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STATE OF MINNESOTA

BEFORE THE MINNESOTA

COUNTY OF RAMSEY

BOARD OF CHIROPRACTIC EXAMINERS

In the Matter of Proposed  
Rules Related to Acupuncture,  
Independent Medical Examiners  
Registration, and Rehabilitative  
Treatment

STATEMENT OF NEED AND  
REASONABLENESS OF PROPOSED  
RULES ADDITIONS

Pursuant to Minnesota Statutes 14.131 (1990), the Minnesota Board of Chiropractic Examiners (hereinafter the "Board") hereby affirmatively presents the need for and facts establishing the reasonableness of proposed rules additions to Minnesota Rules, part 2500, relating to the definition of the practice of chiropractic and the chiropractic adjustment, acupuncture as it relates to the practice of chiropractic, and Independent Medical Examiners registration.

In order to adopt the proposed rules, the Board must demonstrate that it has complied with all procedural and substantive requirements for rulemaking. Those requirements are as follows: 1) there is statutory authority to adopt the rules; 2) the rules are needed and reasonable; 3) all necessary procedural steps have been taken; and 4) any additional requirements imposed by law have been satisfied. This statement demonstrates that the Board has met these requirements.

#### 1. STATUTORY AUTHORITY

The statutory authority of the Board to adopt these rules is as follows: Minnesota Statutes, 148.08 (1990), authorizes the Board to promulgate rules necessary to administer section 148.01 to 148.105 to protect the health, safety, and welfare of the public, including rules

governing the practice of chiropractic and any rules defining any terms.

## 2. STATEMENT OF NEED AND REASONABLENESS

### 2500.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purpose of this chapter, the terms defined in this part have the meanings given them.

Subp. 2. **Accredited School.** The Board is required under MS 148.06, subd. (1), to accept only doctors for licensing who have obtained their chiropractic training at schools approved by the Council on Chiropractic Education or fully accredited by an agency approved by the United States Office of Education or their successors as of January 1, 1988. Therefore, the Board only approves schools which meet the above requirement. This definition is included in order to clarify which accredited schools the Board will approve. Therefore, this definition is needed and reasonable. **Source:** MS 148.06.

Subp. 3. **Acupuncture.** The term acupuncture has been defined in order to clarify what acupuncture is and what will be regulated under this rule. Therefore, this definition is needed and reasonable. **Source:** Florida Statutes, Section 21D-17.03, subd (2).

Subp. 4. **Board.** "Board" means the Minnesota Board of Chiropractic Examiners.

Subp. 5. **Direct Patient Care.** Minnesota Statutes 148.09 states that chiropractors must have devoted not less than 50 percent of practice time to "direct patient care" during the two years immediately preceding the IME. This definition is included to

make the distinction between a patient who voluntarily seeks chiropractic services versus a patient who is mandated to participate in an IME. This definition clarifies for the chiropractor what the Board considers direct patient care to mean in order for the chiropractor to abide by the statutory requirements. Therefore, this definition is needed and reasonable.

Subp. 6. **Independent Medical Examination (IME).** This definition clarifies what the statute and the Board considers an IME to consist of. There has been confusion on the part of the profession as to what they need to do regarding other IMEs not covered in this statute. This definition states the limits on what type of IME the Board is regulating. This definition also provides a distinction between IMEs and direct patient care in order to fulfill the requirements set forth in the statute and proposed rules. Therefore, this definition is needed and reasonable. **Source:** MS 148.09.

Subp. 7. **Instructor.** This definition clarifies who qualifies as an instructor. This definition reflects a combination of qualifications to be met in order to qualify to perform IMEs under instructor status. 1) Full-time faculty member: the Board considers instructors who are working on a full-time basis at a chiropractic college to be exposed enough to the profession to give a skillful and knowledgeable IME; 2) Accredited school: the chiropractic college meets Board approval and falls within the definition of accredited school in order to meet statutory regulations and standards of accreditation; 3) Minnesota License: the chiropractor is licensed in Minnesota and therefore

meets minimum competency requirements set in statute; 4) Ranked Instructor Status: the chiropractor has practiced in the state of Minnesota a minimum of three years and has achieved academic knowledge that the Board considers equivalent to two additional years of field practice. The Board believes the minimum three years practice in the state of Minnesota is necessary in order for the instructor to be fully familiar with the rules and regulations that govern the profession and govern insurance matters in this state; and 5) Not an Instructor: not all faculty members have practiced in the state of Minnesota or are considered to be thoroughly knowledgeable to have an equivalent of two additional years field experience, and faculty members who fall into this category are not necessarily teaching subjects that would give them enough knowledge in a well-rounded manner. This definition is needed and reasonable. **Source:** Northwestern College of Chiropractic.

