

# A Commentary on the History of Chiropractic Prescriptive Rights in New Mexico

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## INTRODUCTION

This article will discuss my initial involvement in the movement to expand the scope of practice for chiropractic physicians in New Mexico. I will comment on the need to prevent managed care companies from deleting chiropractic coverage and the change in Managed Care Regulations that not only prevented the deletion of chiropractic coverage but provided the opportunity for chiropractic physicians to become credentialed as primary care providers.

## DISCUSSION

During 1991, I enjoyed the distinct honor of being the founding chiropractic physician of a chiropractic service within the Lovelace Health Care System.<sup>1</sup> It was a privilege to serve as a full-time chiropractic specialist within the orthopedic department, specifically occupational medicine. Although my full-time employment lasted only three years, my contractual relationship with Lovelace permitted me to serve for 25 years.

My tenure with Lovelace allowed me to learn the gatekeeper model, which required initially a referral from an orthopedic surgeon to a chiropractic specialist. Later all licensed physicians could refer patients for chiropractic services. Long term, the majority of referrals for chiropractic services were from primary care physicians. In fact, during my 25 years

with Lovelace 91% of my new patient referrals were from medical physicians. Hence, the gatekeeper model controlled the number of patients that could receive chiropractic services.

Although it became obvious that medical physicians would refer patients to chiropractic specialists if they trusted them, it was also obvious that the percentage of referrals was limited.<sup>2</sup> Less than 3% of Lovelace patients were referred for chiropractic services, while the national average of Americans receiving chiropractic care was close to 10%.<sup>3</sup>

During the latter part of 1999, the Corporation Commissioner contacted me and warned me that managed care companies had rewritten the Managed Care Regulations and proposed the elimination of coverage for chiropractic services. The changes were scheduled to take place by the end of the week. Of course, this was alarming, and I felt compelled to stop this inappropriate change in regulations. I immediately hired an attorney capable of assisting me and scheduled a meeting with the Superintendent of Insurance. Fortunately, the Superintendent was pleased to assist us with the process of not only preventing the deletion of coverage for chiropractic care but asked if any other changes were appropriate. We then added to the regulations that a chiropractic physician with appropriate training and credentialing could become a primary care provider.

Of course, to become a primary care provider, a chiropractic physician would need to be able to prescribe medications. Hence, several members of the New Mexico Chiropractic Association began pursuit of expansion of scope of practice to include prescriptive rights.<sup>4</sup>

## CONCLUSION

Chiropractic physicians are trained to evaluate and manage patients suffering with neuromusculoskeletal conditions and other diseases. In order to serve as primary care providers, chiropractic physicians must enroll in postdoctoral training programs that lead to board certification and primary care medicine. Chiropractic schools should develop academic programs that prepare chiropractic physicians to serve as chiropractic specialists in both neuromusculoskeletal medicine and primary care medicine, which requires an expansion of scope of practice.

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