WHAT IS THE NEW YORK MODEL?

"The New York Model" was a phrase coined by Dr. Natalie Hartenbaum in her email exchange with Dr. Mike Megehee (click here to view some of the exchange). In essence she called on all state medical societies and organizations to review their state chiropractic scope of practice laws to see if this approach could be used in each of their states.

This was again reference a few months later when Dr. Megehee as well as CCE, the University of Western States and a number of other representatives of the chiropractic profession, made a presentation to the MEDMAC committee in an effort to include the profession in performing Coast Guard physicals.

The final decision by the MEDMAC, demonstrated the use of the "New York Model" in its decision to not include the chiropractic profession. It actually referenced the ACA definition of chiropractic listed on the website as the reason for this (click here to view the MEDMAC decision).

It was expanded recently following the action taken by the FMCSA to remove chiropractors from the National Registry in New York, to include the fact that chiropractors do not prescribe medication to their patients (click here to read the post).

So what is the New York Model?

If your state scope of practice:

1. Includes the word subluxation, or uses similar terms to describe structural changes in the spine you may be at risk.
2. If your scope lists that you only treat spinal related disorders, you may be at risk.
3. If you scope lists that you only treat musculoskeletal disorders, you may be at risk.
4. If you scope does not specifically mention the words physical examination, or diagnosis you may be at risk.
5. If your scope does not mention that your ability to perform a physical exam is specifically for the determination of health and wellness you might be at risk.
6. Dr. Hartenbaum went on in her email exchange to state that she felt that only those providers who treat all of the conditions listed in guidance and regulations should be included on the National Registry. That was specifically related to fact that the FMCSA was moving to have medical examiners in the near future being more responsible in making decision relating to exemptions (insulin for diabetes, treatment of epilepsy, vision and hearing). Therefore, if you do cannot treat things such as diabetes, epilepsy etc, you would be at risk.
7. A recent posting on the NTSB website went on to state that if your scope does not include prescription rights, that a chiropractor should not be included on the national registry.

It appears that it could potentially affect all states over time, even those with current very broad scopes of practice, if they do not allow for the treatment of diabetes, epilepsy, congestive heart failure etc., or allow a DC to prescribe medication.

How has it been used thus far?

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Certainly in the state of New York to "change its opinion" regarding the chiropractors ability to perform a DOT physical in the state (click here to view the New York case including all recent updates"), it relied on the word "subluxation" and it coined the term "chiropractic physical exam".

Apparently, a chiropractic physical exam, which includes all aspects of any other physical exam, and is done for exactly the same purpose (as approved by the board), is only to detect a subluxation or structural distortion in the human body, and its effects (the board does not address the effects of nerve interference

or chiropractic theory of health and disease despite the fact that it is listed on its website…"click here to go to the NYS Ed website to review all aspects of its interpretation").

This was the basis apparently of the SED attorney deciding that a DC was unable to perform a DOT physical within the state. It appears that the change of opinion is the sole responsibility of this one individual "click here to view who he is and his response to a request to meeting with our legal team"

The weakness in the state scope of practice law is obvious, even though the board has approved the DC's ability to perform a DOT physical in the past, and this has been reaffirmed repeatedly for over 10 years with numerous board decisions, granting CEU's for courses relating to the DC's ability to perform physical exams (and DOT physicals) and the ability to perform a differential diagnosis and consult with other treating providers.

There have been numerous official board decisions over decades that allow for the DC's ability to perform a thorough physical exam, and perform a differential diagnosis

Of course, there are the multiple correspondences with the FMCSA also and like mentioned we were included on the National Registry on May 21, 2014.

The Board appears to have been selective in its recent interpretation of the scope, and has ignored years of precedence. Even though there exists decades of precedence to the contrary. This coupled with the fact that Natalie Hartenbaum not only was sent a generic copy (from whom?) of the letter sent to some of the DC CME's in the state indicating that we were competent (interesting, especially since the Connecticut decision proved our competence the year before…click here to see Connecticut decision), but that the interpretation was that it was outside of your scope is practice, in and of itself is suspicious (especially since our board is multidisciplinary and includes MD's and other non chiropractors).

Add to this she knew in her email exchange with Dr. Megehee that the reasoning related to performing "physical exams", and you can see the concern of possible outside influence from political medicine.