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F.R.C.C.S.S.(Can)Hon.

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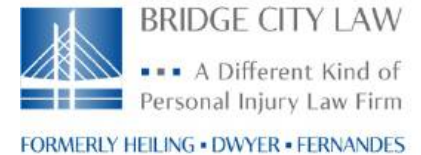
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A Note from the President For Doctors by Doctors



OCA Presidential Address - Fall 2022

Hello OCA Members,

Wishing you all a Happy Chiropractic Founders Day that we'll celebrate September 18th. On this date in 1895, D. D. Palmer gave Harvey Lillard the first chiropractic adjustment – delivered with a report heard round the world, even by Harvey! 127 years later, chiropractors continue to give millions of adjustments each year.

On November 8th, we each have the opportunity to make our voice heard by casting our vote in the 2022 General Election. The OCA has hosted fundraising events thru our ChiroPAC fund for several legislators of various parties based on their potential to work constructively with our profession. Thank you all for supporting these efforts and by so doing, taking a stand for Chiropractic, our patients and a vital future for our practices in Oregon.

During our August Board of Directors meeting, we voted to support the publication of a report showing the research that validates chiropractic clinical success and cost efficacy in workers compensation claims. This report is intended to support our return to full Attending Physician status with Oregon Workers Compensation. Anthony Rosner, PhD is the Research Director at University of Western States and will be producing this white paper.

I want to affirm to all of you, my Chiropractic colleagues, that you have earned the right to use the title doctor. The hours of training in neurology, radiology, diagnosis, etc., has been acknowledged by the Oregon Legislative

Assembly in the Oregon Revised Statutes. According to Statute 676.110 there are two requirements for use of the title “doctor”. First, earning a doctoral degree in the field of practice (Doctor of Chiropractic); second, be licensed by a health professional regulatory board (OBCE) to practice the particular health care profession in which the doctoral degree was earned. I am sharing this with you so you are equipped to answer any questions that may arise concerning chiropractors using the title “doctor”.

What does the Oregon Chiropractic Association offer that you can't get anywhere else? Reimbursement parity! Dr. Michael Arnot is chairman of the Insurance Relations committee and has been diligently pursuing greater reimbursement rates from all carriers for Oregon DCs. We invite you to join us in building a network of doctors to share information and gain equal and equitable reimbursement.

Our August membership drive event was sponsored by the Gatti Law Firm and was well attended. We are continuing with our statewide membership drive tour and are coming to your community. These events are free to attend, with the aim to grow the OCA, your only organized voice speaking to the Oregon legislature. So, be sure to invite your local colleagues to join us.

Todd Turnbull, DC, CCSP, CBIS/T

FEATURED MEMBERS

Milestone Years

40th YEAR IN PRACTICE: Ruby Anniversary!!



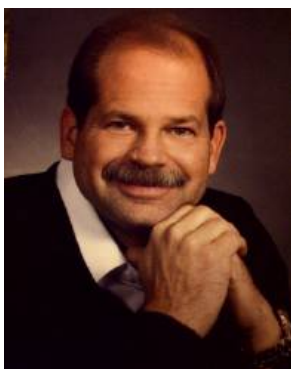
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Eugene/Bend



Annette Stevko, DC
NE Portland



Hari Dass Khalsa, DC
Oak Grove



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30th YEAR IN PRACTICE: Pearl Anniversary!!



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A Message from your Executive Director

Our OCA website has been transitioning to a new server recently and our hope is that this upgrade will help the functionality and speed within our website programs. One of those important programs is our CE library. If you have not already taken advantage of the automated CE Library programs we offer then you need to take a look at the variety of topics and world class speakers that we offer in online CE. In addition, this program automatically generates certificates within these time tracked programs upon completion. OCA Members benefit from discounts on these programs according to the level of membership and those special prices are revealed when looking at products to order.