Subp. 8. **Invasive.** This definition clarifies statutory language in MS 148.01. The term invasive describes the spreading or growth of microorganisms or tumors to other areas of the body, such as cancer. In addition, the term also describes the instrumental penetration of viscera or nonsuperficial tissues.

Acupuncture and simple venipuncture merely involve the penetration of the superficial tissue of the patient's skin surface; and in the case of venipuncture, the vein. The operative part of all definitions of "invasive" involves the distinction between the penetration of superficial and nonsuperficial tissue. The definition contains the terms "nonsuperficial" and "viscera" which means "internal organs of the body, ...in popular usage, the intestines,"

Webster's New Collegiate Dictionary, p. 837. It is explicit from the use of these terms that a distinction exists between the internal organs or internal tissue and superficial tissue.

Another distinction involves the purpose of acupuncture and venipuncture. When used within the practice of chiropractic, acupuncture is administered for the sole purpose of preparing a patient for, or enhancement of the chiropractic adjustment. In utilizing venipuncture, the penetration is for the sole purpose of extracting blood. This must be contrasted with the introduction of a device or a substance into the body for treatment or testing within the body. When introducing medicine or dye into the body, it is designed to travel to other areas to achieve its purpose. No substances are left in the body following either acupuncture or venipuncture as described in the rule. Therefore, the Board believes that acupuncture and venipuncture, for the purpose of withdrawing blood, are not invasive procedures. Therefore, the Board believes this definition is needed and reasonable.

Subp. 9. **Rehabilitative Therapy.** "Rehabilitative therapy" is necessarily defined to provide the Board, doctors of chiropractic, and the public guidance as to what may be used by doctors of chiropractic in relation to rehabilitative therapies.

Chiropractors have historically used these techniques and procedures and have pioneered the introduction of several therapies and methods of treatment.

Examples of these techniques and procedures are provided in the proposed rule definition to indicate the variety of such methods without limiting or otherwise circumscribing the

applications which continue to develop and evolve. Chiropractors primarily use such techniques and procedures to enhance the effect of the chiropractic adjustment or prepare for the chiropractic adjustment. **Source:** Dorland's 27th Edition Medical Dictionary.

Subp. 10. **Qualified staff.** This is necessarily defined in order to protect the patient from persons without knowledge or skill in performing therapies on patients. A degree in nutrition would qualify a person to counsel on a patient's diet. A degree in exercise physiology would qualify a person to determine a recovery regimen for a patient. It is the Board's intention not to allow persons under the age of majority perform therapies on patients. For each area listed in the rehabilitation definition a similar qualification would be needed.

2500.1160 INDEPENDENT MEDICAL EXAMINATION REGISTRATION. The 1990 Legislature passed a bill that requires the registration of Independent Medical Examiners with the Board. Therefore the following relates to MS 148.09.

The Board receives numerous complaints every year regarding the chiropractor who performs IMEs. These complaints most often question the competence of the chiropractor. Through this provision, the Board hopes to be able to deal with these complaints more effectively for both the chiropractor and the patient. Therefore, the Board believes these provisions are needed and reasonable.

Subpart 1. **Qualifications; proof.** By law, any chiropractor who examines a patient in Minnesota must be licensed by this Board. The Board believes that to be considered competent to perform an IME a

chiropractor must have obtained five years field experience in order to have been exposed to a wide variety of symptoms, diagnoses, and treatments. This is necessary in order to ensure that IME doctors are competent enough in reviewing the work of another doctor. After five years of practice, the IME doctor has established himself with his peers.

The Board feels the chiropractor must have been in practice in Minnesota for the past three years in order to be fully familiar with the rules and regulations that govern the profession, and that govern insurance matters in this state. Three years is also required in the Board's statutes in order to be a member of the Board. Therefore, the Board would like to remain consistent in some manner with this provision.

The proof of licensure and experience is necessary in order for the Board to qualify or disqualify an applicant for registration.

