

# MAINE STATE LEGISLATURE

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STATE OF MAINE  
LEGISLATIVE RESEARCH COMMITTEE

SUMMARY REPORT  
TO THE  
ONE HUNDRED AND SIXTH LEGISLATURE

VOLUME ONE

JANUARY, 1973



STATE OF MAINE

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C O N T E N T S

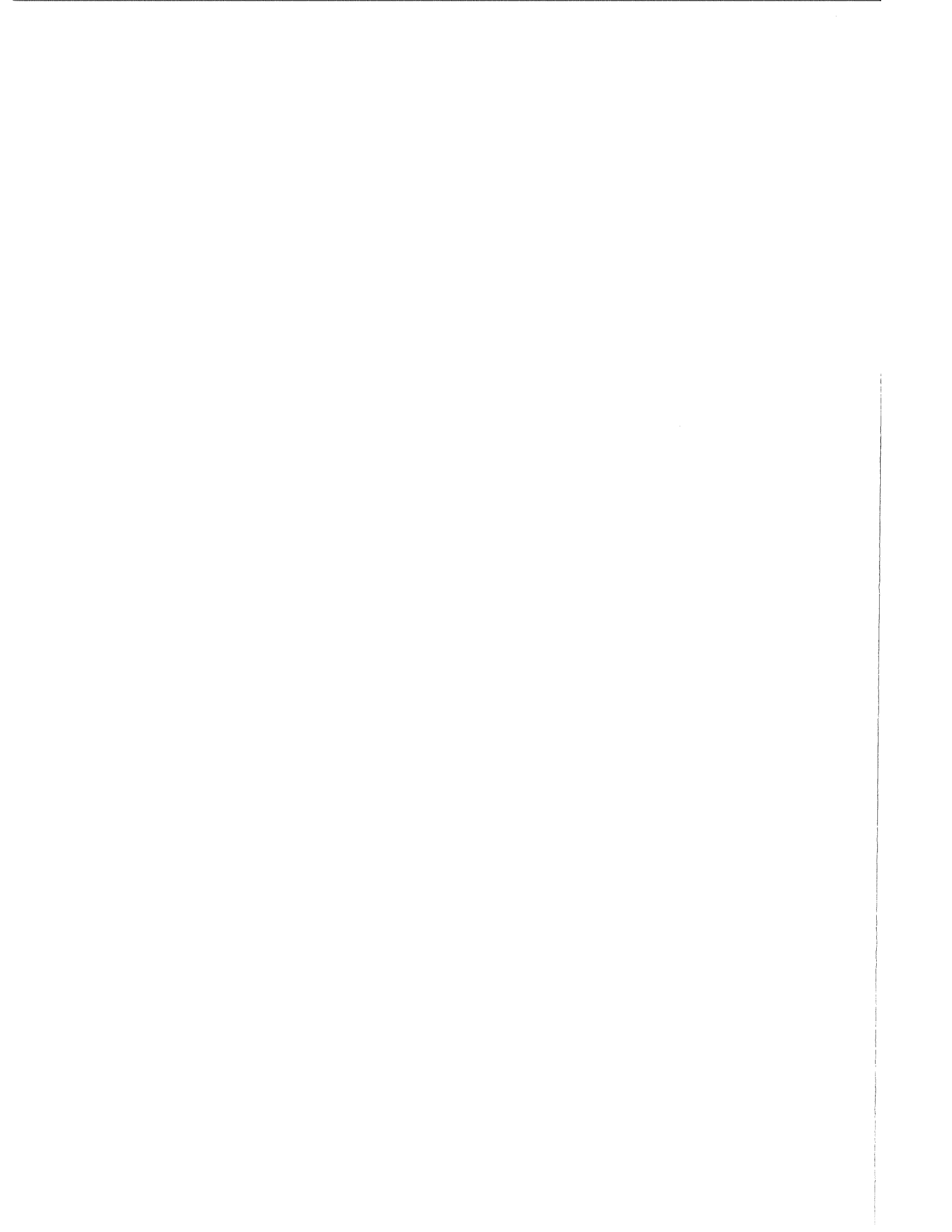
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STATE OF MAINE  
LEGISLATIVE RESEARCH COMMITTEE  
STATE HOUSE  
AUGUSTA, MAINE 04330

January 3, 1973

To the Members of the 106th Legislature:

The Legislative Research Committee hereby has the pleasure of submitting to you its report on activities for the past two years. This summary, designated as Volume I, deals with both assigned and unassigned studies and contains the findings and recommendations pursuant thereto.