August 18th we were in Bend for a District 10 meeting that was held at the McMenamins Old St. Francis School. (District 10 is Central Oregon including cities like Bend, Redmond, Prineville, Terrabonne, Madras and Maupin) The purpose of this trip was to reach out to docs in this area, present some useful CE (presented by Mike Smith & Emily Crocker, attorneys of the Gatti Law Firm) and offer updates on what the OCA is doing for the profession everyday. We offered updates from our Insurance Relations Committee, working on increased reimbursements for our members. We talked about our legislative/lobbying efforts in Salem headed up by Dr. Vern Saboe of Saboe Governmental Affairs, (Always educating our elected legislators and officials about who and what Chiropractic is). Dr. Saboe also discussed the upcoming 2023 legislative session and some of the legislation and other goals we will be working on next year for the profession. We continue to work on improving communications to both OCA members and

non-members in Oregon so that everyone can see the value and importance of a state association for the profession.

Recently a member phoned our OCA office asking us why in a patient's MVA arbitration while he was giving testimony, he was being told by the opposing insurance company attorney that he was **NOT A DOCTOR**. That attorney went so far as to say that even the OBCE did not consider him a DOCTOR? While we do not speak for the OBCE or know the validity of that statement, we are certain that they could not or would not support that premise. However, as we began to look at references that are currently being disseminated in Oregon we noticed that many groups are referred to as physicians, like Chiropractic physicians, Naturopathic physicians, Osteopathic physicians, and others, while a single group appears to be named as "Medical Doctors"? This is referenced on the Form 827 for workers comp and in other documents in workers comp.

We have supporting documents on our website "member tool center" that clearly states that we are DOCTORS of CHIROPRACTIC and aka CHIROPRACTIC PHYSICIANS. But these are not just RED FLAGS they are REAL ISSUES that seem to present themselves year after year!!! If you feel like you don't need anyone advocating for you and standing with you — then you are wrong..... That is an important function of this state association, board members, and staff. We are your watchdogs and advocates .

As always, the office is here for our members and we thank you for your continued support of the association as a

valued member. If you are not currently an OCA member and feel like you can “go it alone” then you are just fooling yourself. The OCA is not a government or state funded agency like the OBCE whose mission is “to protect the public”. We are a non-profit professional state association and our budget is funded solely by our OCA members, our events and our CE programs.... We are the ONLY association advocating for this profession in Oregon. We are your spokespersons.

We are working for you and your right to practice Chiropractic in Oregon all year long. We count on our membership to fund our budgetary needs and keep us fighting for the profession and yet it seems that when things are going good membership decreases when it should be at its highest. Why is it, when problems or controversy arise immediately the office phone is ringing and worried non-members are wanting information about what WE are going to do for THEM? Our members are receiving information all year long and they know what we are doing. We work tirelessly for our OCA members but in reality the entire profession benefits from our work.

I challenge you to ask yourself — if the OCA closed its doors tomorrow where would you be in 3 months, 6 months or a year? I believe you would be dealing with much more than the grammatical difference between the words physician and doctor..... So stop thinking of the OCA as an OPTION but rather as a necessary part of your ability to practice Chiropractic in Oregon. One adjustment a month pays for a membership in this state association that helps keep ALL OF YOU in practice and the opportunity to give those adjustments. We are here for you

and we have much more to accomplish together.

TOGETHER WE ARE ALIGNED.....

Events and other member news:

Our Annual Membership meeting was held this year on Saturday September 24, 2022 from 3:30—4 PM via zoom. The OCA Board was introduced and shared current news about the association and other updates with our members. Dr. Saboe shared our legislative updates and goals for the 2023 FULL legislative session.

Elections for the OCA Board of Directors will be held in December and ballots will go out that month. If you are interested in serving on the OCA Board please reach out to me at the OCA office so that I can put you in touch with our Nominating Committee. We need candidates on the ballot for the 2023-2025 term.

2023 convention planning is already underway. Next years convention is being planned as an in-person event once again and we are excited to announce that we are returning to the Sheraton Portland Airport where we had our 2022 event earlier this year. **The 2023 event is scheduled for April 28-30, 2023. We have speakers including: Dr. Frederick Carrick , Dr. Leonard Faye, Dr. Dan Murphy, Dr. Kevin Wong, Dr. Laura Swingen, Dr. Mario Fucinari and many more names we are in the process of confirming.....** More details will be coming this fall so watch for that and **SAVE THE DATE.**

OUR 75TH ANNIVERSARY YEAR MAY BE WRAPPING UP, **BUT WE'RE JUST GETTING STARTED.**

If we've learned anything this milestone year, it's that 75 years is just the tip of the iceberg. We look forward to serving you and helping to further the profession for many years to come.