The presentation of proof of instructor status is necessary in order for the Board to qualify or disqualify an applicant for registration. An affidavit will be necessary for a chiropractor who states they have been in practice for the required number of years and the required type of practice in direct patient care. The Board believes this is the best way to qualify chiropractors for the purpose of this requirement. The affidavit was decided upon because of the extreme amount of research that would be necessary to qualify chiropractors by going out to each individual's practice and verifying records to indicate direct patient care. The Board will then investigate reports of noncompliance with this requirement under the specific statute, MS 148.10, subd. (1), item 10: violation or failure

to comply with Board laws and rules. Therefore, the Board believes these provisions are needed and reasonable.

Subp. 2. **Registration.** A lead time of not less than 30 days is proposed in order to allow enough time for the chiropractor to apply for registration, for the Board to review and approve or disapprove the application, and for notification thereof. Therefore, this provision is needed and reasonable.

The registration fee is necessary in order for the Board to cover costs associated with the administration of this legislation and agency rules. The administration of this consists of application forms, registration forms, the printing costs of the necessary affidavits and forms, opening a new file for the chiropractor, tracking the necessary requirements of chiropractors, printing costs for registration cards which state the chiropractor has complied with the rules of the Board and is a registered IME chiropractor, tracking continuing education hours for this specific rule, and postage. Therefore, the Board believes this provision is needed and reasonable.

Subp. 3. **Annual Renewal.** Annual renewal of registration is proposed in order for the Board to track chiropractors who choose to continue performing IMEs. The renewal fee is necessary to administer the renewal process. The renewal process consists of mailing registration renewal forms, the cost of the renewal forms, processing renewal forms, cross checking with continuing education requirements, cost of registration card that states the chiropractor has complied with the rules of the Board and is a registered IME chiropractor.

Continuing education hours are required in order to ensure that IME chiropractors are knowledgeable and skillful chiropractors in



performing IMEs. This is also intended to help protect the chiropractor from complaints generated that question the competence of a chiropractor relating to the IME.

#### 2500.0300 ACUPUNCTURE.

Currently in the state of Minnesota acupuncture is unregulated. The Board recognizes acupuncture as a modality of treatment which is used as an adjunct to chiropractic care.

This knowledge is acquired through the required course of study at board-approved chiropractic colleges. (Acupuncture techniques are being taught in board-approved chiropractic colleges\* as an elective part of the curriculum.) The proper administration of acupuncture requires a thorough knowledge of physiology, anatomy, physiological therapeutics, and diagnostic acumen.

Since the Board requires a thorough knowledge of the above areas in Minnesota Statutes 148.06 in order to be licensed, it believes that doctors of chiropractic have the educational background to become trained in acupuncture. Along with the proposed requirement of 100 hours of study specifically relating to acupuncture, the Board believes that doctors of chiropractic would then be qualified to provide acupuncture services to the public.

The Board has also found that acupuncture is an accepted practice for chiropractors in the chiropractic community and community at large. The Board currently has a listing of doctors of chiropractic who have obtained 100 or more hours of study in acupuncture. This list is made up of approximately 781 Minnesota-licensed chiropractors. Out of approximately 1500 chiropractors in

the state of Minnesota, this number represents 52 percent of the doctors of chiropractic qualified to use acupuncture in their practices. See Meridian Therapy/Acupuncture list.

Therefore, the Board believes in order to protect the public's safety, health, and welfare, a rule defining acupuncture and an authorized procedure for the skillful, knowledgeable, and sterile practice of acupuncture when used as an adjunct to chiropractic care is needed and reasonable.

There are many potential sources of infectious disease in an office where acupuncture is utilized. Blood, hands, nasal discharge, saliva, dust, clothing, and hair must all be considered as potential vehicles for infection.

Infections may be acquired by the practitioner or office personnel as well as by patients. The most serious and currently most important of these are Hepatitis and AIDS. The Board's intention is to set standards that will aid in the prevention of disease transmission through the improper use and disposal of needles.