The Committee was unfortunate in the loss of its original vice-chairman, the late Representative John E. Gill of South Portland. In his death on July 23, 1972, the State of Maine lost an able public servant. We of the Committee gratefully acknowledge our indebtedness to his ability and his contribution to the work of the Committee.

The Committee also wishes to acknowledge with appreciation the countless public and private individuals, organizations and agencies without whose assistance and cooperation the Committee would not have reached its conclusions.

The members of the Committee appreciate having been chosen to participate in this work and sincerely hope the results of many hours of work and devoted study transmitted here will prove beneficial to the members of the Legislature and ultimately to the citizens of the State of Maine.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "J. Sewall".

JOSEPH SEWALL, Chairman  
Legislative Research Committee



STATE OF MAINE  
LEGISLATIVE RESEARCH COMMITTEE

REPORT ON  
CHIROPRACTIC SERVICES  
to the  
ONE HUNDRED AND SIXTH LEGISLATURE

JANUARY, 1973  
Legislative Research Committee

Publication 106-2



## CHIROPRACTIC SERVICES

WHEREAS, the Maine Legislature in its past thirteen sessions since 1945 has rejected legislation that would provide for the inclusion of chiropractic services in the Maine Workmen's Compensation Law; and

WHEREAS, at this session of the Legislature, bills have been introduced not only to include chiropractic services in Workmen's Compensation, but also to require payment for such services under Blue Cross - Blue Shield and to require all insurance policies to be rewritten to provide payment for chiropractic treatment under the guise of preventing discrimination in insurance; and

WHEREAS, these bills, though related, have been referred, without overt indication that they comprise components of a planned legislative program, to three separate Legislative Committees; and

WHEREAS, the definition of "chiropractic" has remained essentially unchanged since 1923 thereby giving rise to the question of the extent of its meaning and whether it does or should include the diagnosing of medical ills or the use of x-ray equipment and analysis of x-ray films and the diagnosis and treatment of medical ills not related to the human spinal column; and

WHEREAS, there is therefore considerable uncertainty as to the legal extent of the definition of the practice of "chiropractic" as it bears on the actual practice of chiropractic performed in the State of Maine, and as it relates to the diagnosis and treatment of human disease; and

WHEREAS, no objective study of the practice of chiropractic in the State of Maine has ever been conducted by the Legislative Research Committee or by any other objective group representing the welfare of the people; and

WHEREAS, it is the responsibility of the Maine Legislature through the passage of legislation to protect the welfare of its citizens from such harm as may exist from the failure to define and license the various healing arts and to protect the integrity of public health and welfare programs such as Workmen's Compensation and public and private medical or health insurance; now, therefore, be it

ORDERED, the House concurring, that the Legislative Research Committee is directed to study the proper role of chiropractic in the State of Maine, with particular reference to its actual practice, to the education and training involved therein, to the tests and certifications required for the practice thereof, to its definition as presently contained in the Revised Statutes, Title 32, section 451, to the rules and regulations promulgated

thereunder and to its proper role in conjunction with Workmen's Compensation, Blue Cross - Blue Shield and other public and private medical health and accident insurance policies and programs; and be it further

ORDERED, that the Legislative Research Committee shall report its findings and conclusions together with any proposed legislation bearing upon the subject of this order to the next special or regular session of the Legislature.