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Oregon Legislative Update

OCA Legislative Up-Date

By Vern Saboe Jr., DC, OCA Lobbying and ACA Delegate for Oregon

OCA's Proposed Legislation for the Oregon 2023 Long Legislative Session



Workers' Compensation, we will fight for a return of full attending physician status for chiropractors in Oregon. The committee Chairman is making our bill one of his committee bills this is significant for the profession. Proposed changes to Oregon workers' compensation law as it relates to chiropractic physicians ORS 656.005(12), ORS 656.245.

The problem the OCA will work to correct is the arbitrary restrictions placed on chiropractic physicians that occurred in **1990 SB-1197**. The removal of our full attending physician status was based in part on flawed and misleading data produced in 1988 by SAIF Corporation. These restrictions have resulted in both increased medical costs in the management of common musculoskeletal injuries such as low back, neck, midback on the job injuries resulting in poorer outcomes for Oregon's injured workers. Most medical doctors refuse to manage injured workers with local hospital physician organizations tend to refer all injured workers with low back, mid back, and neck injuries to local occupational medical clinics. This has resulting in poorer outcomes and pre-mature claim closures.

Returning full attending physician status to chiropractic physicians outside of and within Oregon's Managed Care Organizations (MCOs) for the life of an injured worker's claim will both reduce cost and improve outcomes. The medical research literature is replete with scientific peer reviewed journal articles validating chiropractors gain superior treatment outcomes while reducing costs in the management of common back injuries.

Barriers to the OCA's bill will include the Management-Labor Advisory Committee's (MLAC) approval of this legislative concept since there is a continued false perception injured workers managed by chiropractic physicians will result in increased costs to Oregon's workers' compensation system. The Oregon Medical Association and the Oregon Association of Osteopathic Physicians and Surgeons will likely oppose our proposed legislation as they have complete control and few restrictions in the management of Oregon's injured workers. Occupational medical clinics and urgent care clinics will likely oppose our bill as this would result in business competition and lost their revenues. SAIF Corp and other Oregon workers' compensation insurers will be a barrier again due to false perception of increased costs and the four managed care organizations will also oppose our bill as they take their marching orders from SAIF Corp and the other insurers who they contract with.

Returning full attending physician status to chiropractic physicians for the life of an injured worker's claim would result in chiropractic physicians being, attending physician primarily responsible for treatment of the injured worker, provide compensable medical services for initial injury or illness, authorize payment of time loss (temporary disability) as well as releasing the patient to back to work, establish impairment findings following maximum medical improvement, and provide compensable medical services with aggravation of a workers prior documented injury."

The OCA has commissioned **Dr. Tony Rosner, PhD** former Executive Director FCER (Foundation for Chiropractic Education and Research) to review the literature and write a paper citing the medical research validating the reduced costs and better outcomes with chiropractic treatment of injured workers. This paper will be used to validate chiropractic management of injured workers indeed results in improved outcome and a reduced cost to the workers' compensation system.

General Health Insurance, we are again teaming up with other complementary and alternative medical (CAM) providers and will reintroduce last session's bill that will require the Department of Consumer and Business Services – Insurance Division Officials, to meet with us CAM providers, whenever there are provider discriminatory practices by insurance companies. This will be timely as the Federal Departments of HHS, Labor and Treasury are expected to publish their long-awaited regulations relative to the non-discrimination provisions in federal law passed in 2010 by Congress known as Section 2706a of the PPACA (Obamacare). The last piece of the discriminatory puzzle that OCA is fighting to put in place is relative to reimbursement for the same covered service.

Fentanyl Opioid Overdose Reduction and Treatment the OCA is working with Sen. Bill Kenemer, on proposed legislation that will educate all health professionals as to the signs and symptoms of opioid overdoses including illicit fentanyl, provide the ability for chiropractic physicians to use opioid urinary test strips and the emergency dispensing of life saving Narcan.

