

# **A Commentary on the Value of Limited Prescription Rights for Qualified Chiropractic Physicians**

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## **INTRODUCTION**

The health care delivery system in the United States is changing. Evolving approaches to health professional regulation and administration have increasingly focused on improving efficiency and effectiveness and lowering costs through a more patient-centered culture. This trend emphasizes value to the patient.<sup>1</sup> No longer do medical doctors (MD) and doctors of osteopathy (DO) have absolute authority over patient care. Instead, the future of patient-centered care is integrated and best developed using evidence-based tools and practicality to achieve high-value care.

Expansion of scope of practice in health professions is part of a current trend to improve patient access to high-value care. Each state determines the scope of practice and rules of licensure for non-MD/DO providers. There are fundamentally two ways to broaden practice-scope laws. The first is by expanding the basic licensure of a profession to include additional modalities. The second is by adopting specialized training and certifications. This second method, used by the nursing profession and others, is commonly called tiering.

This article advocates for high-value, patient-centered care through expanding the scope of practice for qualified Doctors of Chiropractic (DC) to include limited pharmacological privileges through tiering.

## DISCUSSION

In all but one state, DCs cannot prescribe pharmaceuticals. This limits the doctor's ability to manage common conditions based on evidence and standards of care without referring the patient to an MD, DO, or advanced practice nurse (APN) for medication.<sup>2</sup> The patient must engage two practitioners, one for manual therapy and another for prescriptive medications. This inefficient and ineffective model requires duplication of services and puts unnecessary demand on the health care system.<sup>3</sup>

In most jurisdictions, DCs cannot even advise or administer over the counter (OTC) drugs or inject natural medicines. And with increased regulation of nutritional supplements, new laws may eventually exclude a DC's existing right to dispense nutraceuticals.

DCs are well-suited to blend the best of conservative care with conventional medicine.<sup>4</sup> DCs are trained in differential diagnosis with special emphasis on neuromusculoskeletal conditions. But in most states, before DCs can integrate pharmaceuticals into practice, they must seek additional training and licensure outside of the profession.<sup>5</sup> Developing credible and legitimate pathways that enhance basic licensure through post-doctorate programs and certification in pharmacology within the profession is more efficient. Post-doctorate advanced training for interested DCs is a critical step to encourage scope expansion and ensure patient safety. The resulting integrative approach would add value to patient care and influence the future of health care.

Currently, the state of New Mexico is the only jurisdiction in the United States where a DC has prescriptive privileges; these include specific medications, hormones, and other injectable substances to treat health conditions.<sup>6</sup> As of December 2019, two other countries also allow the use of limited prescriptive medication privileges in the practice of chiropractic, Switzerland and Liechtenstein. Switzerland and Liechtenstein have prescriptive privileges that include analgesics, anti-inflammatories, and muscle relaxants.<sup>7</sup>

Chiropractic programs and professional organizations already provide credible training that supports scope of practice expansion.<sup>8</sup> In the United States, DCs are required to pass four national boards demonstrating competency in areas such as pathology, diagnosis, radiology, physiotherapeutics, and technique. Expanding standard curricula to include enhanced post-graduate education with standardized testing is not a new idea. Currently, a DC can elect to take post-doctorate training in several specialties, such as orthopedics, pediatrics, radiology, sports, neurology, and nutrition. These existing educational programs provide a credible and logical springboard for elective advanced practice pharmacology certification.

Through elective, advanced practice tiering certifications and laws, the chiropractic profession can provide more comprehensive and efficient patient care. Organizations such as the International Academy of Neuromusculoskeletal Medicine, in collaboration with our accredited chiropractic schools, stand ready to help administer those expansions.

## CONCLUSION

States can deliver value to patients by granting limited prescriptive rights to qualified DCs. DCs already evaluate and manage patients as portal-of-entry physicians. But states should not require DCs to leave their professional base to further their education by adding prescriptive rights. DCs have long demonstrated a willingness to take elective training in many areas including pharmacology. And chiropractic-led, advanced-practice certification in pharmacology can better support this scope of practice expansion. This common-sense approach to enhancing value-based integrated care benefits the public and the profession.

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