SP 399	In Senate Chamber	House of Representatives
Berry	Read and Passed	Read and Passed
Cumberland	June 23, 1971	June 23, 1971
	Sent down for concurrence	In concurrence

## SUBCOMMITTEE ON CHIROPRACTIC SERVICES

CHAIRMAN - Ethel B. Baker

VICE CHAIRMAN - Walter L. Bunker

David J. Kennedy

Theodore E. Lewin

Guy A. Marcotte



## CHIROPRACTIC SERVICES

By Joint Order S. P. 399 of the 105th Legislature, the Legislative Research Committee was directed to study the role of Chiropractic in the State of Maine, with particular reference to its actual practice, to the education and training involved therein, to the tests and certifications required for the practice thereof, to its definition as presently contained in the Research Statutes, Title 32, Section 451, to the rules and regulations promulgated thereunder and to its proper role in conjunction with Workmen's Compensation, Blue Cross - Blue Shield, and other public and private medical health and accident insurance policies and programs.

Essentially, the problem as presented in the preamble to the Order is: that the Maine Legislature has, in the past thirteen sessions since 1945, rejected legislation that would provide for the inclusion of chiropractic services in the Workmen's Compensation Law; that bills were introduced at the regular session of the 105th Legislature not only to include chiropractic services in Workmen's Compensation, but also to require payment for such services under Blue Cross - Blue Shield and to require all insurance policies to be rewritten to provide payment for chiropractic treatment under the guise of preventing discrimination in insurance; that these bills, though related, were referred, without overt indication that they comprise components of a planned legislative program, to three separate Legislative Committees; that the definition of "chiropractic" has remained essentially unchanged since 1923 thereby giving rise to the question of the extent of

its meaning and whether it does or should include the diagnosing of medical ills or the use of x-ray equipment and analysis of x-ray films and the diagnosis and treatment of medical ills not related to the human spinal column; there is therefore, considerable uncertainty as to the legal extent of the definition of the practice of "chiropractic" as it bears on the actual practice of chiropractic performed in the State of Maine, and as it relates to the diagnosis and treatment of human disease; that no objective study of the practice of chiropractic in the State of Maine has ever been conducted by the Legislative Research Committee or by any other objective group representing the welfare of the people; and that it is the responsibility of the Maine Legislature through the passage of legislation to protect the welfare of its citizens from such harm as may exist from the failure to define and license the various healing arts and to protect the integrity of public health and welfare programs such as Workmen's Compensation and public and private medical or health insurance.

Contrary to one of the main contentions expressed within the foregoing Order, the 105th Legislature enacted, along with passage of the Order, legislation authorizing Chiropractic Treatment under the Workmen's Compensation Law, Chapter 246 of the Public Laws of 1971.

With legislative disposition of that consideration the Committee focused its attention on other aspects of the broad legislative directive. To that end the Committee held a series of executive hearings in order to afford those directly as well as indirectly concerned with full opportunity to be heard and to present their views in response to the legislative mandate.

In the light of these hearings and the executive deliberations which followed, the Committee felt that chiropractors were capable of policing and upgrading their own profession to a greater degree. Therefore, the Subcommittee recommended that the State Board of Examination and Registration, and the Chiropractic Association be given an opportunity to promulgate and adopt, subject to the Committee's approval, a written code of professional ethics for chiropractic positions in the State of Maine. In keeping with this recommendation, the Committee further proposed that the following section be inserted in the Maine Revised Statutes to assure such a code would become a matter of public record:

MRSA Title 32 §455 Code of Ethics

The board of examiners shall adopt a code of ethics in keeping with those standards established by the Maine Chiropractic Association to govern appropriate practices or behavior as referred to in this chapter, and shall file such code with the Secretary of State within 30 days prior to the effective date of such code.

