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CHAPTER 811

BOARD OF CHIROPRACTIC EXAMINERS

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RULES:

811-010-0120, 811-015-0025, 811-035-0005

AMEND: 811-010-0120

RULE TITLE: Chiropractic Professional Corporation and Business Entity Majority Ownership

NOTICE FILED DATE: 02/26/2025

RULE SUMMARY: Corporation and Business Ownership for DCs.

RULE TEXT:

(1) Definitions. As used in this rule, unless the context requires otherwise:

(a) "Business entity" means:

(A) A professional corporation organized under ORS Chapter 58, predecessor law, or comparable law of another jurisdiction;

(B) A limited liability company organized under ORS Chapter 63 or comparable law of another jurisdiction;

(C) A partnership organized in Oregon after January 1, 1998, or that is registered as a limited liability partnership, or that has elected to be governed by ORS Chapter 67 or comparable law of another jurisdiction; or

(D) A limited partnership organized under ORS Chapter 70, predecessor law, or comparable law of another jurisdiction.

(b) "Majority ownership interest" means more than 50 percent of:

(A) The issued voting stock of a professional corporation;

(B) The members of a limited liability company; or

(C) Participation in the profits of a partnership.

(c) "Organizational document" means:

(A) The articles of incorporation of a professional corporation, or comparable document of another jurisdiction;

(B) The articles of organization of a limited liability company, or comparable document of another jurisdiction;

(C) The partnership agreement and, for a limited liability partnership, its registration, or comparable document(s) of another jurisdiction; or

(D) A certificate of limited partnership, or comparable document of another jurisdiction.

(d) "Owner" means a voting shareholder of a professional corporation, member of a limited liability company, or partner of a partnership.

(e) "Principal" means a person who is a director of a professional corporation, manager of a limited liability company, or general partner of a limited partnership.

(f) "Surrogate" means a person appointed to act for another; deputy.

(2) The purpose of this rule is to protect the public by ensuring that business entities are organized for the purpose of providing chiropractic health care by majority owned and controlled Oregon licensed chiropractic physicians and/or chiropractic health care in a multi-disciplinary setting which are majority owned and controlled by Oregon licensed health care professionals.

(a) In a business entity organized for the purpose of practicing chiropractic:

(A) The majority ownership interest shall be held by chiropractic physicians licensed in this state to practice chiropractic.

(B) A majority of the principals shall be chiropractic physicians who are licensed in this state to practice chiropractic.

(C) All officers except the secretary and treasurer, if any, must be chiropractic physicians who are licensed in this state to practice chiropractic. Any two or more offices may be held by the same person.

(b) A professional corporation may be a shareholder of a professional corporation organized for the purpose of practicing chiropractic solely for the purpose of effecting a reorganization as defined in the Internal Revenue Code.

(c) The Board has the discretion to allow business entities to apply for a waiver of the majority ownership requirement provided full disclosure of clinic ownership is provided to the OBCE, a plan and timetable is presented for a transition to meet the requirements of this rule, and the Board finds that the health and welfare of the patient is the first priority of the chiropractic physicians and business entity.

(d) Upon a finding that a holder or owner of a chiropractic practice has failed to comply with the provisions of this rule, or the regulations prescribed by the Board pursuant to the practice of chiropractic, the Board may consider the failure to comply a violation which may subject a holder or owner to discipline pursuant to ORS 684.100.

(3) It shall be considered unprofessional conduct for a licensee to own or operate a clinic or practice as a surrogate for, or be employed by, an individual or entity who could otherwise not own and/or operate a chiropractic clinic under this rule.

(4) Powers of professional corporations organized to practice chiropractic.

(a) A professional corporation organized for the purpose of practicing chiropractic has the powers enumerated in ORS 60.077 and 60.081, except as provided otherwise by the Board.

(b) A general corporation under the provisions of ORS Chapter 60 may not be organized to practice chiropractic.

(5) A proxy to exercise voting rights in a business entity organized for the purpose of practicing chiropractic may be given under the following conditions:

(a) If the voting rights belong to a chiropractic physician licensed in this state to practice chiropractic, the proxy may be given only to an owner of the same business entity who is also a chiropractic physician licensed in this state to practice chiropractic, or to an attorney licensed in this state to practice law.

(b) If the voting rights do not belong to a chiropractic physician licensed in this state to practice chiropractic, the proxy may be given only to another owner of the same business entity whether or not the other owner is a chiropractic physician licensed in this state to practice chiropractic, or to an attorney licensed in this state to practice law.

(6) No voting trust may be created to exercise the voting rights of one or more owners of a business entity organized for the purpose of practicing chiropractic.

