



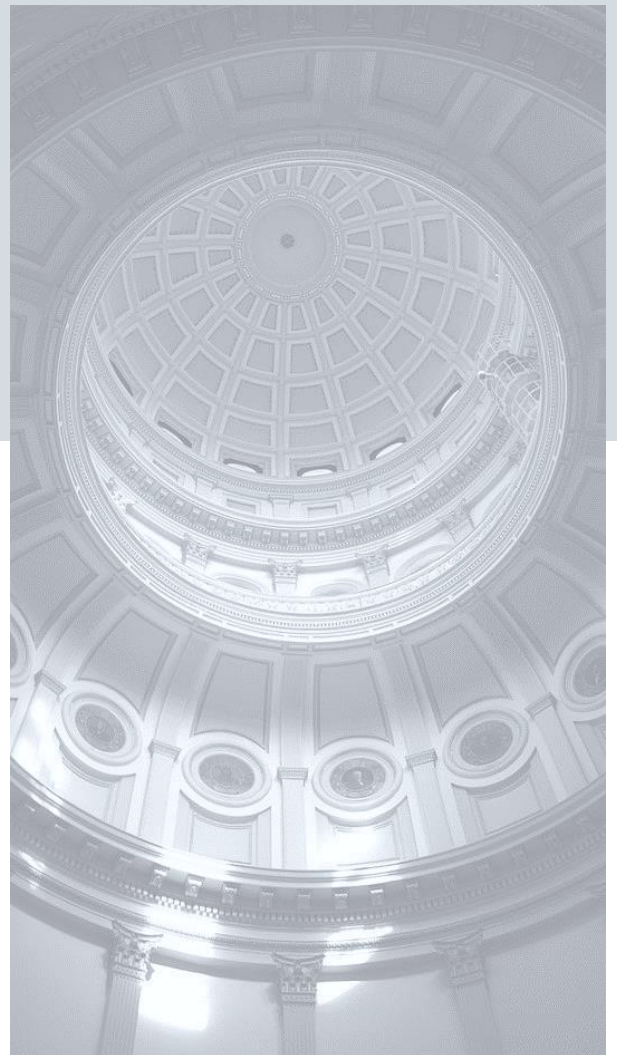
COLORADO

**Department of
Regulatory Agencies**

Colorado Office of Policy, Research &
Regulatory Reform

2019 Sunset Review

Colorado State Board of Chiropractic Examiners



October 15, 2019



COLORADO

**Department of
Regulatory Agencies**

Executive Director's Office

October 15, 2019

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

The Colorado General Assembly established the sunset review process in 1976 as a way to analyze and evaluate regulatory programs and determine the least restrictive regulation consistent with the public interest. Since that time, Colorado's sunset process has gained national recognition and is routinely highlighted as a best practice as governments seek to streamline regulation and increase efficiencies.

Section 24-34-104(5)(a), Colorado Revised Statutes (C.R.S.), directs the Department of Regulatory Agencies to:

- Conduct an analysis of the performance of each division, board or agency or each function scheduled for termination; and
- Submit a report and supporting materials to the Office of Legislative Legal Services no later than October 15 of the year preceding the date established for termination.

The Colorado Office of Policy, Research and Regulatory Reform (COPRRR), located within my office, is responsible for fulfilling these statutory mandates. Accordingly, COPRRR has completed the evaluation of the Colorado State Board of Chiropractic Examiners (Board). I am pleased to submit this written report, which will be the basis for COPRRR's oral testimony before the 2020 legislative committee of reference.

The report discusses the question of whether there is a need for the regulation provided under Article 33 of Title 12, C.R.S. The report also discusses the effectiveness of the Board in carrying out the intent of the statutes and makes recommendations for statutory changes in the event this regulatory program is continued by the General Assembly.

Sincerely,

Patty Salazar
Executive Director





COLORADO

Department of Regulatory Agencies

Colorado Office of Policy, Research &
Regulatory Reform

2019 Sunset Review

Colorado State Board of Chiropractic Examiners

SUMMARY

What is regulated?

Chiropractors provide a variety of treatments for patients with health problems related to the neuromusculoskeletal system, and may use spinal adjustments, manipulation techniques, and other types of clinical interventions. Chiropractors may provide a physical examination, review a patient's medical history and concerns in order to assess treatment options, and may provide referrals to other health care providers when necessary.

Why is it regulated?

Chiropractors utilize a variety of techniques to address neuromusculoskeletal problems relating to the spine, nerves, muscles, tendons, and ligaments within their patients. If a chiropractic treatment were to be improperly or unnecessarily performed, it could lead to significant harm, including permanent damage.

Who is regulated?

In fiscal year 17-18, the State Board of Chiropractic Examiners (Board) licensed 2,787 chiropractors.

How is it regulated?

All chiropractors must be licensed by the Board located in the Department of Regulatory Agencies' Division of Professions and Occupations (Division). The Board reviews initial licensure applications upon the completion of mandated requirements including: graduation from an approved chiropractic school, the completion of minimal educational requirements, and passing the Board-authorized examination.

What does it cost?

In fiscal year 17-18, total program expenditures were \$263,313, and there were 1.2 full-time equivalent employees dedicated to the program.

What disciplinary activity is there?

In fiscal year 17-18, the Board issued 22 total disciplinary actions, including one revocation, 18 stipulations, 2 letters of admonition, and one voluntary surrender.

KEY RECOMMENDATIONS

Continue the Board for nine years, until 2029.

The Board seeks to protect consumers from potential harm through educational and licensure requirements to ensure that chiropractors are properly trained and maintain competency in their field. The Board also reviews complaints, and has the authority to discipline licensees for violations of the Chiropractic Practice Act (Act). Therefore, the Board should be continued until 2029.

Amend the Act so that chiropractic students attending Board-approved schools can perform chiropractic services in Colorado as a part of their instruction, authorize the Board to develop rules regarding a patient consent form, and authorize the Board to promulgate rules for student chiropractic services.

Since the Act only allows chiropractic students to perform services within schools and hospitals in Colorado, where no chiropractic schools or hospitals are located, currently no chiropractic students can perform chiropractic services in Colorado. If this statutory language were amended, chiropractic students participating in a preceptorship or internship as a part of their chiropractic education would be allowed to provide chiropractic services in Colorado. In addition, the requirement of a signed patient consent form would give patients the option to either consent to receiving student services or choose to opt out and receive services from a licensed chiropractor. Therefore, the Act should be amended to allow chiropractic students attending Board-approved schools to perform chiropractic services in Colorado, a patient consent form should be developed, and the Board should be authorized to promulgate rules relating to chiropractic student services.

METHODOLOGY

As part of this review, Colorado Office of Policy, Research and Regulatory Reform staff attended Board meetings; interviewed Division staff, practitioners, officials with state and national professional associations; and reviewed complaint file summaries, Colorado statutes and rules, and the laws of other states.

MAJOR CONTACTS MADE DURING THIS REVIEW

American Physical Therapy Association
Colorado Chiropractic Association
Colorado Department of Regulatory Agencies, Division of Professions and Occupations
Colorado Medical Society
Colorado State Board of Chiropractic Examiners members
National Board of Chiropractic Examiners

What is a Sunset Review?

A sunset review is a periodic assessment of state boards, programs, and functions to determine whether they should be continued by the legislature. Sunset reviews focus on creating the least restrictive form of regulation consistent with protecting the public. In formulating recommendations, sunset reviews consider the public's right to consistent, high quality professional or occupational services and the ability of businesses to exist and thrive in a competitive market, free from unnecessary regulation.

Sunset Reviews are prepared by:
Colorado Department of Regulatory Agencies
Colorado Office of Policy, Research and Regulatory Reform
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Table of Contents

Background	1
Introduction.....	1
Types of Regulation.....	3
Licensure	3
Certification.....	4
Registration	4
Title Protection.....	4
Regulation of Businesses	5
Sunset Process	5
Methodology	5
Profile of the Profession	6
Legal Framework.....	8
History of Regulation	8
Legal Summary	11
Program Description and Administration	16
Licensing	17
Examinations.....	19
Complaint and Disciplinary Activity	22
Final Agency Actions.....	24
Collateral Consequences - Criminal Convictions.....	25
Analysis and Recommendations.....	27
Recommendation 1 - Continue the Colorado State Board of Chiropractic Examiners for nine years, until 2029.	27
Recommendation 2 - Amend the Act so that chiropractic students attending Board-approved schools can perform chiropractic services in Colorado as a part of their instruction, authorize the Board to develop rules regarding a patient consent form, and authorize the Board to promulgate rules for student chiropractic services. ...	28
Recommendation 3 - Amend the Act so that failure to act within the limitations created by a health condition is grounds for discipline, and authorize the Board to enter into confidential agreements with practitioners to address conditions that may affect a chiropractors ability to practice.	29
Recommendation 4 - Amend the grounds for discipline by removing language related to alcohol or substance use disorders and include the habitual use or abuse of alcohol or controlled substances.	30

Recommendation 5 - Modify the continuing education requirement for chiropractors to allow for the completion of 30 hours of continuing education every two years.	31
Recommendation 6 - Repeal statutory references to the National Board of Chiropractic Examiners.....	32
Recommendation 7 - Amend the description of the term “unethical advertising” in section 12-33-117(3)(a), C.R.S., to include any form of media.	33
Recommendation 8 - Repeal the requirement that Board members be citizens of the United States.	34
Appendix A - Title 12 Recodification Table	35

Background

Introduction

Enacted in 1976, Colorado's sunset law was the first of its kind in the United States. A sunset provision repeals all or part of a law after a specific date, unless the legislature affirmatively acts to extend it. During the sunset review process, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) within the Department of Regulatory Agencies (DORA) conducts a thorough evaluation of such programs based upon specific statutory criteria and solicits diverse input from a broad spectrum of stakeholders including consumers, government agencies, public advocacy groups, and professional associations.

