DC004388L of Butler, Butler County, was assessed a \$600 civil penalty and ordered to submit proof of successful completion of 12 hours of board-approved continuing education within six months. Phillips failed to provide proof of having completed 24 hours of continuing education

between Sept. 2, 2004, and Sept. 1, 2006. (05-24-07)

Chad E. Rosborough, license no. DC008778 of Cranberry Township, Butler County, was assessed a \$400 civil penalty and ordered to submit proof of successful completion of eight hours of approved continuing education within six months. Rosborough failed to provide proof of having completed 24 hours of continuing education between Sept. 2, 2004, and Sept. 1, 2006. (05-24-07)

Eugene S. Serafim, license no. DC007284L of West Chester, Chester County, was assessed a \$150 civil penalty and ordered to submit proof of successful completion of three hours of approved continuing education credits within six months. Serafim failed to provide proof of completion of 24 hours of board-required continuing education credits. (05-24-07)

Andrew L. Bieber, license no. DC008834 of Turbotville, Northumberland County, was assessed a \$600 civil penalty and ordered to submit proof of completion of 12 hours of board-approved continuing education within six months. Bieber failed to provide proof of having completed 24 hours of continuing education between Sept. 2, 2004, and Sept. 1, 2006. (05-24-07)

John E. Wolfgang, license no. DC007956L of Ashland, Schuylkill County, was assessed a \$50 civil penalty and ordered to submit proof of successful completion of one hour of board-approved continuing education within six months. Wolfgang failed to provide proof of having completed 24 hours of continuing education between Sept. 2, 2004, and Sept. 1, 2006. (05-24-07)

Nadine A. Hays, license no. DC007041L of York, York County, was assessed a \$600 civil penalty and ordered to submit proof of completion of 12 hours of board-approved continuing education within six months. Hays failed to provide proof of having completed at least 24 hours of continuing education in acceptable courses taken between Sept. 2, 2004, and Sept. 1, 2006. (05-24-07)

Alexander Nicholas Bohatiuk, license no. DC003923L of Bear, Del., was assessed a \$600 civil penalty and ordered to submit proof of successful completion of 12 credit hours of board-approved continuing education within six months. Bohatiuk failed to provide proof of completion of board-required continuing education courses. (05-24-07)

Michael W. Palumbo, Jr., license no. DC006801L, of Millville, N.J., was assessed a \$600 civil penalty and ordered to submit proof of successful completion of 12 hours of board-approved continuing education within

six months. Palumbo failed to provide proof of having completed twenty-four hours of board-required continuing education credits. (05-24-07)

Samuel G. Fenn, license no. DC007700R, of Sarver, Butler County was reprimanded, ordered to complete continuing education and demonstrate proficiency through examination, based upon disciplinary action taken by another state. (08-03-07)

UNETHICAL OR UNLICENSED ACTIVITY

If you believe the practice or service provided by a licensed professional to be unethical, below an acceptable standard or out of the scope of the profession; or if you are aware of unlicensed practice, please call the Bureau of Professional and Occupational Affairs complaints hotline at:

In Pennsylvania: 1-800-822-2113

Out of State: 1-717-783-4854

A complaint form
is available at
www.dos.state.pa.us
to file an online complaint,
or to print and mail.

PENNSYLVANIA

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