(a) Two or more persons with voting rights in a business entity organized for the purpose of practicing chiropractic may enter into a voting agreement provided that the voting agreement does not transfer voting rights from an individual who is a chiropractic physician licensed in this state to practice chiropractic to an individual who is not so licensed.

(b) Notwithstanding any provision of this subsection, voting rights may be transferred to an attorney licensed in this state to practice law.

(7) Persons with an ownership interest in a business entity organized for the purpose of practicing chiropractic may acquire, transfer, assign, or dispose of such ownership interest only in a manner that leaves the business entity in compliance with the provisions of this rule.

- (a) If the majority ownership interest of a business entity organized for the purpose of practicing chiropractic is no longer held by chiropractic physician(s) licensed in this state to practice chiropractic due to such ownership interest being held by an administrator, executor, personal representative, guardian, conservator, or receiver of the estate of a former owner, or by a transferee who receives such ownership interest by operation of law or court decree, such administrator, executor, personal representative, guardian, conservator, receiver, or transferee may act in the same ownership capacity as the former owner, including acting in the former owner's capacity as principal or officer, until the ownership requirements are in compliance with the provisions of this rule, but not to exceed six months following receipt or transfer of such ownership interest.
- (b) Subject to subsection (a) of this section, the organizational document, bylaws, or agreements among owners of a business entity organized for the purpose of practicing chiropractic may provide limitations on the ability to acquire, transfer, assign or dispose of an ownership interest in the business entity.
- (c) Subject to subsection (a) of this section, the articles of incorporation, bylaws, or agreements among shareholders of a professional corporation may provide for the purchase or redemption of shares by the corporation.
- (8) If a chiropractic physician practicing chiropractic on behalf of a business entity is disqualified from practicing chiropractic for more than six months or assumes a public office, the duties of which prohibit practicing chiropractic for more than six months under the rules of the Board or other law, within 60 days after the disqualification or prohibition, the chiropractic physician's ownership interest shall be disposed of in accordance with section (7); or
- (a) In the case of a professional corporation, the corporation shall have the right to redeem the shares of the chiropractic physician;
- (b) In the case of a limited liability company, the chiropractic physician shall cease to be a member by withdrawal or expulsion;
- (c) In the case of a partnership, the chiropractic physician shall cease to be a partner by withdrawal, dissociation or expulsion.
- (9) If the disposition of ownership interest results in less than majority ownership of the business entity by chiropractic physicians licensed in this state to practice chiropractic, the business entity shall have six months from the date of disqualification or prohibition to come into compliance with the majority ownership provisions of this rule.
- (10) If a chiropractic physician practicing chiropractic on behalf of a business entity is disqualified from practicing chiropractic for six months or less or assumes a public office, the duties of which prohibit practicing chiropractic for six months or less under the rules of the Board or other law, the chiropractic physician may retain interest in the business entity and may remain a principal of the business entity during the period of disqualification or prohibition, unless otherwise prohibited under the rules of the Board or by law.
- (11) A business entity organized for the purpose of practicing chiropractic may provide for the disposition of the ownership interest of a deceased owner in the organizational document, in the bylaws, by agreement between owners or between the business entity and its owners, providing such disposition leaves the business entity in compliance with the provisions of this rule.
- (a) If there is no provision for the disposition of a deceased owner's interest, the ownership interest shall be disposed of in any manner that leaves the business entity in compliance with the provisions of this rule and the laws of this state.
- (b) If the ownership interest of a deceased owner is not disposed of within twelve months after the owner's death, a special meeting of the remaining owners shall be called within fourteen months after the owner's death to decide by vote of the remaining owners whether the business entity shall dispose of such ownership interest in accordance with the provisions of this rule, or whether the business entity shall be voluntarily dissolved. The action determined to be taken by the remaining owners shall be completed within eighteen months after the owner's death. The OBCE may grant an extension of this time period upon request.
- (c) If the deceased owner of a business entity organized for the purpose of practicing chiropractic was the sole owner of the business entity at the time of death:
- (A) The business entity shall cease the practice of chiropractic as of the date of the owner's death unless it has retained the services of another chiropractic physician licensed in this state to practice chiropractic.

(B) Within twelve months after the date of the owner's death, the business entity shall be dissolved unless the ownership interest of the deceased owner has been sold or assigned to one or more chiropractic physicians who are licensed in this state to practice chiropractic.

STATUTORY/OTHER AUTHORITY: ORS 58, 684

STATUTES/OTHER IMPLEMENTED: ORS 58.367, 684.155(1)(b)

AMEND: 811-015-0025

RULE TITLE: Continuing Chiropractic Education

NOTICE FILED DATE: 02/26/2025

RULE SUMMARY: Continuing Education information for DCs and CAs.

RULE TEXT:

(1) Continuing chiropractic education (CE) is to improve the competence and skills of Oregon chiropractic licensees, and to help assure the Oregon public of the continued competence of these licensees within the statutory scope of practice.