Subpart 1. **Sterilization; disposal.** Methods of sterilization: The Board has determined, through literature\*\* available to it and through subcommittee discussion, that the three proposed methods of sterilization are the most effective and most commonly used. 1) Autoclave: Moist heat in the form of saturated steam under pressure. The microbe-destroying power is composed of two factors, both of which are essential: pressurized moisture, and heat. 2) Dry Heat: Dry heat in the form of hot air either mechanically or gravity circulated, penetrates the needles and

sterilizes them. 3) Ethylene Oxide: This is a gas with strong anti-microbial and sporicidal properties. It is reasonable to expect that this standard can be met by doctors of chiropractic who utilize acupuncture in their practice. Therefore, this provision is needed and reasonable.

Needle disposal: Needles used in the course of acupuncture treatment may be contaminated; and therefore, are considered to be infectious waste under the meaning given in MS 116.75. The Board believes the inclusion of this provision in the proposed rule is necessary in order for doctors of chiropractic to be aware of proper and lawful disposal practices of infectious waste materials. Therefore, this provision is needed and reasonable.

Non-corrosive needles: Non-corrosive needles are the best needles to be used in order to prevent needle deterioration and susceptibility to contamination.\*\* Therefore, this provision is needed and reasonable.

Subp. 2. **Qualifications and Fees.** Qualifications: The Board has determined that 100 hours of acupuncture education is reasonable for doctors of chiropractic to fulfill. This requirement is proposed to ensure that doctors of chiropractic have a well-rounded knowledge of acupuncture before treating patients. The Board has made this determination on the basis of several factors. First, most colleges of chiropractic\* offer courses in acupuncture. These courses are offered on an elective basis. Therefore, the doctors of chiropractic are going beyond standard requirements to graduate. The colleges offer "certification" after 100 hours of completed courses.

Colleges\*\*\* especially devoted to training in acupuncture require more than 1,800 hours of education in order to graduate and obtain "certification." The disparity in the number of hours required between the chiropractic college and the acupuncture college is derived from the fact that acupuncture colleges are starting students from a minimal knowledge base in the areas of anatomy, physiology, etc. Doctors of chiropractic, on the other hand, are being trained in these areas as a matter of course in their chiropractic training.

Second, the Board believes that prior to December 31, 1989, some chiropractors may have obtained 100 hours of acupuncture education, but received no proof of the training (e.g. certificate of completion of training). Therefore, by the provisions set forth for chiropractors who have no proof of obtaining those hours, the Board believes that the "grandfathering" alternative is fair and has been established. Therefore, the Board believes these provisions to be needed and reasonable.

Submission of proof of qualifications: Submission of proof of meeting the educational requirements or the experience equivalent requirements is required in order for the Board to have tangible evidence of completing those requirements. Therefore, the Board believes this provision to be needed and reasonable.

Fees: The Board is charging \$100 for the registration of chiropractors and a \$50 annual renewal fee for those who will be required to register because they are using acupuncture in their practice. The Board believes this is a necessary fee in order to process and maintain a current and accurate list of doctors, and to

ensure that doctors of chiropractic are obtaining the education necessary to use acupuncture as an adjunctive therapy in their practices and meet the standards the Board has set.

Subp. 3. **Continuing education.** The Board believes that each chiropractor who is registered with the Board to perform acupuncture needs to keep current in the practice of acupuncture as it relates to chiropractic. Therefore, the Board is mandating that continuing education requirements meet this need. The Board believes this provision is needed and reasonable.

#### 2500.4000 REHABILITATIVE TREATMENT

The Board believes that current statutory language is ambiguous as to whether or not supporting techniques and therapies can be provided on days other than on the day of the chiropractic adjustment.

Rehabilitative therapy must enhance or prepare a patient for a chiropractic adjustment. The Board believes that as long as the rehabilitative therapy is related to the adjustment and there is concurrent, chronologically applied therapies justified in the treating chiropractor's ongoing treatment plan, that rehabilitative therapy given on a different day is acceptable.

The Board believes that the treating chiropractor must initiate the development and authorization of the rehabilitative therapy. This is proposed in the rule in order that the patient's records and progress are being monitored by the treating doctor of chiropractic.

The Board believes that the treating chiropractor is

responsible for ensuring that qualified personnel are administering rehabilitative therapy. This is proposed in order that the treating chiropractor is directly responsible for monitoring the qualification of the staff/facility the patient is referred to.

### 3. COMPLIANCE WITH PROCEDURAL RULEMAKING REQUIREMENTS

Minnesota Statutes, sections 14.05 to 14.12 and 14.22 to 14.28, specify certain procedures which must be followed when an agency adopts or amends rules. Procedures applicable to all rules, Minnesota Statutes, section 14.05 to 14.20, have been complied with by the Board as noted below.