Oregon's Auto PIP, we continue to meet with auto PIP insurers showcasing all that we have accomplished to improve the quality-of-care consumers injured in auto accidents. For example, the clinical justification administrative rule the OCA proposed in 2005 permanently adopted in 2008 by the Oregon Board of Chiropractic Examiners (OBCE). The whiplash injury guidelines and the OCA's Code of Ethics all with the goal of preventing our excellent auto PIP law from being captured by a close panel managed care organizations (MCOs) system like our work comp MCOs.



OCA Goes to Bend for District 10 Meeting: Aug 18 LUNCH & LEARN

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At McMenamins Old St Francis School — Bend, Oregon



SAVE THE DATE
CONVENTION 2023
April 28-29-30, 2023



Chiropractic Odyssey

A journey of practice, seminars, observation and reading science.

I woke up at my usual time at 6 am on the first Monday morning that our office was closed by the California government, due to the Covid pandemic. My first thought was, what am I going to do for 3 months?

Over the previous few years, some close colleagues used to suggest that I write a book about all my clinical experience and the references I cited in my seminars, so that they would be available forever. I decided that morning to get up and start writing from 6:30 am to 4:30 pm.

I had been thinking about this for a few years but never had a three-month period without interruptions. My previous discussions with a famous writer told me that every day, read what I had previously written and then continue writing more. I kept to that process and at the end of twelve weeks, I had a 298-page book. I sent it to an editor who sent back 268 pages. He commented that he did not like my philosophy that I used 4 words when 1 would suffice.

It is my Odyssey because it starts with my experience with chiropractic that reversed the Poly Arthritis of Rheumatic Fever, my CMCC college experience in the late 50s. The book records my following experiences as I progressed from a small, Northern, Canadian village of 3000 rural patients, to practicing and lecturing in many cities around the world.

In the three countries that I conducted practices, I came across colleagues that referred me to books that changed my practice behavior. I attended for 13 years, the 5 day, Swiss Chiropractic Association Symposium that was very progressive. To practice in Switzerland, one had to have a BSc. Degree before they went to the USA or Canada.

In 1963, I was appointed with two other doctors to form a 4 year, 36 month curriculum for the first chiropractic college outside of North America that we called the Anglo European Chiropractic College. We had 3 years to complete this task. I was given Chiropractic Principles and the Technique program. The programs I developed became the MPI series of seminars in the late 70s.

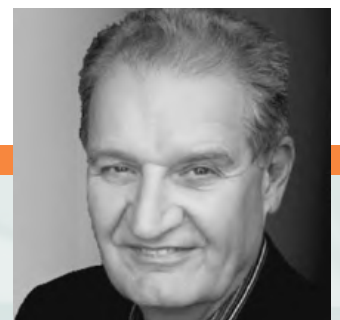
Many doctors have informed me that my experiences and the references, rejuvenated their desire to help patients and to start reading again. Students tell me that the book describes what they wish to become and how to get there. Doctors are reading the book and the references and as a result are helping more patients.

It is not a textbook; it engages the reader to question why they make clinical decisions and encourages certainty for them. It is so inexpensive because it is my swansong to our profession that is ever progressing the science but needs to remain the experts in the field of manipulation of all the joints.

The eBook can be obtained from Amazon.com and the paper version is at www.chiropracticmentor.com by clicking the green button.

I will be presenting at the OCA 2023 Spring convention (April 28-30 at the Sheraton Portland Airport), and I recommend reading the Chiropractic Odyssey so that you can ask questions.

*Yours Chiropractically,
Leonard J. Faye D.C., F.R.C.C.S.S.(Can)Hon.*





Improving Front Desk Collections

By: Dr. Ray Foxworth, CHUSA President

Being involved in chiropractic means you want to help people live healthier, happier lives. For many compassionate practitioners and their staffs, the tricky subject of payments can seem like adding more stress to the patient rather than taking it away. Here are three key areas that, when mastered, will do a lot to improve your front desk collections.

1. Clarity and Best Practices with Insurance and Care Plans

Have your front desk team clearly communicate to your patients from the first inquiry how much treatment will cost. This is your first and most valuable tool. Being a good communicator improves collections by helping to avoid confusion or conflict when payments are due.

Asking the right questions from the outset also makes it easier to examine how the patient's insurance plan (if they have one) will affect how much they'll owe and if their current status makes them eligible for any benefits. Never schedule an appointment without first speaking to patients about their coverage, then give your practice at least a few days leeway to verify the information the patient supplied by speaking to their plan provider.

