

Minutes of OCA Executive Board Meeting
March 16, 2023, via ZOOM
Agenda prepared by Dr. Todd Turnbull, DC, CCSP, CBIS/T, President

Board Members Present: Michael Arnot, D.C., Les Feinberg, D.C., Michael Lell, D.C., Arah McLaughlin, D.C., Bob Richards, D.C., Amanda Stiller, D.C., Todd Turnbull, D.C.

Others present: Jan Ferrante, OCA Executive Director, Vern Saboe, D.C., Lobbyist, Attorney Jim Hendry.

- 1) **Call to Order:** Meeting called to order by Dr. Turnbull at 7:15 pm.
- 2) **Approve Agenda:** Motion by Dr. Richards, seconded by Dr. Arnot, motion carried.
- 3) **Approve Minutes:** Motion by Dr. Arnot, seconded by Dr. Richards, motion carried.
- 4) **OBCE Issues – Attorney Jim Hendry:** Three concerns were addressed:

Question 1: The ED of a state agency is appointed by, and serves at the pleasure of, the Governor of Oregon, and can be dismissed by the governor. An appointee is also governed by Oregon State Ethics laws, and the Oregon Ethics Commission, which is a public body that holds regular meetings and uses investigators and has the authority to remove public officials. The criteria they use are:

- A. Financial Gain: If a public official uses their office for financial gain, or to get out of an obligation.
- B. **Conflict of Interest:** If a public official uses their office to favor one group over another (that they have a personal or professional “interest” in), or if one group is being “furthered” by the post of the public official, then a complaint could be filed against such an official based on those grounds.
- C. Nepotism: If a public official uses their office to favor a family member.
- D. Appeal to the Governor directly: Anytime there is a change in administration in government (such as the recent appointment of Oregon’s new governor) there are often a lot of changes made to directors of agencies. A direct appeal to the governor could be successful if there are certain facts that could give reason to change the official.

Discussion held on the pattern of the OBCE selecting new members for appointment to the board primarily from the OBCE Peer Review Committee (rather than selecting from candidates recommended by the state chiropractic association as stipulated by ORS 684.130(2)(a). This appears to represent a potential “conflict of interest” on the part of the ED as Peer Review members are previously hand-selected by the ED. Therefore, a pattern of appointing previously “hand-picked/groomed” candidates for promotion to the board over the majority of other applicant candidates (including those recommended by the OCA as stipulated by ORS)—regardless of qualification—is appears to be an example of “favoring one group over another.”

684.130 State Board of Chiropractic Examiners. (1) *There is established the State Board of Chiropractic Examiners. The board consists of seven members appointed by the Governor and subject to confirmation by the Senate in the manner provided in ORS 171.562 and 171.565. All members of the board must be residents of this state. Of the members of the board:*

- (a) *Five must be chiropractors; and*
- (b) *Two must be members of the public who are not chiropractors or a spouse, domestic partner, child, parent, or sibling of a chiropractor.*

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(2)(a) Board members required to be chiropractors may be selected by the Governor from a list of three to five nominees for each vacancy, submitted by any professional organization representing chiropractors.

(b) The chiropractor members must have practiced chiropractic in this state for five years prior to appointment.

(c) In selecting the members of the board, the Governor shall strive to balance the representation on the board according to:

(A) Geographic areas of this state; and

(B) Ethnic group.

(3)(a) Annually, upon the expiration of the term of any member of the board, the Governor shall appoint one or more qualified persons to the board to serve for a period of three years. A member serves at the pleasure of the Governor. The terms must be staggered so that no more than three terms end each year. If a vacancy occurs in the membership of the board for any reason, the Governor shall make an appointment to become immediately effective for the unexpired term.

(b) A board member shall be removed immediately from the board if, during the member's term, the member:

(A) Is not a resident of this state;

(B) Has been absent from three consecutive board meetings, unless at least one absence is excused; or

(C) Is not a licensed chiropractor or a retired chiropractor who was a licensed chiropractor in good standing at the time of retirement, if the board member was appointed to serve on the board as a chiropractor. [Amended by 1971 c.650 §33; 1973 c.792 §39; 1975 c.492 §10; 1991 c.892 §8; 1997 c.264 §11; 2007 c.618 §7; 2009 c.535 §19; 2009 c.756 §52]

At the time of this meeting, there is apparently one Board Member seat, one Public Member seat, and one Peer Review member position open on the OBCE. Miriam Lira is the person in the governor's office who handles the application process.

Question 2: How can the OCA get appointees appointed to the OBCE?

First by coming up with nominations for both the open Board position and the Public Member position and present them along with the **ORS 684.130(2)(a)**. Second, find out how the current governor handles appointments. Suggestion made to send an OCA representative/lobbyist to meet with staffer Miriam Lira, in charge of appointments, to discuss concerns of possible "conflict of interest" in appointments to the OBCE. Discussion held that, it "appears" recommendations to the OBCE (who are required to be chiropractors), should be coming exclusively from the OCA. Therefore, the OCA should be submitting 3-5 candidates for both the open board position and the open peer review position citing qualifications and **ORS 684.130(2)(a)**.