Sunset reviews are based on the following statutory criteria:¹

- I. Whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less or the same degree of regulation;
- II. If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms and whether agency rules enhance the public interest and are within the scope of legislative intent;
- III. Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures and practices and any other circumstances, including budgetary, resource and personnel matters;
- IV. Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;
- V. Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates;
- VI. The economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition;
- VII. Whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession;
- VIII. Whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action;

¹ § 24-34-104(6)(b), C.R.S.

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- IX. Whether the agency through its licensing or certification process imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subsection (5)(a) of this section must include data on the number of licenses or certifications that the agency denied based on the applicant's criminal history, the number of conditional licenses or certifications issued based upon the applicant's criminal history, and the number of licenses or certifications revoked or suspended based on an individual's criminal conduct. For each set of data, the analysis must include the criminal offenses that led to the sanction or disqualification; and
- X. Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.

Sunset reports are organized so that a reader may consider these criteria while reading. While not all criteria are applicable to all sunset reviews, the various sections of a sunset report generally call attention to the relevant criteria. For example,

- In order to address the first criterion and determine whether a particular regulatory program is necessary to protect the public, it is necessary to understand the details of the profession or industry at issue. The Profile section of a sunset report typically describes the profession or industry at issue and addresses the current environment, which may include economic data, to aid in this analysis.
- To ascertain a second aspect of the first sunset criterion--whether conditions that led to initial regulation have changed--the History of Regulation section of a sunset report explores any relevant changes that have occurred over time in the regulatory environment. The remainder of the Legal Framework section addresses the third sunset criterion by summarizing the organic statute and rules of the program, as well as relevant federal, state and local laws to aid in the exploration of whether the program's operations are impeded or enhanced by existing statutes or rules.
- The Program Description section of a sunset report addresses several of the sunset criteria, including those inquiring whether the agency operates in the public interest and whether its operations are impeded or enhanced by existing statutes, rules, procedures and practices; whether the agency performs efficiently and effectively and whether the board, if applicable, represents the public interest.
- The Analysis and Recommendations section of a sunset report, while generally applying multiple criteria, is specifically designed in response to the tenth criterion, which asks whether administrative or statutory changes are necessary to improve agency operations to enhance the public interest.

These are but a few examples of how the various sections of a sunset report provide the information and, where appropriate, analysis required by the sunset criteria. Just as not all criteria are applicable to every sunset review, not all criteria are specifically highlighted as they are applied throughout a sunset review.

Types of Regulation

Consistent, flexible, and fair regulatory oversight assures consumers, professionals and businesses an equitable playing field. All Coloradans share a long-term, common interest in a fair marketplace where consumers are protected. Regulation, if done appropriately, should protect consumers. If consumers are not better protected and competition is hindered, then regulation may not be the answer.

As regulatory programs relate to individual professionals, such programs typically entail the establishment of minimum standards for initial entry and continued participation in a given profession or occupation. This serves to protect the public from incompetent practitioners. Similarly, such programs provide a vehicle for limiting or removing from practice those practitioners deemed to have harmed the public.

From a practitioner perspective, regulation can lead to increased prestige and higher income. Accordingly, regulatory programs are often championed by those who will be the subject of regulation.

On the other hand, by erecting barriers to entry into a given profession or occupation, even when justified, regulation can serve to restrict the supply of practitioners. This not only limits consumer choice, but can also lead to an increase in the cost of services.

There are also several levels of regulation.

Licensure

Licensure is the most restrictive form of regulation, yet it provides the greatest level of public protection. Licensing programs typically involve the completion of a prescribed educational program (usually college level or higher) and the passage of an examination that is designed to measure a minimal level of competency. These types of programs usually entail title protection - only those individuals who are properly licensed may use a particular title(s) - and practice exclusivity - only those individuals who are properly licensed may engage in the particular practice. While these requirements can be viewed as barriers to entry, they also afford the highest level of consumer protection in that they ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

Certification

Certification programs offer a level of consumer protection similar to licensing programs, but the barriers to entry are generally lower. The required educational program may be more vocational in nature, but the required examination should still measure a minimal level of competency. Additionally, certification programs typically involve a non-governmental entity that establishes the training requirements and owns and administers the examination. State certification is made conditional upon the individual practitioner obtaining and maintaining the relevant private credential. These types of programs also usually entail title protection and practice exclusivity.

While the aforementioned requirements can still be viewed as barriers to entry, they afford a level of consumer protection that is lower than a licensing program. They ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

Registration

Registration programs can serve to protect the public with minimal barriers to entry. A typical registration program involves an individual satisfying certain prescribed requirements - typically non-practice related items, such as insurance or the use of a disclosure form - and the state, in turn, placing that individual on the pertinent registry. These types of programs can entail title protection and practice exclusivity. Since the barriers to entry in registration programs are relatively low, registration programs are generally best suited to those professions and occupations where the risk of public harm is relatively low, but nevertheless present. In short, registration programs serve to notify the state of which individuals are engaging in the relevant practice and to notify the public of those who may practice by the title(s) used.

Title Protection

Finally, title protection programs represent one of the lowest levels of regulation. Only those who satisfy certain prescribed requirements may use the relevant prescribed title(s). Practitioners need not register or otherwise notify the state that they are engaging in the relevant practice, and practice exclusivity does not attach. In other words, anyone may engage in the particular practice, but only those who satisfy the prescribed requirements may use the enumerated title(s). This serves to indirectly ensure a minimal level of competency - depending upon the prescribed preconditions for use of the protected title(s) - and the public is alerted to the qualifications of those who may use the particular title(s).

Licensing, certification and registration programs also typically involve some kind of mechanism for removing individuals from practice when such individuals engage in enumerated proscribed activities. This is generally not the case with title protection programs.

Regulation of Businesses

Regulatory programs involving businesses are typically in place to enhance public safety, as with a salon or pharmacy. These programs also help to ensure financial solvency and reliability of continued service for consumers, such as with a public utility, a bank or an insurance company.

Activities can involve auditing of certain capital, bookkeeping and other recordkeeping requirements, such as filing quarterly financial statements with the regulator. Other programs may require onsite examinations of financial records, safety features or service records.

Although these programs are intended to enhance public protection and reliability of service for consumers, costs of compliance are a factor. These administrative costs, if too burdensome, may be passed on to consumers.

Sunset Process

Regulatory programs scheduled for sunset review receive a comprehensive analysis. The review includes a thorough dialogue with agency officials, representatives of the regulated profession and other stakeholders. Anyone can submit input on any upcoming sunrise or sunset review on COPRRR's website at: www.dora.colorado.gov/opr.

The functions of the Colorado State Board of Chiropractic Examiners (Board) as enumerated in Article 33 of Title 12, Colorado Revised Statutes (C.R.S.)², shall terminate on July 1, 2020, unless continued by the General Assembly. During the year prior to this date, it is the duty of COPRRR to conduct an analysis and evaluation of the Board pursuant to section 24-34-104, C.R.S.

The purpose of this review is to determine whether the currently prescribed regulation should be continued and to evaluate the performance of the Board. During this review, the Board must demonstrate that the program serves the public interest. COPRRR's findings and recommendations are submitted via this report to the Office of Legislative Legal Services.

Methodology

As part of this review, Colorado Office of Policy, Research and Regulatory Reform (COPRRR) staff attended Board meetings; interviewed Division of Professions and Occupations (Division) staff, practitioners, officials with state and national

² House Bill 19-1172 re-codified §12-33-101, *et seq.*, C.R.S., and moved them to §12-215-101, *et seq.*, C.R.S. In order to avoid confusion and erroneous citations and references, this sunset report consistently refers to the statutory provisions as if they remained in §12-33-101, *et seq.*, C.R.S. A comparison table can be found in Appendix A.

professional associations; and reviewed complaint file summaries, Colorado statutes and rules, and the laws of other states.