Communicate to the patient how important it is for everyone involved that their insurance and health plan details are accurate and up to date, with any changes being immediately reported. Having your front desk team ask patients on every visit if any aspect of their on-file payment details have changed helps here. Gathering this knowledge before you move forward (and at regular intervals thereafter) clarifies how much will be due and how that sum will be paid.

Looking deeply into coverage and benefits early carries another potential front desk bonus. It emphasizes your practice's devotion to making care as affordable as possible rather than prioritizing the bottom line. It can go a long way in making future payment more tolerable for patients when they know they've saved every possible dollar.

2. Diverse and Flexible Payment Options

The more ways you utilize to accept revenue, the easier front desk collections will be. Offering as many of the following payment options as are possible under law and compliance regulations can make collections simpler:

- Cash
- Personal Checks
- Credit Cards – (Here's a good guide on adding the credit card payment model to your business if you haven't already)
- Health Insurance
- Hardship Discounts – Take caution to verify a patient's claim of hardship. Be sure to clearly state in writing what qualifies as hardship under your practice's policy and what documentation you'll require from the patient to prove it.

Becoming a member of the ChiroHealthUSA provider network is also an excellent way to deliver simpler payment options and discounts and help member patients better handle the burden of increasing health care costs. It's crucial to remember that your practice must stay compliant when offering any kind of discount to patients and to avoid any conflict with existing payment options or plans.

3. Competent and Caring Collections Staff

There are three things the best chiropractors keep in mind when a patient is ready to pay: that parting with money is rarely fun, that payment models can be confusing for many people even after they've been explained, and that payees may already be in physical discomfort and don't need any more stress. Your patients will be expecting the same level of knowledgeable care and consideration they received at the chiropractor's hands when they go to pay at the front desk. Collections staff should be competent in handling every payment model you offer while answering any financial questions with confidence, sensitivity, and patience.

It's also a bonus if your front desk staff aren't squeamish about asking patients to pay then and there rather than be billed (for co-pays, at the very least) and at addressing any outstanding account balances. This is a delicate skill, so train your team to handle payment policies and people. Striking the

right balance between friendship and forthrightness can help make the front desk an efficient part of revenue collection.

Be mindful that if your front desk staff are having financial problems, or don't pay their bills, you may not have the right person in the right seat, so consider a credit check when you hire.

Following these three steps can provide a boost to flagging front desk collections. Contact us today to discover how we can help your practice.

Dr. Ray Foxworth, DC, FICC, is and CEOChiroHealthUSA. For over 35 years, he worked in the trenches facing challenges with billing, coding, documentation, and compliance, in his practice. He is a former Medical Compliance Specialist and currently serves as chairman of The Chiropractic Summit, an at-large board member of the Chiropractic Future Strategic Plan Committee, a board of the Cleveland College Foundation, and executive board member of the Foundation for Chiropractic Progress. He is a former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and past chairman Mississippi Department of Health..

OCA COURSES MEET THE OBCE CULTURAL COMPETENCY REQUIREMENT FOR 2022

2021-02:	Hispanic/Latino Cultures = 4 CE Presented by: Pierluigi Mancini, PhD
2021-04:	Gender & Sexual Minorities = 2 CE Presented by: William (Beau) Foshee, DC
2021-18:	African & African American Cultures = 2 CE Presented by: James Mason, PhD
2021-19:	Asian Cultures = 2 CE Presented by: Paul Okamoto, DC
2021-20:	Middle-Eastern & Muslim Cultures = 2 CE Presented by: Huma Pierce, DC
2022-18	Cultural Competency = 1.5 CE Presented by: Lori Holt, RN-BC
2022-20	The Chiropractor's Role Addressing Social Injustice = 1 CE Presented by: Thomas R. Ventimiglia, DC

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We have a link to a Suicide Intervention (1 hour) program at our website: www.ocanow.com

However, we do NOT currently have a program for BLS/CPR/AED Certification

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Can Chiropractors Help Treat Headaches?

How You Can Address the Root Causes through Chiropractic Care

By Kevin M. Wong, DC

We chiropractors know that our style of healthcare helps headaches. The public, however, has little clue that chiropractors all over the world are extremely effective at reducing the intensity, severity and frequency of various headaches for patients. So how do we educate the public and our patients about how chiropractic can help headaches?