The Board proposes adoption of these rules pursuant to sections 14.14 to 14.20.

The adoption of these rules will not require the expenditure of public money by local bodies, nor do the rules have any impact on agricultural land. See Minnesota Statutes, sections 14.11, subdivision 2, and 17.80 to 17.84. The adoption of these rules could have a negligible effect on small businesses as discussed below. See Minn. Stat. 14.115.

Pursuant to Minnesota Statutes, section 14.131 the Board has prepared this Statement of Need and Reasonableness which is available to the public.

The Board will publish a Notice of Rule Hearing in the **State Register** and mail copies of the notice and proposed rules to persons registered with the Minnesota Board of Chiropractic Examiners pursuant to Minnesota Statutes, section 14.14, subdivision 1a.

#### 4. ADDITIONAL REQUIREMENTS

##### List of Witnesses to Testify on Behalf of the Agency.

**Acupuncture** Dr. Robert Thatcher

Dr. Victor Youcha

**IME Registration** Dr. Robert Thatcher

**Approval of the Commissioner of Finance.** Pursuant to Minnesota Statutes, section 16A.128, subdivision 1, if a fee is to be fixed by rule, the Commissioner of Finance must approve the fee, and the Commissioner's approval must be in the Statement of Need and Reasonableness. The Commissioner's approval of the proposed fee is given in the memorandum **attached** hereto.

**Small Business Considerations.** In preparing to propose these rules, the Board considered the methods for reducing the impact of the rule on small business as set forth in Minnesota Statutes, section 14.115, subdivision 2 (1990). The Board noted that the suggested methods for reducing the impact of the rules on small business concern compliance, reporting requirements, and performance standards. **Acupuncture Registration:** Since these rules relate to clarifying the use of acupuncture within the scope of chiropractic, the Board does not view these rules as having a negative impact on the small business owner/chiropractor. Where restrictions have been established, the Board believes these are necessary in order to protect the public's health and welfare. Therefore, the impact on the small business owner/chiropractor is reasonable. **IME Registration:** Since these rules are necessarily written in order to administer MS 148.09, the Board views all requirements or limitations as reasonable in order to provide standards for competent independent medical

examinations. **Rehabilitative Treatment:** Since these rules clarify statute and define terms, the Board views these rules as having no negative impact on the small business owner/chiropractor. These rules are viewed to be an asset to the public and to the small business owner/chiropractor because of the positive effect they will have regarding third party payments.

Nevertheless, any small business which believes they may be affected by the proposed rule will have opportunity to participate in the rulemaking procedure. Further, a notice of the proposed rulemaking will be mailed to the Minnesota Chiropractic Association, an organization which will likely represent small businesses affected by the rule.

Dated: 12-28-90

Signed: Joel B. Wulff, D.C.  
Joel B. Wulff, DC  
Executive Director

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- \* Northwestern College Chiropractic
  - \*\* Clean Needle Technique for Acupuncturists, A Manual. National Commission for the Certification of Acupuncturists, 1985.
  - \*\*\* Minnesota College of Acupuncture and the Northern School of Chinese Medicine.



STATE OF MINNESOTA

BEFORE THE MINNESOTA

COUNTY OF RAMSEY

BOARD OF CHIROPRACTIC EXAMINERS

In the Matter of a  
Proposed Rule of the  
Board of Chiropractic  
Examiners Relating to  
Inactive Licensure  
Minn. Rule 2500.2020,  
2500.2030, 2500.2040.

STATEMENT OF NEED AND REASONABLENESS

Pursuant to Minn. Stat. 14.23 (1984), the Minnesota Board of Chiropractic Examiners (hereinafter "Board") hereby affirmatively presents the need for and facts establishing the reasonableness of a proposed Minnesota Rules 2500.2020, 2500.2030, 2500.2040 relating to Inactive Licensure.

In order to adopt the proposed rule, the Board must demonstrate that it has complied with all procedural and substantive requirements for rulemaking. Those requirements are as follows: 1) there is statutory authority to adopt the rules; 2) the rules are needed and are reasonable; 3) all necessary procedural steps have been taken; and 4) any additional requirements imposed by law have been satisfied. This Statement demonstrates that the Board has met these requirements.