Although COPRRR was able to review detailed data related to a limited number of files during this review, COPRRR was unable to review complete complaint files because the Director of the Division (Director) did not provide the case files to COPRRR pursuant to section 12-33-119(10), C.R.S., and corresponding legal advice from the Office of the Attorney General.

COPRRR relies on access to complaint files to gain a better understanding of the actual harm related to the practice under review, which informs recommendations for changes to the Act and to the administration of the program. Moreover, COPRRR also relies on these files to determine whether final dispositions of complaints are in the public interest or self-serving to the profession.

Profile of the Profession

In a sunset review, COPRRR is guided by the sunset criteria located in section 24-34-104(6)(b), C.R.S. The first criterion asks whether regulation by the agency is necessary to protect the public health, safety, and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less, or the same degree of regulation.

In order to understand the need for regulation, it is first necessary to understand what the profession does, where they work, who they serve and any necessary qualifications.

Chiropractors utilize a variety of techniques such as spinal adjustments, manipulation, and other clinical treatments to address neuro-musculoskeletal problems relating to nerves, muscles, tendons, and ligaments within their patients. Additional treatments, such as the application of heat or cold may also be used. Some chiropractors may also utilize techniques such as rehabilitative exercise, massage therapy, ultrasound, and supports such as braces and shoe inserts in addition to spinal adjustments and manipulation.³

An initial physical assessment is typically performed in conjunction with a review of a patient's medical history and any specific areas of concern expressed by the patient. The chiropractor may also perform an analysis of the patient's spine, posture, and reflexes. Additional tests may also be conducted when deemed necessary, including radiographs and posture evaluation.

Chiropractors work to improve the overall health of their patients, and believe that poor health can be exacerbated due to the malfunctioning of tissues and joints within

³ Bureau of Labor Statistics. *Occupational Outlook Handbook: What Chiropractors Do*. Retrieved November 20, 2018, from <https://www.bls.gov/ooh/healthcare/chiropractors.htm#tab-2>

the neuromuscular system.⁴ Some chiropractors also specialize in areas such as neurology, nutrition, orthopedics, pediatrics, or animal chiropractic, among others. Due to the delicate nature of the neuro-musculoskeletal system which includes nerves, ligaments, and tendons, serious, even permanent injury could occur if chiropractic treatment is performed improperly or unnecessarily.

In order to become a chiropractor, an individual must possess a Doctor of Chiropractic (D.C.) degree, which entails approximately four years of schooling. Admission requirements for D.C. programs typically require at least 90 semester hours of undergraduate coursework. However, some D.C. programs require that applicants have obtained a bachelor's degree.⁵

Licensure is required for chiropractors in all U.S. states and the District of Columbia. All states require the completion of a D.C. degree program and require a passing score on all four segments of the National Board of Chiropractic Examiners (NBCE) examination. All states also require continuing education in order to maintain licensure. In addition, some states further require applicants for licensure to pass a background check or additional jurisprudence examinations.

The sixth sunset criterion requires COPRRR to evaluate the economic impact of regulation. One way this may be accomplished is to review the expected salary of the profession.

As of May 2018, there were approximately 34,740 practicing chiropractors in the U.S. whose hourly mean wage was \$41.28 with an annual mean wage of \$85,870 per year. During the same timeframe, Colorado licensed approximately 970 chiropractors, with an hourly mean wage of \$41.97 and an annual mean wage of \$87,290 per year.⁶

⁴ Bureau of Labor Statistics. *Occupational Outlook Handbook: What Chiropractors Do*. Retrieved January 2, 2019, from <https://www.bls.gov/ooh/healthcare/chiropractors.htm#tab-2>

⁵ Bureau of Labor Statistics. *Occupational Outlook Handbook: How to Become a Chiropractor*. Retrieved November 20, 2018, from <https://www.bls.gov/ooh/healthcare/chiropractors.htm#tab-4>

⁶ Bureau of Labor Statistics. *Occupational Employment Statistics: Chiropractors*. Retrieved September 3, 2019, from <https://www.bls.gov/oes/current/oes291011.htm#st>

Legal Framework

History of Regulation

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by the sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The first sunset criterion questions whether regulation by the agency is necessary to protect the public health, safety, and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less, or the same degree of regulation.

One way that COPRRR addresses this is by examining why the program was established and how it has evolved over time.

The Colorado State Board of Medical Examiners began licensure of Chiropractors in 1915. An individual who was not practicing prior to April 12, 1915, was required to be of good moral character and graduate from a chiropractic school with the mandatory completion of at least two years and nine months of coursework, with a total of 1,000 hours of classes.⁷

In 1933, a five-member chiropractic board (Board) was authorized in statute to regulate the profession. The amended statute required that an applicant be at least 21 years of age, possess a high school diploma, have at least 2,800 hours of instruction from a chiropractic school, and pass the Board's examination or be licensed in a state with similar requirements. The term "chiropractor" was amended in both scope and definition, and the list of prohibited practices was expanded to include the compounding and administering of drugs.

In 1943, a statutory requirement was added for continuing education. Every chiropractor was required to attend at least three days of training, forums, or clinics in order to renew a license. The number of hours of chiropractic training required was also increased to 3,600.

Senate Bill 59-119 led to a significant broadening of the scope of practice. The qualifications for licensure were revised, and it became a requirement that an applicant graduate from a four-year chiropractic program with a minimum of 4,000 hours of instruction. In addition, the bill highlighted specific areas of required program studies. The statutory modifications also required that each applicant pass the Board's examination with a minimum score of 75 percent, and continuing education was also changed to require 15 hours per year. The amendments further required that 120 hours of coursework and the passing of a Board examination would be required for an electrotherapy certificate, and changed the requirement of Board

⁷ House Bill 15-178.

members to allow for one Board member to be from the public at large, rather than a licensed chiropractor.

In 1967, licensure requirements were once again amended. Applicants were required to pass the state's basic sciences examination, as well as Parts I and II of the National Board of Chiropractic Examiners' examination, in addition to the Board's examination.

As a result of the sunset review of the Board in 1978, several additional amendments were passed in Senate Bill 79-182. The definition of "chiropractic adjustment" enacted in 1959 was amended to provide that only a licensed chiropractor had the ability to perform chiropractic adjustments. Applicants for licensure by examination were also required to pass each section of the examination with a score of 75 percent or higher, where previous applicants had only been required to receive an overall passing score of 75 percent or higher. The Board's ability to deny licenses to qualified candidates from out of state was repealed, and the electrotherapy examination was discontinued.⁸

In 1983, the requirement for the Board to license qualified chiropractors from other states was expanded to include those licensed in the District of Columbia, the Commonwealth of Puerto Rico and the provinces of Canada.⁹

The legislature passed several amendments in 1985. The definition of the term "chiropractic" was expanded to allow for the procedure of venipuncture (the withdrawal of blood for the purpose of analysis), acupuncture, and the prohibition of colonic irrigation therapy. Further, the General Assembly provided the Governor with the authorization to remove a Board member for negligence of duty, misconduct, or incompetence, and Board membership was limited to two consecutive terms. In addition, the requirements for licensure by examination were altered to require a passing grade on each section of the examination, removing the specific requirement for a passing score of 75 percent or higher on each section.¹⁰

In House Bill 91-1073, the Board was required to adopt additional rules and regulations regarding minimum educational standards and training for the operation of radiograph machines by unlicensed individuals.

After the completion of a sunset review, the General Assembly passed multiple amendments in 1995. Chiropractors were required to display licenses in visible locations, while multiple chiropractors working in the same office were required to conspicuously display the name of each on-site practicing chiropractor at or near the door of the establishment. Further, the General Assembly required chiropractors to purchase professional liability insurance, and added a new section to the Chiropractic Practice Act (Act) that allowed temporary licenses for chiropractors who had been

⁸ Senate Bill 79-182.

⁹ House Bill 83-1138.