Now, let's be very clear: for conditions that patients seek chiropractic care, it's important to mention that we don't treat "headaches" per se. We treat the vertebrae, joints and muscles and restore structural alignment. This in turn helps the nervous and circulatory systems to improve and the secondary responses include helping relieve pain in a variety of body regions, including the head.

Headaches affect the quality of life for millions of people around the world

Recall that many different types of headaches exist. Tension, migraine, cluster, and sinus are some of the major ones, each with their own characteristics, but the list goes on. Headache pain can be severe enough to impact basic functions like sleeping and holding down a job and people are looking for relief. Patients frequently focus on seeking help from the allopathic doctor or treating the symptoms through medication because they don't think they have any other choice. I want to focus clinically on the unifying theme for all these headaches. The vertebrae and the skull bones are out of alignment in some manner. The surrounding muscles and soft tissue are also affected. Because of this, chiropractic care is very effective.

Repetitive stress, physical trauma, poor sitting, standing or sleeping posture and unsupportive pillows are a few of the common causes of stress that allow the vertebrae in the upper thoracic and cervical spine to shift out of alignment. One other contributing factor of neck and skull stress actually comes from the feet.

The feet and arches play a crucial role in neck/head stability

Almost all the patients I treat have some degree of pronated or flat feet. If you observe the Crooked Person diagram, it displays a typical human being in the weightbearing position. Excessive foot pronation, or collapsed arches, occurs in both feet with one foot usually being flatter than the other. If we notice, the left foot is over-pronating worse than the right foot.

The left excessively pronated foot causes inward rotation of the tibia, kneecap and femur bones. The pelvis tilts left causing further rotational stress up the Kinetic Chain to the spine, neck and head. After unleveling the shoulders, the stress from the feet goes right up to the neck, occiput and the jaw. The further away the symptoms are from the feet, the more likely a chiropractor is going to forget to check the feet. In a

headache patient, especially in the insidious onset of the headaches with no causative mechanism, don't forget to check those feet. The link all the way up to the neck and skull will shock you. A chiropractic checklist for a general headache patient



It's nice to have protocols and lists of what to treat so you can always see what you have done and what you have left to do. Over time, you learn and memorize these steps so you will not forget what to do. The headache patients I treat really respond to the following protocol:

1. All three arches of each foot and their visual effects on the axial Kinetic Chain up to the head.
2. Bilateral Shoulder joints (GH, AC, SC, Scapulothoracic, upper ribs front and back)
3. Upper thoracic spine
4. Cervical spine, especially upper
5. Occiput
6. TMJ

Those pesky shoulders

It is common that I will find shoulder joint misalignments on one or both shoulders with headache patients. These misalignments create muscle hypertonicity, reduced ROM and limitations that directly involve the neck and skull. If you find right shoulder joints out of alignment, do not be surprised to see the right neck, right inferior occipital and right atlas laterality. The patterns are present and they are consistent.

The TMJ, occiput, neck relationship

It is rare I do not find the TMJ involved in any type of headache. Tension headaches coming from the shoulders or upper/mid back are one of these

exceptions. Much of the time with a headache patient, I find the side of the TMJ involvement coexists with ipsilateral occipital inferiority, laterality of the C1 lateral mass and contralateral C2,3 rotation. This also correlates with palpation.

An example is when a patient is lying supine and I palpate and find suboccipital hypertonicity on the right side (worse than the left). I normally find there is right Atlas laterality, the right TMJ is out of alignment and the left C2,3 region is out of alignment. Just flip the findings for the left side (i.e. left suboccipital, left TMJ, left C1 lateral mass). Adjusting all these areas to "reset" their neck, head and jaw helps tremendously and efficiently. The jaw, occiput and upper cervical must be addressed in any headache patient to help things calm down and hold in better alignment.

Don't forget the feet and arches

You would be surprised how many patients are dumbstruck by how much their flat feet are influencing the stress on their neck, head and TMJ. I show them the exact diagram included above and they stand in front of me while I point out what is going on in their body. Educating the patients on the biomechanics and stress patterns gives them the knowledge and options for helping themselves. I show patients why a pair of custom, flexible orthotics that support all three of their arches help restore healthy function of the Kinetic Chain

and ultimately their neck and head.