**1. STATUTORY AUTHORITY**

The statutory authority of the Board to adopt these rules is as follows:

Minnesota Statute 148.08, Subd. 3 (1984), authorizes the Board to promulgate rules necessary to administer sections 148.01 to 148.105. In particular, the Board wishes to promulgate rules

that define a form of Licensure, see Minn. Stat. 148.05.

## **2. STATEMENT OF NEED AND REASONABLENESS**

The Board has determined a need to provide current, active Minnesota licensees a form of licensure that would allow Doctors of Chiropractic to be licensed in Minnesota without practicing in Minnesota. The Board has received numerous requests from licensees for an inactive form of licensure.

The Board has determined that without an inactive form of license a substantial number of licensees will retire their license with the State of Minnesota, resulting in a significant revenue loss to the Board.

Full licensure requirements presents a hardship to many licensees who are: 1) licensed in several other states and need to meet multiple license renewal requirements; 2) not in active practice in the state of Minnesota; 3) retired and need to maintain a license; and 4) intending to return to Minnesota in the future.

The Board has determined that an inactive form of licensure would decrease administrative costs for processing and verifying licensees by approximately 25 percent of the current cost.

In summary, the Board believes that an inactive form of licensure is a needed and reasonable rule.

## **3. COMPLIANCE WITH PROCEDURAL RULEMAKING REQUIREMENTS**

Minnesota Statutes, sections 14.05-14.12 and 14.22-14.28, specify certain procedures which must be followed when an agency adopts or amends rules. Procedures applicable to all rules,

Minnesota Statutes, sections 14.05-14.12, have been complied with by the Board as noted below.

The Board proposes adoption of this rule as a noncontroversial rule in accordance with sections 14.22 to 14.28, except that no public hearing is presently planned and need not be held unless 25 or more persons submit a written request for a hearing within the 30-day comment period.

The adoption of these rules will not require the expenditure of public money by local public bodies, nor do the rules have any impact on agricultural land. **See** Minn. Stat. 14.11. The adoption of these rules could have a negligible effect on small businesses as discussed below. **See** Minn. Stat. 14.115.

Pursuant to Minnesota Statutes, section 14.23, the Board has prepared this Statement of Need and Reasonableness which is available to the public.

Pursuant to Minnesota Statute 14.10, the Board published a Notice of Intent to Solicit Public Opinion in the **State Register** on February 20, 1990.

The Board will publish a Notice of Intent to Amend the Rules Without a Public Hearing in the **State Register** and mail copies of the notice and proposed amendment to persons registered with Minnesota Board of Chiropractic Examiners pursuant to Minnesota Statutes, section 14.14, subdivision 1a. The notice will include the following information: a) that the public has 30 days in which to submit comments on the proposed amendment and giving information pertaining to the manner in which persons may comment; b) that no public hearing will be held unless 25 or more

persons submit a written request for a public hearing on the rule within a 30-day comment period; c) that the rule may be modified if modifications are supported by data and the views submitted; and d) that notice of the date of submission of the proposed amendment to the Attorney General for review will be mailed to any person requesting to receive the notice, and giving information on how to request the notice.

The Board will submit the proposed rule and notice as published, the amendment as proposed for adoption, any written comments which have been received, and this Statement of Need and Reasonableness to the Attorney General for approval of the amendment as to legality and form.

These rules will become effective five working days after publication of a notice of adoption in the **State Register**.

#### **4. ADDITIONAL REQUIREMENTS**

**Small Business Considerations.** In preparing to propose this rule, the Board considered the methods for reducing the impact of the amendments on small business as set forth in Minnesota Statutes, section 14.115, subdivision 2 (1984). The Board noted that the suggested methods for reducing the impact of the rules on small business concern compliance and reporting requirements and performance standards. Since the proposed rule relates to Inactive Licensure, there would appear to be no impact or significant affect on small business.

Nevertheless, any small business which believes they may be affected by the proposed rule will have opportunity to participate in the rulemaking procedure. Further, a notice of

the proposed rulemaking will be mailed to the Minnesota Chiropractic Association, an organization which will likely represent small businesses affected by this rule.

Dated: 5-1, 1990

STATE OF MINNESOTA

BOARD OF CHIROPRACTIC EXAMINERS

  
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Executive Director

4/4/90