When confronted with these recommendations, spokesmen for the Chiropractic profession agreed with the Committee that adopting their own code of ethics was a very good suggestion and that they would proceed to codify such a code. Attached and incorporated as part of this report is the Code of Professional Ethics as adopted by the Board of Chiropractic Examination and Registration at its semi-annual meeting June 4th, 1972. Upon presenting the code at a later meeting for the Committee's review, Milton B. Downing, D.C., President of the Maine Board of Chiropractic Examination and Registration, indicated that part of the National and Massachusetts Code of Ethics had been incorporated into their code and that it was much wider than ever before and gave the

Board more teeth. In adopting the Code, Dr. Downing thanked the Committee and stated they had done chiropractors a favor.

Among numerous other considerations undertaken by the Committee was a careful examination of the various controls which have bearing on chiropractic practice in Maine to determine in light of the Order, what, if any, changes were necessary or desirable. After close scrutiny of such factors, the Committee concludes, excluding the recommended Code of Ethics and the proper policing thereof, that present law is adequate.

Therefore, against this background and in the absence of impending need, the Committee unanimously opposes recommending any change which will operate to broaden the scope of chiropractic practice in the State of Maine beyond the limits of existing law.

CODE OF PROFESSIONAL ETHICS  
AS ADOPTED BY THE  
BOARD OF CHIROPRACTIC EXAMINATION  
AND REGISTRATION  
**FUNDAMENTAL PRINCIPLES**

The transcendent principles upon which chiropractic ethics are based are these:

1. The ultimate end and object of the chiropractor's effort should be: "The greatest good for the patient."
2. The rules of conduct of chiropractor and patient, and of chiropractors toward each other, should be but facets of the Golden Rule: "Therefore all things whatsoever ye would that men should do to you, do ye even so to them."

It naturally follows that the various articles of this Code are but special applications of these great principles.

PART ONE

**Duties of the Chiropractor to the Patient**

**Section 1.** The chiropractor should hold himself in constant readiness to respond to calls of the sick. He should bear in mind the great responsibility his vocation involves, and should so conduct himself as to acquire the confidence and respect of his patients.

**Section 2.** The chiropractor should be aware of his professional limitations; he should be ever ready to consult with members of his own or other healing arts professions, or to make referrals, if in his judgment this is in the best interests of the patient. Furthermore, the chiropractor should be ready to act on any desire the patient may express for a consultation or referral, even though he may not himself feel the need for it.

**Section 3.** The chiropractor should attend his patient only as often as is necessary to insure continued favorable progress, being careful to apply good professional judgment to the requirements of each case.

**Section 4.** The chiropractor is bound to hold in confidence whatever he may hear or observe respecting the character or private affairs of his patients and their families while in the discharge of his professional duties unless it becomes evident that such secrecy would result in harm to others or unless he is compelled by law to reveal such confidences in the interests of the commonwealth.

**Section 5.** The intimate relation into which the chiropractor is brought with his patient gives him the opportunity to exercise a powerful moral influence, which should always be used in the patient's best interest. The chiropractor may sometimes be asked to assist in practices of questionable propriety, such as the pretense or concealment of disease; to all such propositions he should present inflexible opposition.

**Section 6.** A patient's case history, X-ray films, and other pertinent records are the property of the chiropractor or office compiling said information and should be released only with the greatest of discretion. Such release or disclosure of information is permissible only when it is in the patient's best interests, as in the following instances:

- a. Requests from the patient's insurance company or attorney, or from the Industrial Accident Commission, for such information as may be necessary to secure reimbursement for the cost of the patient's treatment, provided that the patient has signed an authorization for the release of such information.
- b. Requests from the patient for a record of his financial transactions with the office, for his listings, or for a statement of contraindications.
- c. Requests from other qualified practitioners for X-ray films and other pertinent information for their use in treating the patient.

**Section 7.** A chiropractor should not express gloomy forebodings regarding a patient's condition nor magnify the gravity of the case. He should endeavor to be cheerful and hopeful in mind and manner, thus inspiring confidence and courage in the patient. However, it is the chiropractor's duty to acquaint some judicious friend or relative of the patient with the true facts, should the case prove to be of a serious nature.