As providers of natural, proactive care, chiropractors are in a unique position to address the root causes of issues like headache pain in a non-invasive manner. It's recommended that you educate your patients on the many conditions that could be treated successfully through chiropractic treatments. Initial exams are a great time to do this, but you should continue the conversation as part of ongoing care. Chiropractors are successful at finding and removing subluxations, supporting the arches and the whole body and relieving the effects of headaches of all kinds. Let's make sure your patients know that too.

About the author

Kevin M. Wong, DC is a graduate of the University of California, Davis, and a 1996 graduate of Palmer College of Chiropractic West. He has been in practice for over 25 years and is the owner of Orinda Chiropractic & Laser Center in Orinda, CA. As a member of Foot Levelers Speakers Bureau since 2004, Dr. Wong travels the country speaking on extremity and spinal adjusting. See upcoming continuing education seminars with Dr. Wong and other Foot Levelers Speakers at <https://www.footlevelers.com/continuing-education-seminars>.



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Insurance Relationship Committee Update for the Third Quarter 2022:

The insurance relationship committee has been working hard on your behalf to address the parity issues with the insurance carriers to date. We were able to renegotiate a better reimbursement rate with MODA. Even though it is not optimal it is a movement in the right direction as we will continue to address these violations in our state.

We have reminded the Insurance carriers that in the state of Oregon enacted the Provider Non-Discrimination language taken from Section 2706(a) of the Public Health Service Act (PHSA) which was enacted as part of Section 1201 of the Patient Protection and Accountability Care Act (PPACA/Obama Care) originally known as the Harkin Amendment, signed by then President Obama on March 20, 2010. These provider non-discrimination provisions applied to the commercial health insurers and group health plans. The legislative intent of Provider Non-Discrimination Provisions in ORS 743B.505 (2)(a-c) was outlined by then

Oregon Governor John Kitzhaber, MD, and he made it clear that regardless of discipline, an insurer cannot, by **policy or contract** reimburse an MD, Osteopath or PT more than a DC for the same CPT code. Payment parity was the legislative intent.

Regence BCBS of Oregon has also been put on notice of the parity issues and we are still awaiting a response from them as to changes this fall for DC reimbursement. We will keep you updated with our monthly OCA MEMBER Newsletters.

We have reached out to Pacific Source Health Plans and found direct contracting can result in better reimbursement. Members may contact Jan or Leanne to get the contact information for credentialing with Pacific Source Health Plans direct.

The insurance relationship committee is interested in expanding the committee to current OCA members. If you have any interest in assisting us with the issues above please reach out to Jan or Leanne at the OCA.

University of Western States

UWS is returning to Hawaii this December 9-11, 2022 for a CE program. Oregon docs have really enjoyed the program and the setting.



Join NCMIC and our partners at University of Western States in beautiful Hawaii for their Summer in December Continuing Education program! This year's program brings you 20 hours of continuing education and fun in the sun at the Wailea Beach Resort in Maui. Early bird prices end October 15. Learn more and register here: <https://www.uws.edu/continuing-education/hawaii/>

UPDATES

University of Western States relocated to our campus at Tillamook Street and NE 82nd in spring of 2020 in the vibrant Madison South neighborhood of Portland. The new offers enhanced learning spaces and state-of-the-art health clinic space that is home to Connected Whole Health.

In April 2022, UWS hosted an open house with guided tours, health fair and reception to officially welcome the community and supporters to our campus. We were pleased to host guided tours of the campus and clinic to 67 members of the public and 70 reception guests.

During the reception, Dr. Brimhall honored Dr. Dan Murphy as the 2021 Alumnus of the Year and U.S. congressman Earl Blumenauer spoke to our guests. Thank you for joining us!

Summer in December Continuing Education Event Registration Now Open
Join University of Western States in beautiful Hawaii for the Summer in December Continuing Education program, December 9 -11, 2022!

Have fun in the sun and earn 20 hours of continuing education at the Wailea Beach Resort in Maui, sponsored by NCMIC. Early bird prices end October 15. Learn more information and register on the [Summer in December UWS webpage](#).

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