¹⁰ House Bill 85-1030.

invited to the state by the United States Olympic Committee to provide treatment to athletes and their staff.¹¹

The requirements of the Board's examination process was once again altered in 1998, requiring a passing score on the overall examination, instead of the prior requisite to receive a passing score on each section of the examination. Additionally, an amendment was passed that authorized the Board to adopt the examination developed and administered by the National Board of Chiropractic Examiners.¹²

In 2006, the General Assembly passed legislation that expanded the requirement for chiropractors to purchase liability insurance to cover them for all acts within the scope of practice, including acupuncture and electrotherapy, only in instances where the treatment was performed by an authorized chiropractor.¹³

Following the release of the 2008 sunset report, the General Assembly further amended the Act to increase the amount of liability insurance required of practitioners to an aggregate liability limit for claims during the year to \$1 million. Additionally, changes were made to definitions, with the terms "animal chiropractic" and "veterinary medical clearance" added to the Act. Penalties for violations of the Act were increased to not less than \$1,000 for the first violation, up to \$3,000 for the second violation, and up to \$5,000 for a third or subsequent violation. Further, a section regarding animal chiropractic was added, including registration and educational requirements, and the requirement for separate treatment rooms for human and animal patients.¹⁴

In 2018, the General Assembly amended the Act by adding additional definitions and amending the animal chiropractic requirements. The term "animal chiropractic" was amended to clarify that animal chiropractic treatment was to be limited to dogs and equids. Additionally, in order to register as being authorized to perform animal chiropractic, a practitioner must complete a one-hour jurisprudence course and an eight-hour course relating to contagious, infectious and zoonotic diseases. Moreover, a chiropractor providing treatment to an animal is required to notify the animal's veterinarian or owner regarding the treatment services provided within seven days, and is required to inform the state veterinarian if the chiropractor suspects that an animal may have a reportable disease.¹⁵

Finally, effective October 1, 2019, the statutes governing chiropractors were moved from section 12-33-101, *et seq.*, C.R.S., into section 12-215-101, *et seq.*, C.R.S., with the passage of House Bill 19-1172. Notwithstanding this recodification, in order to avoid confusion and erroneous citations and references, this sunset report

¹¹ Senate Bill 95-010.

¹² House Bill 98-1369.

¹³ House Bill 06-1243.

¹⁴ Senate Bill 09-167.

¹⁵ Senate Bill 18-239.

consistently refers to statutory provisions as if they remained in section 12-33-101, *et seq.*, C.R.S. A comparison table can be found in Appendix A.

Legal Summary

The second and third sunset criteria question

Whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms, and whether agency rules enhance the public interest and are within the scope of legislative intent; and

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters.

A summary of the current statutes and rules is necessary to understand whether regulation is set at the appropriate level and whether the current laws are impeding or enhancing the agency's ability to operate in the public interest.

The regulatory authority to oversee the practice of chiropractic was established within Colorado statutes in order to safeguard the life, health, property and public welfare of Coloradans, and to protect citizens from unauthorized, unqualified, and improper practice.¹⁶ Further, it is unlawful for any person to offer chiropractic services in the state of Colorado, or for any person to advertise any title or description that may lead the public to believe that the individual is a doctor of chiropractic, unless licensed by the state.¹⁷

According to the Act, chiropractic is¹⁸

...based upon the premise that disease is attributable to the abnormal functioning of the human nervous system. It includes the diagnosing and analyzing of human ailments and seeks the elimination of the abnormal functioning of the human nervous system by the adjustment or manipulation, by hand or instrument, of the articulations and adjacent tissue of the human body, particularly, the spinal column, and the use as indicated of procedures that facilitate the adjustment or manipulation and make it more effective and the use of sanitary, hygienic, nutritional, and physical remedial measures for the promotion, maintenance, and

¹⁶ § 12-33-101(1), C.R.S.

¹⁷ § 12-33-101(1), C.R.S.

¹⁸ § 12-33-102(1.7), C.R.S.

restoration of health, the prevention of disease, and the treatment of human ailments...

The fifth sunset criterion questions whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.

One way that COPRRR addresses this is by examining the composition of the Board.

The Board was established to provide regulatory oversight for the chiropractic profession. The Board consists of seven members appointed by the Governor who must all be citizens of the United States, with five members required to have practiced chiropractic in Colorado for at least five years prior to their appointment to the Board and two members appointed as public members.¹⁹

The Board promulgates and revises rules consistent with statute, including those:²⁰

- To examine, license, and renew licenses of qualified applicants;
- To approve chiropractic schools and colleges;
- To conduct hearings related to chiropractic complaints;
- To prosecute and seek injunctions against any licensee who violates the Act;
- To issue subpoenas, compel witnesses and written documentation, and to administer oaths; and
- To identify any chiropractic practices that are untrue, misleading or deceptive.

The Board also has the authority to approve chiropractic colleges and schools that meet minimal educational requirements including:²¹

- Group 1 - Anatomy, including embryology and histology;
- Group 2 - Physiology and psychology;
- Group 3 - Biochemistry, and inorganic and organic chemistry;
- Group 4 - Pathology, bacteriology, and toxicology;
- Group 5 - Hygiene, sanitation, first aid, and public health;
- Group 6 - Diagnosis, pediatrics, dermatology, syphilology, psychiatry, and X-ray;
- Group 7 - Obstetrics and gynecology; and
- Group 8 - Principles and practice of chiropractic and adjunctive techniques.

Applicants must meet minimal educational requirements in order to be approved for licensure by the Board, including graduation from high school or educational

¹⁹ § 12-33-103(1), C.R.S.

²⁰ § 12-33-107(1), C.R.S.

²¹ § 12-33-111, C.R.S.

equivalent and graduation from a Board-approved chiropractic school or college with not less than 4,000 hours of resident classroom experience over the period of four academic years.²² Upon meeting academic requirements, the applicant may submit an application for licensure and pay the examination fee. The Board may adopt the examination administered by the National Board of Chiropractic Examiners (NBCE), and the Board retains the authority to refuse to examine any applicant who has committed an act that may be grounds for disciplinary action as a licensed chiropractor. A license will be granted to applicants who receive a passing score on the examination adopted by the Board.²³

The Board also establishes standards for unlicensed chiropractic personnel, including chiropractic assistants. These include:²⁴

- The establishment of standards for unlicensed chiropractic personnel to operate X-ray machines;
- The successful completion of Board-approved courses required for X-ray machine operation;
- The documentation of the successful completion of the aforementioned course requirements must be maintained by the licensed chiropractor employing the unlicensed personnel trained to utilize the X-ray machines; and
- The requirement of supervision by the licensed chiropractor to ensure that chiropractic assistants receive proper training.

The actions of chiropractic assistants are also subject to disciplinary action by the Board.

The Board may approve individual applicants for licensure by endorsement who possess a license to practice chiropractic in another state. The Board shall issue a license to any person who submits an application, pays the required fee, and demonstrates evidence to the Board that:²⁵

- The applicant is licensed in another state or territory of the United States, the District of Columbia, Puerto Rico, or a province of Canada;
- The applicant possesses necessary credentials and qualifications that are equivalent to the state's licensure requirements;
- The applicant has engaged in full-time chiropractic practice or has taught at an accredited chiropractic school for at least three to five years immediately preceding the date of the application or has otherwise demonstrated competency to the Board;
- The applicant has not committed a crime that would be grounds for suspension, revocation or refusal of a license to practice chiropractic within the state; and
- The applicant's license in the other jurisdiction is in good standing.

²² § 12-33-111(1)(a), C.R.S.

²³ § 12-33-112, C.R.S.

²⁴ 3 CCR 707-1-19, Colorado State Board of Chiropractic Examiners Rules and Regulations.

²⁵ § 12-33-113, C.R.S.

Once approved for an initial license, licensees must apply for renewal every two years.²⁶ If a licensee fails to renew within this established period, the license will expire.²⁷ In addition, each licensee must complete a minimum of 15 continuing education (CE) credits per year. Since the renewal period is every two years, the licensee must attest to the completion of the required CE credits during each of the two years during the renewal period.²⁸ Those individuals with inactive licenses are not required to complete CE coursework unless the license is reactivated.²⁹ Further, the Board does not pre-approve CE courses, curriculum or programs.³⁰

The Board may issue a letter of admonition to licensees or may revoke, suspend, refuse to renew, deny, or it may impose additional conditions on licensees for violations of the Act including:³¹

- Use of fraud, misrepresentation, or deceit in applying for, securing, renewing, or requesting reinstatement of a license or in taking an examination;
- Any act or omission that constitutes negligent practice or fails to meet generally accepted standards of chiropractic practice;
- Conviction of a felony or any crime that constitutes a violation of the Act;
- Having a substance use disorder or excessive use or abuse of a controlled substance;
- Having an alcohol use disorder or excessive use of alcohol by the licensee;
- Disobedience of any rule or order of the Board;
- False, misleading, or unethical advertising;
- Failure to report malpractice judgements;
- Practicing with a suspended or expired license;
- Falsifying or making incorrect essential entries or failing to make correct essential entries on patient records;
- Failure to report the surrender of a license, or any adverse action taken against a license by another state, territory, country, government agency, law enforcement agency, or court that would constitute grounds for discipline;
- Engaging in a sexual act with a patient during the course of the patient's care or within six months following the conclusion of care;
- Having a physical or mental disability that makes the licensee unable to render chiropractic services with reasonable skill and safety; or
- Performing a procedure during patient care that is beyond the chiropractor's training or competence or is beyond the scope of practice.