Question 3: Mandatory membership to the OCA in Oregon. No current laws statutes to mandate this.

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Attorney Jim Hendry left the meeting at 8:03pm.

5) Executive Directors Report – Jan Ferrante. Jan forwarded her written report to the board.

- * 2022 taxes are at CPA
- * Line item/s for overhead reduction include janitorial services of \$240.00/month starting end of March, saving the OCA \$3,280.00/year. Jan will purchase a vacuum cleaner and some other cleaning supplies and she and Leanne will assume cleaning duties. Discussion on ending answering service of \$125.00/month, in favor of receiving calls directly from voice mail, sometime after Convention 2023.
- * Frederick Carrick Institute Teaching Partnership: starting in May/June Carrick Institute would put on “lunch and learn” seminars that could then be put in our online CE library. And, the OCA could make money on Oregon chiro who register for Carrick seminars.
- * Still have 2 Convention booths remaining unsold after we added up to 33 booths.
- * OCA Journal almost ready for draft when Jan receives Dr. Saboe’s Legislative message.
- * OCA sent out the new worker’s compensation fee schedule and has received positive feedback from the membership.

7) CE/Convention – Dr. Stiller: Dr. Amanda feels strongly that the partnership with the Carrick Institute is a “no brainer” good opportunity for the OCA. Discussion of specific topics for future presentation. This is a “no cost” program to the OCA, but the OCA can charge for these presentations. If approved, the OCA partnership could be announced in conjunction with Dr. Carrick’s presentation at the OCA 2023 Convention.

Convention registration is currently 88 DCs and 33CAs, goal is 200 DCs. Still need 112 DCs to meet goal, but we are already ahead of last year’s numbers at this same time.

Discussion on need for more prizes for Casino night and raffle, including dinners, rounds of golf with a board member, wine baskets, any small business we know who could offer smaller prizes, beer/booze “bucks” at Casino night.

Dr. Stiller met with “Deb” our Suicide Prevention/Intervention presenter to discuss ways for us to make her present course more adaptable to our chiropractic practice setting considering the limited time we have with patients. Dr. Stiller and Jan have another meeting tomorrow at 11 am.

8) Legislative Report – Vern Saboe. Our WC bill 3150 disappointingly wasn’t supported by Paul Hovey as he feels it’s a “scope of practice” issue. And recommends it go to the Health Committee. Dr. Saboe sees this as an opportunity as the Business and Labor Committee follows what MLAC (Management Labor and Advisory Committee) recommends, and in 2005 MLAC (the 10 member/appointed by Governor panel consisting of 5 management and 5 labor, who vote on changes to worker’s compensation and “advise” to the legislature) became “dictatorial” to the legislature when the OCA’s WC study bill got through the House and Senate and was on Governor Kulongoski’s desk, but the Gov vetoed it because MLAC didn’t approve it (despite MLAC voting 5 yes/3 no based on their “double majority” voting system). Now our Bill 3150 will go to the House Health Committee, which Dr. Saboe feels will be beneficial. Vern has met

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with various health committee members including Chair Rob Noyce's chief of staff, and Tony Lipez, legislative director for Speaker of the House, Dan Rayfield to arrange an "informational hearing" during the interim of "Legislative Days." This is a key time to educate these legislators. And Dr. Saboe continues to email/contact all the members of the House Health Committee Members.

Dr. Saboe requests examples from injured workers who have been forced to Occupational Medical facilities, received inferior care, and then sent to IME vendors to have their claim closed without ever understanding why their claim was closed while they're still in pain. This is a horrible, "anti-worker" locked-in system. 2004 WC study revealed that 53% of IME docs believe the system is skewed against the injured worker. These people need to testify to the Health Committee.

HB 2385 Opioid Overdose Reduction Bill that would allow chiropractors to get test strips to test opioid/fentanyl products and allow us to have/use Narcan, an opioid antagonist. Important that we're supportive and included in this bill.

SB 971 supported by the OCA and OBCE allows 15-year-olds to consent to chiropractic treatment hasn't had a hearing yet. Dr. Saboe talked with Chair Deb Patterson to encourage her to call a hearing.

SB 704, Universal Health Care Bill, will form a board to make recommendations, and Dr. Saboe feels we need a "body" on that board. Had a work session that passed out of committee today.

Federal Medicare Care Bill: HB1610/SB 799, redefines chiros as physicians so our "maximum allowable" will go up accordingly for every Medicare allowable service that we provide, with parity, and will also include us in programs we are currently excluded from such as mail carriers, railroad, and Federal Worker's Comp. Dr. Saboe and his wife talked with House Representative Lori Chavez-DeRemer to support our issues.