**Section 8.** While the chiropractor has the right to select his cases, once having accepted one he should not abandon it because it seems incurable or for any other reason, unless he gives the patient or the patient's friends or relatives sufficient notice of withdrawal to permit them to secure other attendance.

**Section 9.** Since a patient has the right to dismiss a chiropractor for reasons satisfactory to himself, so likewise the chiropractor may decline to attend patients when self respect or dignity seem to him to require this step; as, for example, when a patient persistently refuses to follow directions.

## PART TWO

### Duties of Chiropractors to the Profession

It is axiomatic that privilege begets responsibility. The privilege of a license to practice chiropractic carries with it the obligation to enrich the scientific lore; to elevate the position of the profession; and to conduct oneself as a person of pure character, unquestionable integrity, and admirable moral standards.

**Section 1.** The honor and dignity of the chiropractic profession may best be upheld, its sphere of influence expanded, and its science advanced through the association of chiropractors in state and national organizations.

**Section 2.** Chiropractors shall never adversely criticize other health sciences; shall never make claims that cannot be substantiated by standard laboratory and diagnostic procedures; and shall never make statements of any kind that might be construed as false or misleading.

**Section 3.** All individual chiropractor telephone directory listings shall be in light face and lower-case letters and shall include not more than the following information: name and address, phone number and alternate phone number, area of city or suburb, hours.

**Section 4.** Signs for chiropractic offices on the ground-floor level shall be no larger than two square feet.

**Section 5.** Any reference to a chiropractor's office or practice other than the forms "John Doe, D.C." or "Dr. John Doe, Chiropractor" must have prior approval of the Board of Chiropractic Examination and Registration.

**Section 6.** The standards for a chiropractic clinic will be as follows: 1) there will be two or more chiropractors practicing together. 2) there will be at least one qualified assistant to do X-ray and laboratory work; this third person may be a chiropractor. 3) the clinic will be equipped to ably run diagnostic and laboratory examinations or have available the service of a commercial or other qualified laboratory.

**Section 7.** Public relations material concerning chiropractic, in any media, shall deal strictly with the principles of chiropractic as a health science. Such material shall not solicit patronage for any individual chiropractor. The copy shall not be flamboyant; shall never promise cures or radical results; shall never offer nor imply free consultations or examinations, nor make any statement regarding fees; and shall never refer to special types of technic or other methods of treatment.

**Section 8.** Personal advertising in newspapers is prohibited, except for: 1) business cards of one column inch, giving only the name, address, phone number and office hours; or 2) announcements of opening an office in a new location, which may be two columns wide and two inches deep, containing the same information.

**Section 9.** Direct mail advertising shall not be addressed to "Occupant."

**Section 10.** Paid advertisements in any media, including direct mail, whether by individuals or groups, must have prior approval by the Secretary of the Board of Chiropractic Examiners.

## PART THREE

### Duties of Chiropractors to One Another

Because all distinction merited by one successful chiropractor is shared by the entire profession and all its practitioners, it is the duty of each chiropractor to endeavor to further not only his own interests and accomplishments but also those of his colleagues, by demonstrating respect for their skill and responsibilities; by cooperating fully in requests for consultations; by sharing in the dissemination of new knowledge in chiropractic; and by rendering all due credit, without envy or jealousy, for the achievement of fellow chiropractors.

**Section 1.** The chiropractor in conversation with a patient who is under the care of another chiropractor should always observe the strictest caution and reserve. No course of conduct or conversation should be pursued which might, directly or indirectly, tend to diminish the trust imposed in the practitioner employed.

**Section 2.** In cases of accident or sudden emergencies, more than one chiropractor may be sent for by alarmed friends or family. Courtesy should assign the patient to the first who arrives, and he should select from the others such assistance as he may require. But he should also request that the family chiropractor (if there is one) be sent for, and on his arrival resign the case into his hands.

**Section 3.** No steps should be taken by any chiropractor, directly or indirectly, with the view of diverting to himself the patients or practice of other chiropractors.