(2) In order to renew a license or certificate, each licensee shall complete an affidavit attesting to successful completion of education per their license or certificate status.

(a) Chiropractic physician first year initial status – 8 hours which must include the following:

(A) Over-the-counter, non-prescriptive substances – 4 hours;

(B) Evidence-based medicine – 2 hours;

(C) Cultural competency – 1 hour;

(D) Suicide intervention training – 1 hour;

(b) Chiropractic physician second year active status – 20 hours which must include the following:

(A) Pain Management Education – 7 hours (6 accredited hours in pain management, palliative care, and end of life care or a combination of both, and 1 hour of pain management module through the Pain Management Commission);

(B) Cultural competency – 2 hours;

(C) Suicide intervention training – 1 hour;

(D) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(E) General continuing education – 10 hours;

(c) Chiropractic physician active status - 20 hours which must include the following:

(A) Cultural competency – 2 hours;

(B) Suicide intervention training – 1 hour;

(C) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(D) General continuing education – 17 hours;

(d) Chiropractic physician senior active status – 6 hours which must include the following:

(A) Cultural competency – 1 hour;

(B) Suicide intervention training – 1 hour;

(C) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(D) General continuing education – 4 hours;

(e) Chiropractic assistant – 6 hours which must include the following:

(A) Cultural competency – 1 hour;

(B) Maintenance of Basic Life Support (BLS) for Healthcare Providers or its equivalent as determined by the Board – up to 6 hours accepted towards general continuing education requirement;

(C) General continuing education – 5 hours.

(f) The Board may require additional specific courses as part of a licensee's annual renewal hours for an upcoming license or certificate period.

(3) Continuing education course or activity hours must be completed during the preceding license or certification period. A licensee may not claim more than 20 hours of continuing education completed in one 24-hour period. Courses shall not be taken simultaneously. Each licensee shall maintain records to support the attestation of completed hours.

(4) Courses or activities determined by licensees to meet the criteria herein are presumed to be approved until or unless specifically disapproved by the Board. Licensees will be informed of any disapproved courses in a timely manner.

- (5) Any chiropractic physician who is also actively licensed in a healthcare profession with prescriptive rights is exempt from the over-the-counter, non-prescriptive substances requirements.
- (6) Any chiropractic physician changing license status from inactive to active or senior active shall take the required hours referenced in section (2). It shall be within the Board's discretion to determine, on a case-by-case basis, the required continuing education based on the time away from active status.
- (7) Approved continuing chiropractic education shall be obtained from courses or activities which meet the following criteria:
- (a) They do not misrepresent or mislead;
 - (b) They are presented by a chiropractic physician, licensed here or in another state, other appropriate health care provider, or other qualified person;
 - (c) They exclude practice-building subjects and the primary purpose of the program may not be to sell or promote a commercial product. However, the mere mention of practice-building concepts shall not disqualify a program's eligibility for CE credit.
 - (d) The material covered shall pertain to the practice of chiropractic in Oregon or be related to the licensee's specific practice;
 - (e) Continuing education hours for Board activities must assist in assuring the competence and skills of the licensee; and
 - (f) Shall be quality courses or activities adequately supported by evidence or rationale as determined by the Board.
- (8) The Board may accept a maximum of 6 credit hours from each of the following categories:
- (a) Being an original author of an article, published in a peer reviewed journal, given in the year of publication;
 - (b) Participation in a formal protocol writing process associated with an accredited health care institution or state or government health care agency;
 - (c) Participation as an OBCE board member or on an OBCE committee;
 - (d) Participation in a research project, approved by the Board, related to chiropractic health care directed by an educational institution or other qualified chiropractic organization;
 - (e) Teaching courses at an accredited health care institution;
 - (f) Teaching chiropractic continuing education courses;
 - (g) Professionally licensed staff of the OBCE; and
 - (h) Professionally licensed non-board member attending public OBCE board meetings. Each meeting, the attendee will be given a maximum of 2 hours.
- (9) The Board may accept a maximum of 12 credit hours from each of the following categories:
- (a) Participation on a National Board of Chiropractic Examiners' (NBCE) examination; or
 - (b) NBCE test writing committee.
- (10) The Board may accept credit hours from courses, seminars, or other activities. Completion of other activities as chiropractic continuing education is defined as follows:
- (a) Continuing medical education (CME);
 - (b) Video or pre-recorded continuing education courses or seminars, unless specifically required by the Board to be taken in person;
 - (c) Successful completion of online or in-person college courses related to chiropractic health care taught at an educational institution; and
 - (d) BLS/CPR/AED courses.
- (11) All licensees are required to keep full, accurate, and complete records:
- (a) A verification of attendance for all CE courses or activities showing hours claimed for renewal credit, and or proof of completion signed by the sponsor and licensee.
 - (b) Video or pre-recorded courses shall be supported through record-keeping with a letter, memo, or on a form provided by the Board, that includes the dates and times, vendor's or presenter's name/s, total hours claimed for each course, location, and includes the following statement: "I swear or affirm that I viewed or listened to these continuing education courses in their entirety on the dates and times specified in this report."