A licensee is required to inform the Board within 60 days of any judgement, award or settlement in a civil action in which there was a final disposition of chiropractic

²⁶ 3 CCR 707-1-8(A), Colorado State Board of Chiropractic Examiners Rules and Regulations.

²⁷ § 12-33-114(1), C.R.S.

²⁸ 3 CCR 707-1-8(A), Colorado State Board of Chiropractic Examiners Rules and Regulations.

²⁹ 3 CCR 707-1-8(C), Colorado State Board of Chiropractic Examiners Rules and Regulations.

³⁰ 3 CCR 707-1-8(D), Colorado State Board of Chiropractic Examiners Rules and Regulations.

³¹ § 12-33-117(1), C.R.S.

malpractice.³² A licensee must also notify the Board within 60 days of any conviction of a felony related to the practice of chiropractic, any disciplinary action imposed on the licensee by another jurisdiction, or of any revocation or suspension by another state board, municipality, federal or state agency of health services related to any other license or registration held by the licensee.³³

The Board may employ administrative law judges to conduct hearings within the Board's jurisdiction.³⁴ The Board may commence a proceeding regarding the discipline of a licensee when the Board has reasonable grounds to believe that a licensee may have violated the Act³⁵ and a license cannot be revoked until after the conclusion of the hearing other than in emergency cases of public health, safety, and welfare or in the case of a deliberate and willful violation.³⁶ The Board may issue a cease and desist order in the event that a credible written complaint is provided that appears to the Board to be an imminent threat to the health and safety of the public.³⁷

The Board may also issue a confidential letter of concern to a licensee if a complaint to the Board discloses conduct that does not warrant formal action, but the Board finds that there are indications of delinquent conduct by the licensee.³⁸

In addition, any licensee who is found to have violated the Act or related rules may be fined no less than \$1,000 for the first violation, up to \$3,000 for a second violation, and up to \$5,000 for a third and subsequent violation. All fines collected are credited to the General Fund.³⁹

Section 12-33-119(10), C.R.S., explains the Board's restrictions regarding open records,

Notwithstanding other laws to the contrary, investigations, examinations, meetings, and other proceedings of the Board conducted pursuant to this section are not required to be conducted publically and minutes of the Board need not be open to public inspection; except that final action of the Board taken pursuant to this section shall be open to the public.

³² 3 CCR 707-1-4(A), Colorado State Board of Chiropractic Examiners Rules and Regulations.

³³ 3 CCR 707-1-4(B), Colorado State Board of Chiropractic Examiners Rules and Regulations.

³⁴ § 12-33-119(1), C.R.S.

³⁵ § 12-33-119(2), C.R.S.

³⁶ § 12-33-119(5), C.R.S.

³⁷ § 12-33-119.2(1)(a), C.R.S.

³⁸ § 12-33-117(2.5), C.R.S.

³⁹ § 12-33-117(1.5), C.R.S.

Program Description and Administration

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The third, fourth and fifth sunset criteria question:

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters;

Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively; and

Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.

In part, COPRRR utilizes this section of the report to evaluate the agency according to these criteria.

The Colorado State Board of Chiropractic Examiners (Board) regulates chiropractic licenses within the state of Colorado under the Chiropractic Practice Act (Act). The Board consists of seven members appointed by the Governor, five of whom have practiced chiropractic for a minimum of five years prior to their appointment, and two members appointed from the public at large. The Board typically meets on a bi-monthly basis to approve applications for licensure, promulgate rules, and review complaint files. In order to provide effective enforcement, the Board utilizes staff within the Department of Regulatory Agencies' Division of Professions and Occupations (Division) for administrative support.

Table 1 highlights the total program expenditures and the number of full-time equivalent (FTE) employees dedicated to the program for fiscal year 13-14 through fiscal year 17-18.

Table 1
Program Expenditures and FTE

Fiscal Year	Total Program Expenditures	FTE
13-14	\$302,782	1.5
14-15	\$350,617	1.5
15-16	\$295,851	1.2
16-17	\$293,651	0.8
17-18	\$263,313	1.2

While FTE remained stable in fiscal year 13-14 and 14-15, total program expenditures increased in fiscal year 14-15, and there was a marked decrease in staffing for the program in fiscal year 16-17 which has stayed lower than preceding years.

The FTE reflected in the table does not include employees in the centralized offices of the Division that provide management, licensing, administrative, technical, and investigative support to the Board. However, the cost of those FTE is reflected in the total program expenditures.

In fiscal year 18-19, the Division allocated a combined total of 1.0 FTE to administer the Act, apportioned in the following manner:

- Program Management - 0.05 FTE - Provides overarching program management.
- Administrator III - 0.15 FTE - Manages complaint resolution, stakeholder engagement, statute and rule review, case summary review and application review.
- Technician IV - 0.15 FTE - Provides case management, correspondence, and preparation of case summaries.
- Technician IV - 0.05 FTE - Provides practice monitoring and compliance enforcement.
- Technician III - 0.10 FTE - Provides case management, correspondence, and preparation of case summaries.
- Administrative Assistant III - 0.40 FTE - Assists with complaint intake, correspondence, and final action processing.
- Administrative Assistant III - 0.10 FTE - Assists with complaint intake, correspondence, and final action processing.

Licensing

The eighth sunset criterion questions whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

In order to practice chiropractic in Colorado, one must first obtain a license from the Board. The Board reviews initial licensure applications upon the completion of mandated requirements including the completion of minimal educational requirements, and passing the Board-authorized examination.

Presently, there are no chiropractic schools in Colorado, and students must complete their coursework requirements in another state prior to applying for licensure. In addition, the Board may approve applications for licensure by endorsement for chiropractors who have practiced in another state or jurisdiction with requirements that are substantially equivalent to Colorado's.

Table 2 provides additional information regarding the number of licensed chiropractors in Colorado for fiscal year 13-14 through fiscal year 17-18 for each application type, as well as the total active licenses for each fiscal year as of June 30 each year.

**Table 2
Licensed Chiropractors**

Fiscal Year	Examination	Endorsement	Renewal	Reinstatement	Active Licenses as of June 30
13-14	98	58	2,175	65	2,409
14-15	113	48	Not Applicable	68	2,591
15-16	101	42	2,340	30	2,512
16-17	136	40	Not Applicable	51	2,721
17-18	138	91	2,562	66	2,787

It should be noted that license renewal takes place on a two-year cycle, which is demonstrated by the lack of renewal data for fiscal years 14-15 and 16-17. For fiscal years 13-14 through 17-18, active licenses in the state of Colorado have steadily increased.

No explanation is readily apparent for the dramatic increase in licensure by endorsement in fiscal year 17-18.

Licensed chiropractors may also receive additional training to practice animal chiropractic. As of August 2019, there were 69 actively registered animal chiropractors in the state.

Table 3 lists applicable license fees for fiscal years 13-14 through 17-18 for each application type.

Table 3
Licensing Fees

Fiscal Year	New License	Endorsement	Renewal	Reinstatement
13-14	\$300	\$300	\$543	\$558
14-15	\$300	\$300	Not applicable	\$558
15-16	\$250	\$250	\$169	\$184
16-17	\$250	\$250	Not applicable	\$184
17-18	\$250	\$250	\$45	\$60

It should be noted that license fees for both renewal and reinstatement categories have steadily declined during the years presented. Due to litigation costs in fiscal years 12-13 and 13-14, all fees increased to cover those litigation costs. The fees were reduced once the costs were recovered.

Examinations

The eighth sunset criterion questions whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

Applicants for initial licensure are required to pass a four-part examination administered by the National Board of Chiropractic Examiners.⁴⁰ Parts I, II and III are computer-based, and consist of multiple-choice questions administered on chiropractic college campuses. The examination fee for Parts I through III is \$685 per examination.⁴¹

Part IV is a practical examination that consists of three parts divided into stations. Each station must be completed within an established time frame.⁴² The examination fee for Part IV is \$1,535 for each attempt.⁴³

⁴⁰ § 12-33-112, C.R.S.

⁴¹ National Board of Chiropractic Examiners. *Fee Schedules*. Retrieved May 30, 2019, from <https://mynbce.org/apply/fee-schedules/>

⁴² National Board of Chiropractic Examiners. *What is the Part IV Exam?* Retrieved May 30, 2019, from <https://mynbce.org/prepare/part-iv/>

⁴³ National Board of Chiropractic Examiners. *Fee Schedules*. Retrieved May 30, 2019, from <https://mynbce.org/apply/fee-schedules/>

Each part of the examination relates to specific subject matter, including:⁴⁴

- Part I - Anatomy, physiology, chemistry, pathology and microbiology;
- Part II - General diagnosis, neuromusculoskeletal diagnosis, diagnostic imaging, principles of chiropractic, chiropractic practice, and associated clinical sciences;
- Part III - Case history, physical examination, neuromusculoskeletal examination, diagnostic imaging, clinical laboratory/special studies, diagnosis or clinical impression, chiropractic techniques, supportive interventions, and case management; and
- Part IV - Diagnostic imaging stations, chiropractic technique, and case management.