**Section 4.** No chiropractor should advise a patient to seek out the graduates of a particular chiropractic college.

## PART FOUR

### Duties of Chiropractors in Regard to Consultations

Because the chiropractor, like members of any other profession, occasionally encounters a case the handling of which is complicated by some difficulty, it becomes at times necessary to consult another chiropractor in order to give the patient the benefit of broader wisdom and more varied experience. Whether the consultation is arranged as a result of a patient's desire or upon the request of the chiropractor for another opinion, fair and ethical procedures should always be followed.

**Section 1.** The utmost punctuality should be observed by chiropractors when they are to hold consultation. Unavoidable delays caused by professional duties may sometimes occur, causing one of the consultants to be late for the appointment. Courtesy demands that in such a case the chiropractor who is delayed attempt to notify his consulting colleague of the delay and try to make some arrangement with him, either to wait a short time longer or to reschedule the consultation. If after a reasonable length of time there has been no appearance or communication from the second consultant, the first to arrive may consider the appointment postponed and leave, expecting another appointment to be made. If, however, the first to arrive is the one who was called in consultation and he has travelled a considerable distance, he may proceed with his examination and make a private report of his findings to the attending chiropractor. He should always exercise the utmost caution in what he says to the patient in the absence of the attending chiropractor.



**Section 2.** In consultations the attending chiropractor should put the necessary questions to the patient. Then the consulting chiropractor should make such additional inquiries and examinations as he may need to satisfy him as to the nature of the case, but he should avoid making a parade of any superior knowledge. Both chiropractors should then withdraw to a private room for deliberations.

**Section 3.** In consultation deliberations the attending chiropractor should voice his opinion first, then other consultants in the order called. Should there be several consultants and their opinions equally divided, the attending chiropractor must make the decision. Should there be a wide diversity of opinion when only two are consulting, they should request a third opinion.

**Section 4.** The attending chiropractor should communicate to the patient or his family or friends such results of the consultation as have been mutually considered proper to express. But no discussion should take place before the patient or his family or friends except in the presence of all the consulting chiropractors.

**Section 5.** The consulting chiropractor should not at any time take charge of a case on which he has been called in consultation without the consent of the attending chiropractor.

#### PART FIVE

##### **Duties of Chiropractors in Respect to Pecuniary Acknowledgements**

**Section 1.** It shall be considered unprofessional to split fees or to give or receive a commission in the referral of patients for chiropractic service.

**Section 2.** Unfortunately, every community has within its population a certain percentage of people who evade every financial obligation possible. Such persons prey upon the chiropractor as well as on members of other professions, therefore it is perfectly proper for the chiropractors of a community to make, cooperatively, a list of such individuals and to demand before attending them some adequate security that the fee will be paid.

**Section 3.** There is no profession whose members dispense gratuitous services more freely than do chiropractors, but justice demands that some limit be placed on the extent of such services. Poverty, professional brotherhood, the poorly remunerated occupation of some individual patient, and certain public duties should be recognized as presenting valid claims for gratuitous services. However, services rendered endowed institutions, mutual benefit societies and the like and services under Section 2 of Part Six should not, justly, be rendered without an appropriate fee.

## PART SIX

### Duties of Chiropractors to the Public

Because the chiropractor is a member of his community as well as a representative of his profession, it is his duty as a good citizen to be vigilant for the welfare of the community and to do his part in sustaining its burdens.

**Section 1.** The chiropractor should be prepared and available to give counsel to the public on matters pertaining to his profession such as postural hygiene, general hygiene, and sanitary measures in the control and prevention of epidemics. He should comply with all local regulations concerning reportable diseases. In the event of national or regional disaster, he should render, to the full extent of his capabilities, all such services as may be appropriate and necessary for the public good.

**Section 2.** Chiropractors should always be willing to testify in courts of justice on matters pertaining to the profession.

**Section 3.** Chiropractors should safeguard the public, and their profession, by exposing those who might attempt to practice without proper credentials, and by reporting dishonest or unethical conduct within the profession to the proper authorities.