- (c) A copy of a published article including the date of publication;
 - (d) A written record of hours in clinical protocol development and research projects. The record shall include the names and addresses of the institutions involved, name of supervisors, and their signatures verifying hours.
 - (e) For licensees claiming CE hours under the provisions of (8)(d), for participation on a Board committee, or assisting with a National Board of Chiropractic Examiners' (NBCE) examination or NBCE test writing committee, certification from the Board or NBCE.
 - (f) For licensees claiming CE hours under the provisions of (8)(f), a record of employment by health care institutions, signed by their supervisor, a copy of the course syllabus if applicable, and verification of hours.
 - (g) For licensees claiming CE hours under the provisions of (8)(g), licensee shall obtain and keep verification of the course taught including, the dates of the course, a syllabus and the sponsoring organization.
- (12) The Board will generate a random computer list of a minimum of 10% or up to 100% of renewing licensees, who will have their CE records audited and reviewed to ensure compliance with this rule. Licensees shall respond to this request within 30 days by supplying the Board with verification of their CE courses or activities.
- (13) Any licensee who has submitted inadequate, insufficient, or deficient CE records or who otherwise appears to be in noncompliance with the requirements of this rule will be given written notice by the Board and will have 30 days from the date of notice to submit additional documentation, information or written explanation to the Board establishing the licensee's compliance with this rule. The Board may issue civil citations for noncompliance of this rule.
- (14) At its discretion, the Board may audit, by attendance, the content of any program in order to verify the content thereof. Denial of an audit is grounds for disapproval.
- (15) Any licensee seeking a hardship waiver from their continuing education requirements shall apply to the Board, in writing, as soon as possible after the hardship is identified and prior to the close of licensure for that year. Specific details of the hardship must be included. In order to approve an application for a hardship waiver, the Board, within its discretion, must find that such hardship exists.
- (16) The Board shall maintain and make available, through its web page and electronic communications to licensees, a list of disapproved courses, if any. The Board may disapprove a course or CE activity after giving the sponsor and/or licensees the opportunity to provide additional information of compliance with the criteria contained in this rule, and opportunity for contested case hearing under the provisions of ORS 183.341, if requested. Any CE sponsor or licensee may request the Board to review any previously disapproved course at any time.

STATUTORY/OTHER AUTHORITY: ORS 684.155

STATUTES/OTHER IMPLEMENTED: ORS 684.092

AMEND: 811-035-0005

RULE TITLE: Duties and Obligations of Chiropractic Physicians to Their Patients

NOTICE FILED DATE: 02/26/2025

RULE SUMMARY: Duties and obligations of chiropractic physicians to their patients.

RULE TEXT:

(1) The health and welfare of the patient shall always be the first priority of chiropractic physicians and expectation of remuneration shall not affect the quality of service to the patient.

(2)(a) The patient has the right to informed consent regarding examination, therapy and treatment procedures, alternatives and risks, and answers to questions (PARQ) in terms that they can reasonably understand.

(A) P – Procedures: examination, diagnosis, therapy, and treatment procedures

(B) A – Alternatives: alternative options to examination or chiropractic treatment

(C) R – Risks: risks and benefits associated with examination and/or chiropractic treatment

(D) Q – Questions: answer any questions patients have regarding the examination or treatment

(b) Chiropractic physicians shall perform and document a PARQ conference in order to obtain informed consent from the patient prior to treatment. The PARQ conference and informed consent shall be noted within the patient record.

(3) Chiropractic physicians have the right to select their cases and patients. Once the chiropractic physician has agreed to treat the patient, the patient has the right to continuity of care.

(a) Patient abandonment is considered a breach of duty and is defined by unilateral termination of the doctor-patient relationship. The doctor-patient relationship must have been established for abandonment to occur.

(b) It is not considered patient abandonment if the patient's insurance coverage reaches its limit, and the patient does not have private insurance or cannot afford to pay for further services. It is the patient's choice and responsibility to discontinue care if other financial arrangements provided by the physician's office are not feasible.

(c) The chiropractic physician may terminate the doctor-patient relationship for any non-discriminatory reason.

Patients must be provided written notice and the names of at least three other physicians who may be able to provide care.

STATUTORY/OTHER AUTHORITY: ORS 684

STATUTES/OTHER IMPLEMENTED: ORS 684.150