The following tables reference chiropractic national examination information for first-time test takers in each of the four examination parts in fiscal years 13-14 through 17-18. Each table displays the number of individuals participating in each examination section, as well as the pass rate received on the examination for each part of the examination.

Table 4
Part I: Basic and Clinical Sciences Examination

Fiscal Year	Examinations Administered	Pass Rate
13-14	2,418	75%
14-15	2,436	76%
15-16	2,600	73%
16-17	2,592	71%
17-18	1,947	71%

For examination Part I during fiscal years 13-14 through 17-18, the average pass rate was approximately 73 percent and the average number of examinations administered was 2,399.

⁴⁴ National Board of Chiropractic Examiners. *Our Exams*. Retrieved May 30, 2019, from <https://mynbce.org/our-exams/>

Table 5
Part II: Clinical Sciences Examination

Fiscal Year	Examinations Administered	Pass Rate
13-14	2,382	73%
14-15	2,283	73%
15-16	2,398	71%
16-17	2,318	73%
17-18	2,090	71%

For examination Part II during fiscal years 13-14 through 17-18, the average pass rate was approximately 72 percent and the average number of examinations administered was 2,294.

Table 6
Part III: Clinical Areas Examination

Fiscal Year	Examinations Administered	Pass Rate
13-14	2,403	81%
14-15	2,280	81%
15-16	2,384	79%
16-17	2,471	80%
17-18	1,993	79%

For examination Part III during fiscal years 13-14 through 17-18, the average pass rate was 80 percent and the average number of examinations administered was 2,306.

Table 7
Part IV: Practical Examination

Fiscal Year	Examinations Administered	Pass Rate
13-14	2,302	90%
14-15	2,225	89%
15-16	2,261	89%
16-17	2,339	91%
17-18	2,455	90%

For examination Part IV during fiscal years 13-14 through 17-18, the average pass rate was approximately 90 percent and the average number of examinations administered was 2,316.

Complaint and Disciplinary Activity

The seventh sunset criterion requires COPRRR to examine whether complaint, investigation, and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

The Board also reviews and investigates complaints filed against licensees. Table 8, below provides the total number of complaints filed with the Board from fiscal year 13-14 through fiscal year 17-18. The average total number of complaints is 71 per year for the years reviewed.

Table 8
Total Complaints

Fiscal Year	Total
13-14	83
14-15	49
15-16	42
16-17	88
17-18	94

The Act articulates specific violations that may result in discipline. Table 9 displays complaints received from fiscal year 13-14 through fiscal year 17-18 by complaint type and corresponding paragraph of section 12-33-117(1), C.R.S.

**Table 9
Nature of Complaints**

Complaint Type	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
(a) Fraud in applying for license	0	0	0	1	0
(b) Standard of practice	30	26	21	34	36
(c) Conviction of a felony or crime	0	2	1	1	1
(d)(e) Substance or alcohol use disorder	5	2	2	6	3
(f) Disobedience to rule or order	27	13	14	10	13
(i)(p) False or misleading or unethical advertising	13m	9	8	8	2
(j) Failure to report malpractice judgement	2	4	0	0	3
(k) Abuse of health insurance	7	1	4	9	5
(m) Practicing on suspended or expired license	25	9	2	12	17
(n) Willfully deceiving agent of the Board	0	1	0	1	1
(r) Practicing with unlawful person	6	3	0	1	0
(s) Receiving commissions for referral of clients	1	2	0	1	0
(t) Conducting enterprise	3	1	0	0	0
(u) Practice of unlicensed person in association	2	0	0	1	0
(v) Performing unnecessary practice	7	4	2	0	1
(w) Falsifying records	3	6	2	13	1
(z) Failing to report other state action	12	6	0	2	6
(aa) Sexual misconduct	7	3	3	7	3
(cc) Failure to supervise	2	0	0	1	0
(dd) Physical/mental	5	1	0	1	1

Complaint Type	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
disorder					
(ee) Practicing beyond scope	11	7	2	7	6
118 - Improper use of title	2	2	0	1	1
127 - Unauthorized animal practice	2	5	0	2	1
116.5 - Liability Insurance	1	1	0	0	0
Total	173	108	61	119	101

No explanation is readily apparent regarding the significant dip in the number of complaints in fiscal year 15-16.

These data demonstrate that the most frequent complaint types in the years reviewed are for standard of practice (147 total complaints), disobedience to rules or orders (77 total complaints), and practicing on a suspended or expired license (65 total complaints).

Totals in Tables 8 and 9 do not add up because a single complaint (reflected in Table 8) may contain multiple allegations (reflected in Table 9).

Although COPRRR was able to review detailed data related to a limited number of files during this review, COPRRR was unable to review complete complaint files because the Director of the Division (Director) did not provide the case files to COPRRR pursuant to section 12-33-119(10), C.R.S., and corresponding legal advice from the Office of the Attorney General.

COPRRR relies on access to complaint files to gain a better understanding of the actual harm related to the practice under review, which informs recommendations for changes to the Act and to the administration of the program. Moreover, COPRRR also relies on these files to determine whether final dispositions of complaints are in the public interest or self-serving to the profession.

Final Agency Actions

Table 10 summarizes the actions taken by the Board in fiscal years 13-14 through 17-18. The “other” category below includes predominantly cease and desist orders, citations and injunctions.

Table 10
Final Agency Actions

Type of Action	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Revocations	1	3	1	1	1
Suspensions	0	0	0	0	0
Stipulations	16	4	10	8	18
Letters of Admonition	0	5	1	3	2
Other	2	10	2	4	1
Total Disciplinary Actions	19	22	14	16	22
Dismissals	2	23	6	31	37
Letters of Concern	39	32	10	10	31
Total Dismissals	41	55	16	41	68

In the years reviewed, no suspensions were issued, and a total of seven revocations were issued. Total dismissals were at their highest levels in the years reviewed during fiscal year 17-18. However, the number of total cases processed was also higher that year.

Collateral Consequences - Criminal Convictions

The ninth sunset criterion requires COPRRR to examine whether the agency under review, through its licensing processes, imposes any sanctions or disqualifications based on past criminal history, and if so, whether the disqualifications serve public safety or commercial or consumer protection interests.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

Section 12-33-117(1)(c), C.R.S., provides the Board with the authority to revoke, suspend, deny, refuse to renew, or impose additional conditions upon a licensee on the basis of a felony conviction or any other crime that would constitute a violation of the Chiropractic Practice Act (Act). The term “conviction” within the Act also applies to the acceptance of a guilty plea, a plea of *nolo contendere*, or the disposition of deferred sentence.

Table 11 depicts the total number of disqualifications and sanctions for fiscal years 13-14 through 17-18 for collateral consequences.

**Table 11
Collateral Consequences**

Nature of Consequence	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Conditional Licenses	0	0	0	1	1
Denials	0	0	0	0	0
Suspensions	0	0	0	0	0
Revocations/Relinquishments	0	0	0	1	0
Other	0	0	0	2	1
Total	0	0	0	4	2

The highest number of consequences occurred in fiscal year 16-17, which were conditional licenses, revocations or relinquishments, and other related disqualifications.

Sanctions listed include conditional licenses, which are offered in lieu of denials. “Other” disqualification types include predominantly cease and desist orders, citations and injunctions.

Two conditional licenses were issued in fiscal years 16-17 and 17-18 as a result of criminal convictions. An additional revocation/relinquishment occurred in fiscal year 16-17 regarding a felony conviction related to drug manufacturing.

The charges surrounding all of the consequences included several misdemeanors associated with issues of harassment, driving under the influence, domestic violence, disorderly conduct, and one felony conviction for conspiracy to possess with the intent to distribute cocaine and marijuana.

Analysis and Recommendations

The final sunset criterion questions whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest. The recommendations that follow are offered in consideration of this criterion, in general, and any criteria specifically referenced in those recommendations.

Recommendation 1 - Continue the Colorado State Board of Chiropractic Examiners for nine years, until 2029.

Chiropractors utilize a variety of techniques such as spinal adjustments, manipulation, and other clinical treatments to address neuro-musculoskeletal problems relating to the spine, nerves, muscles, tendons, and ligaments within their patients. If a chiropractic treatment were to be improperly or unnecessarily performed, it could lead to significant harm, including permanent damage.