Dr. Saboe was contacted by an OCA member regarding a massage issue in his practice, and Dr. Saboe thinks the OCA should get clarification to the field that patients getting massage in a chiropractic office must see the chiropractor first to be examined and vetted for massage therapy. Patients cannot go directly to massage therapists/CAs without first being examined/vetted by the doctor.

7) OBCE Liaison – Dr. Saboe:

9) Insurance Relations Committee – Dr. Arnot: Dr. Arnot received a letter (that he forwarded to the board) from the CEO of CHP (Michell Michael Hay) regarding the debacle of DELAYED credentialing of Pacific Source member doctors, which has resulted in significantly DELAYED payment/reimbursement to doctors for services already provided Pacific Source members. In some cases, up to 30% of clinic production/services. Dr. Arnot sent a follow-up email requesting CHP allow claim submission/payment by doctors not yet credentialed, and he hasn't yet heard back from her yet. He has her phone number and will call her if no response. Dr. Arnot is attempting to negotiate payment of claims delayed by delayed credentialing and feels the threat of a lawsuit by a group of doctors seemed to get her attention.

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Secure Care CEO Lou Anderson was scheduled to appear at tonight's board meeting to answer questions about his request that the OCA endorse Secure Care as managed care in Oregon, but he is rescheduled for next month's meeting due to Attorney Henry appearing in this month's meeting. The OCA did sign a letter of endorsement/recommendation, and Secure Care is already in 14 states, with hopes Secure Care can negotiate contracts and credentialing for Regence for better reimbursement. MDs get paid 33% more than DCs for the same codes, same level of care or even MORE face to face/level of care than provided by MDs. Dr. Arnot requests the board to forward him any questions we might have for Secure Care representative next month.

Discussion on an OCA member who has submitted 545 claims to Care Oregon (an intermediary for OHP/Medicaid) and they're paid only 95. Dr. Saboe will contact this doctor and advise on specific processes for filing grievances.

10) Membership/Social Media Committee – Dr. Lell. Dr. Lell states there are 26 more/new members this quarter compared to last quarter (of last year), which includes some of our new “group member” pricing and some regular full dues paying members.

Current marketing of the OCA includes paid Facebook ads testing two different audiences: one Dr. Lell created and one he allowed Facebook to create, to see which audience has the better response. One ad is generic for the Convention (\$100.00) and 57 people in 2-weeks clicked on the link that took them directly to the Convention registration page. The next ad will be for Frederick Carrick (\$30.00) and is the “test audience.” The OCA's Facebook page activity is up 36%, with 3 new Facebook followers. Dr. Lell will continue to push/market Convention to reach our goal of 200 DC attendees. Dr. Arnot added that Mark Gabriel has volunteered to promote OCA membership paraphernalia, sign up sheets, at his booth at the Convention.

11) Legislative Committee/ChiroPAC – Dr. Beebe. Not present.

12) UWS Liaison – Dr. McLaughlin. Dr. Arah states UWS is wanting the OCA to participate in their Career Fair and Alumni of The Year Reception on April 20th, by providing a speaker/s for 30-45 minutes, to discuss Convention and how the OCA can help students. She was unclear on the specific time. Dr. Turnbull suggested maybe a couple speakers, Dr. Arah feels this strategy will appeal to a larger audience. Topics could include the benefits of joining OCA as a student and field doctor. Dr. Turnbull suggested the “younger” board members might go over well. Drs Stiller and Lell would need to know specific times to arrange time away from practice.

13) Finance Committee – Dr. Richards. Dr. Richards states a comparison of “cash basis” versus “accrual basis” for January reveals that the OCA was up in revenue \$3,392.61 compared to previous year, and not down as reported last month.

For February this year compared to February previous year:

1. Membership Dues are up \$7,000 cash basis, only up \$2000 accrual basis.
2. Program Income/Convention is up \$9000 cash basis and up \$6000 accrual basis.

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For January thru February this year compared to January thru February last year:

1. Total income for the year is up \$14,000 on a cash basis and up \$8000 on an accrual basis compared to the same period last year.
2. COGS (cost of goods sold) is down \$4000 on a cash basis for the year compared to last year.
3. Total Expenses are up \$2,264.53 on a cash basis for the year compared to last year, but...despite spending this much more...
4. Net Ordinary Income is up \$16, 390.35 on a cash basis for the year compared to last year.
5. And, after increased total expenses, Net Income is up \$11,820.34 cash basis for the year compared to last year, BUT...according to accrual basis, Net Income is DOWN \$8,095.02 for the year compared to last year.

Discussion held that Dr. Richards and Jan Ferrante will get together with Aaron/accountants (after their tax season and after the Convention) to learn why there is such a disparity between cash and accrual basis. Discussion on whether we as a “non-profit” need to operate on an accrual basis. Jan noted no negative reaction to the raising of Full Membership dues.

14) New Business: None.

15) Board Member Announcements/Questions/Comments/Concerns: None.

16) Next Board Meeting: Thursday April 20, 2023. Motion to adjourn meeting at 9:20 Dr. Richards, seconded by Dr. Arnot, motion carried.