The Colorado State Board of Chiropractic Examiners (Board), located in the Division of Professions and Occupations (Division), seeks to protect consumers from harm through educational and licensure requirements to ensure that chiropractors are properly trained and maintain competency in their field. The Board also reviews and investigates complaints, and may discipline licensees for any violation of the Chiropractic Practice Act (Act), up to and including license revocation for severe violations.

In fiscal years 13-14 through 17-18, the Board reviewed a total of 356 complaints and issued 7 revocations, 56 stipulations, and 11 letters of admonition.

Although COPRRR was able to review detailed data related to a limited number of files during this review, COPRRR was unable to review complete complaint files because the Director of the Division (Director) did not provide the case files to COPRRR pursuant to section 12-33-119(10), C.R.S., and corresponding legal advice from the Office of the Attorney General.

COPRRR relies on access to complaint files to gain a better understanding of the actual harm related to the practice under review, which informs recommendations for changes to the Act and to the administration of the program. Moreover, COPRRR also relies on these files to determine whether final dispositions of complaints are in the public interest or self-serving to the profession.

The first sunset criterion asks if regulation is necessary to protect the public health, safety and welfare. The Board is comprised of both public and professional members, and provides effective regulatory oversight in order to protect the public interest through the administration of the Act. Since chiropractic treatment options are

continually changing, the General Assembly should continue the Board for nine years, until 2029.

Recommendation 2 - Amend the Act so that chiropractic students attending Board-approved schools can perform chiropractic services in Colorado as a part of their instruction, authorize the Board to develop rules regarding a patient consent form, and authorize the Board to promulgate rules for student chiropractic services.

There are currently no chiropractic schools or hospitals within the state of Colorado. However, the Act specifies that students of chiropractic schools or hospitals *within* the state can provide chiropractic services.

Section 12-33-118, C.R.S., specifically states that chiropractic students may perform chiropractic services as a part of their schooling,

in a lawfully operated chiropractic school or hospital with respect to performing chiropractic services within such school or hospital...while under direct supervision of a licensed chiropractor.

Since chiropractic students are only allowed to perform services within schools and hospitals in Colorado where no chiropractic schools or hospitals are located, the logical inference is that no student can perform chiropractic services in Colorado. As a result, this statutory language has created burdensome restrictions upon chiropractic students who would like to provide chiropractic services in the state, as currently all chiropractic students complete their coursework in another state. By amending this statutory language, chiropractic students participating in a preceptorship or internship as a part of their chiropractic education would be allowed to provide chiropractic services in Colorado. This change should also clarify that chiropractic students should be able to perform chiropractic services only as a part of their course of instruction at Board-approved schools, which would make clear that the Board may develop standards for approval of schools outside of the state as they pertain to Colorado licensees, pursuant to section 12-33-107(1)(c), C.R.S., under the Board's current statutory authority.

Throughout the course of this sunset review, stakeholders expressed concern that patients should be informed in the event that they are receiving services from a chiropractic student. By requiring a signed consent form, a patient could have the option to either consent to receiving student services or choose to opt out and receive services from a licensed chiropractor. Therefore, the Board should promulgate rules related to student chiropractic services, including the development of a patient consent form. By placing this authority with the Board, any rules enacted would be open to the public through the process of rulemaking, allowing for public testimony and involvement, which would further protect and enhance the public interest.

The second sunset criterion asks

If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest.

By allowing students who are participating in chiropractic programs in other states to perform services in Colorado, more chiropractic students may choose to perform services in the state and may stay in Colorado following their schooling. This, in turn, may increase consumer choice by increasing the availability of a wider pool of chiropractors and chiropractic services. By providing the Board with the authority to promulgate rules related to chiropractic student services, the Board may hold meetings with public participation in the development of rules, which again may lead to increased consumer involvement.

Therefore, the General Assembly should amend the Act to clarify that chiropractic students completing coursework at Board-approved schools may perform chiropractic services in Colorado regardless of where the school is located, and provide authority to the Board for the establishment of rules related to chiropractic students performing chiropractic services in Colorado, including the development of a patient consent form.

Recommendation 3 - Amend the Act so that failure to act within the limitations created by a health condition is grounds for discipline, and authorize the Board to enter into confidential agreements with practitioners to address conditions that may affect a chiropractors ability to practice.

Chiropractors can become ill, suffer injuries and have disabilities, and some of these conditions may affect their ability to practice safely. One way to help ensure that chiropractors act within the limitations created by an illness or condition, thus avoiding discipline, is to authorize the Board to enter into confidential agreements with such practitioners whereby the practitioner agrees to limit his or her practice.

However, this process should not be available to those chiropractors who are using or abusing drugs or alcohol. Practicing with such a condition constitutes a separate statutory violation, and this recommendation is not intended to address drug or alcohol abuse.

If a chiropractor has a health condition and is no longer able to practice safely, the current remedy would be to require the chiropractor to enter into a stipulated agreement to limit his or her practice, which is a public disciplinary action.

However, the chiropractor did not really do anything wrong and the underlying reason for his or her disciplinary action is due to a protected, confidential medical condition.

The General Assembly should revise the Act so that failing to act within the limitations created by a physical or mental health condition is not grounds for discipline, as opposed to simply having such a condition. Additionally, the practitioner must be required to notify the Board of the illness or other health condition in a manner and within a period of time determined by the Board.

Rather than taking disciplinary action against the practitioner, the Board should instead be granted the authority to enter into a confidential agreement with the chiropractor in which the licensee voluntarily agrees to limit his or her practice so that he or she may continue to practice safely, within the limits of the illness or health condition, and failing to comply with the terms of the confidential agreement would be grounds for discipline.

The third sunset criteria asks whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices. The Board serves as the regulatory authority over chiropractors in Colorado, and may not have the ability to most effectively serve the public interests in instances where statute has limited its ability to produce outcomes that benefit consumers and eliminate unnecessary restrictions upon practitioners.

For this reason, the General Assembly should amend the Act so that failing to act within the limitations created by a health condition is grounds for discipline, and it should authorize the Board to enter into confidential agreements with practitioners to address conditions that may affect a chiropractor's ability to practice. These should be based on similar provisions in other comparable practice acts.

Recommendation 4 - Amend the grounds for discipline by removing language related to alcohol or substance use disorders and include the habitual use or abuse of alcohol or controlled substances.

Pursuant to sections 12-33-117(1)(d) and (1)(e), C.R.S., a chiropractor may be disciplined upon a finding that the licensee has:

- A substance use disorder, as defined in section 27-82-102, C.R.S., or excessive use by the licensee of a controlled substance, as defined in section 18-18-102(5), C.R.S.; or
- An alcohol use disorder, as defined in section 27-81-102, C.R.S., or excessive use of alcohol by the licensee.

These provisions should be amended to repeal references to “alcohol use disorder” and “substance use disorder.”

In *Robinson v. California*, 370 U.S. 660 (1962), the U.S. Supreme Court held that narcotic addiction is an illness and that any state law that seeks to punish a person

because of an illness violates the Fourteenth Amendment. Although this case involved a criminal prohibition, it may be considered persuasive in the administrative context.

Furthermore, in *Colorado State Board of Nursing v. Crickenberger*, 757 P.2d 1167 (Colo. App. 1988), the Colorado Court of Appeals addressed a provision in the Nurse Practice Act substantially similar to the one at issue here. In vacating the Board’s disciplinary action, the court held that the plain language of the statute requires addiction at the time of hearing.

These two cases, taken together, suggest that disciplinary action based on addiction is not the best way to discipline practitioners who abuse alcohol or controlled substances.

In *Colorado State Board of Medical Examiners v. Davis*, 893 P.2d 1365 (Colo. App. 1995), the Colorado Court of Appeals held that disciplinary action based on excessive use of alcohol or a controlled substance does not require current addiction or use of alcohol or controlled substances at the time of the disciplinary hearing.

The second sunset criterion asks if regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest. Since it may be unconstitutional to discipline a practitioner based on addiction to controlled substances or alcohol and since “excessive use” does not require current addiction or use at the time of the disciplinary hearing, the current language should be amended to remove references regarding drug or alcohol use disorders.

Additionally, adding the language, “habitual use or abuse” to the statute to read, “habitual or excessive use or abuse” of alcohol or controlled substances provides additional clarification that the Board may consider not only instances of excessive use, but may also determine if a pattern of use or abuse exists; this language would also be consistent with other practice acts.

Hence, the General Assembly should repeal the prohibition against an alcohol or substance use disorder and amend the statute to include habitual or excessive use or abuse as a potential element for consideration in the grounds for discipline under the Act.

Recommendation 5 - Modify the continuing education requirement for chiropractors to allow for the completion of 30 hours of continuing education every two years.

Currently, section 12-33-116, C.R.S., requires that each actively licensed chiropractor in the state of Colorado must attend not less than 15 hours of continuing education on an annual basis.

However, the number of continuing education hours offered for each continuing education opportunity may fluctuate based upon the scope, depth, subject matter and delivery method. With a set number of 15 hours required annually, a licensee may lose hours at the end of each year if their participation exceeded 15 hours, since continuing education hours do not currently roll over into the next year.

The second sunset criterion asks whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest. The process requiring annual completion of continuing education hours creates an onerous annual regulatory requirement for practitioners. By amending the language in the Act to allow for the completion of 30 hours every two years, the same amount of continuing education will be completed.

The word “attend” should also be replaced with word, “complete”, as many continuing education opportunities may take place in a virtual setting, where no physical attendance is required.

Therefore, the General Assembly should amend the Act to allow chiropractors to complete 30 hours of continuing education every two years.

Recommendation 6 - Repeal statutory references to the National Board of Chiropractic Examiners.

The National Board of Chiropractic Examiners (NBCE) is referenced by name within the Act in section 12-33-112, C.R.S.:

The Board may adopt the practical examination developed and administered by the National Board of Chiropractic Examiners as the practical portion of the examination. If the Board adopts such practical examination developed and administered by the National Board of Chiropractic Examiners, qualification in the practical portion of the examination shall be established by the applicant submitting proof satisfactory to the Board of successfully passing the practical examination given by the National Board of Chiropractic Examiners, and the passing score for such practical examination shall be as set by the National Board of Chiropractic Examiners.

Naming specific organizations in statute can be problematic. Organizations can change their names, they can merge with other organizations or they cease operations entirely. More problematic, however, is the fact that by naming organizations in statute, the General Assembly cedes the state’s ability to deviate from the standards established by those organizations. Additionally, these organizations are not subject to the state’s rulemaking or transparency requirements. Thus, private organizations can establish state certification standards with very little public input, transparency or state participation.

In this case, the Board arguably has the authority to select a different examination, but naming NBCE creates a presumption that this is the examination to be selected. As such, the statute grants NBCE a competitive advantage over any other examination.

The better practice is to authorize the regulator, in this case the Board, to adopt the appropriate examination. Repealing the references to NBCE provides the state greater flexibility in the event problems arise in the future.

The second sunset criterion asks if regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest. Naming specific organizations in statute limits the Board's authority and flexibility, which is contrary to the goal to protect public interests. For this reason, the General Assembly should repeal statutory references to the NBCE.

Recommendation 7 - Amend the description of the term “unethical advertising” in section 12-33-117(3)(a), C.R.S., to include any form of media.

The current description of the term “unethical advertising” is defined in section 12-33-117(3)(a), C.R.S.

...shall include, but not be limited to, advertising, through newspapers, magazines, circulars, direct mail, directories, radio, television, or otherwise...

This description does provide for additional types of media to be considered when the Board evaluates whether unethical advertising has occurred. However, several of the forms of media listed in the description are outdated, while other forms of media such as websites or social media are not specifically mentioned. By amending this language to state that unethical advertising shall include advertising in any form of media, all forms of media currently in use as well as those that may come into use in the future would be included, without specifically naming certain types of media.

The tenth sunset criterion asks whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest. Technology is constantly adapting, and new technological platforms are developed each year with increasing variety. By changing the terminology to reflect that unethical advertising in any form of media is a violation of the Act, the Board would maintain its ability to provide appropriate levels of discipline, regardless of the format of media utilized.

Therefore, the General Assembly should amend the description of the term “unethical advertising” in section 12-33-117(3)(a), C.R.S.

Recommendation 8 - Repeal the requirement that Board members be citizens of the United States.

Section 24-34-107(1), C.R.S., requires every individual applying for a Colorado license under titles 10, 11, or 12, C.R.S., which includes the Act, to be lawfully present in the United States. The statutory reference does not contemplate citizenship as a prerequisite.

However, section 12-33-103, C.R.S., of the Act states,

There is hereby created a Colorado State Board of Chiropractic Examiners, referred to in this article as the “Board” consisting of seven members who are citizens of the United States...

This citizenship requirement is relatively unique to the Board, and is not a requirement of any of the state’s chiropractic practitioners. There is no residency requirement for practitioners applying for either application by examination or endorsement. Those seeking application by endorsement are only required to be licensed in another state, a territory of the United States, the District of Columbia, the commonwealth of Puerto Rico, or a province of Canada, and be lawfully present in the United States.

The third sunset criterion asks whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes. The requirement that a Board member be a citizen of the United States may prevent the appointment of qualified individuals, which may impede the Board’s ability to effectively serve the public interest.

Further, the second sunset criterion asks if regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest. The current statutory citizenship requirement is unnecessarily restrictive since it may inadvertently bar otherwise qualified candidates from serving on the Board.

Therefore, the General Assembly should remove the requirement that Board members be citizens of the United States.

Appendix A - Title 12 Recodification Table

This table shows provisions of Article 33 of Title 12 of the Colorado Revised Statutes that were relocated as a result of the passage of House Bill 19-1172, concerning an organizational recodification of Title 12.

Prior to October 1, 2019	October 1, 2019 and Thereafter	Prior to October 1, 2019	October 1, 2019 and Thereafter
12-33-101	12-215-101	12-33-119(9)(a)	12-215-118(7)
12-33-101(1)	12-215-101(1)	12-33-119(9)(b)	Repealed
12-33-101(2)	12-215-101(2)	12-33-119(10)	12-215-118(8)
12-33-102 IP	12-215-103 IP	12-33-119.1	12-215-119
12-33-102(1)	12-215-103(1)	12-33-119.1 IP(1)	12-215-119 IP(1)
12-33-102(1.3)(a)	12-215-103(2)(a)	12-33-119.1(1)(a)	12-215-119(1)(a)
12-33-102 IP(1.3)(b)	12-215-103 IP(2)(b)	12-33-119.1(1)(b)	12-215-119(1)(b)
12-33-102(1.3)(b)(I)	12-215-103(2)(b)(I)	12-33-119.1(2)	12-215-119(2)
12-33-102(1.3)(b)(II)	12-215-103(2)(b)(II)	12-33-119.2	12-215-120
12-33-102(1.3)(b)(III)	12-215-103(2)(b)(III)	12-33-119.2(1) to (5)	12-215-120
12-33-102(1.3)(b)(IV)	12-215-103(2)(b)(IV)	12-33-120	12-215-121
12-33-102(1.3)(b)(V)	12-215-103(2)(b)(V)	12-33-120(1)	12-215-121(1)
12-33-102(1.3)(b)(VI)	12-215-103(2)(b)(VI)	12-33-120 IP(2)	12-215-121 IP(2)
12-33-102(1.3)(b)(VII)	12-215-103(2)(b)(VII)	12-33-120(2)(a)	12-215-121(2)(a)
12-33-102(1.3)(b)(VIII)	12-215-103(2)(b)(VIII)	12-33-120(2)(b)	12-215-121(2)(b)
12-33-102(1.5)	12-215-103(3)	12-33-120(2)(c)	12-215-121(2)(c)
12-33-102(1.7)	12-215-103(4)	12-33-120(3)	12-215-121(3)
12-33-102(2)	12-215-103(5)	12-33-121	12-215-122
12-33-102(3)	12-215-103(6)	12-33-122	12-215-123
12-33-102(3.1)	12-215-103(7)	12-33-124	12-215-124
12-33-102(3.5)	12-215-103(8)	12-33-124 IP(1)	12-215-124 IP(1)
12-33-102(4)	12-215-103(9)	12-33-124(1)(a)	12-215-124(1)(a)
12-33-102(5)	12-215-103(10)	12-33-124(1)(b)	12-215-124(1)(b)
12-33-103	12-215-104	12-33-124(1)(c)	12-215-124(1)(c)
12-33-103(1)	12-215-104(1)	12-33-124(1)(d)	12-215-124(1)(d)
12-33-103(3)(a)	Repealed	12-33-124(1)(e)	12-215-124(1)(e)
12-33-103(3)(b)	12-215-104(3)	12-33-124(1)(f)	12-215-124(1)(f)
12-33-105	12-215-104(2)	12-33-124 IP(1)(g)	12-215-124 IP(1)(g)
12-33-107	12-215-105	12-33-124(1)(g)(I)	12-215-124(1)(g)(I)
12-33-107 IP(1)	12-215-105 IP(1)	12-33-124(1)(g)(II)	12-215-124(1)(g)(II)
12-33-107(1)(a)	12-215-105(1)(a), (2)	12-33-124(1)(g)(III)	12-215-124(1)(g)(III)
12-33-107(1)(b)	12-215-105(1)(b)	12-33-124(1)(g)(IV)	12-215-124(1)(g)(IV)
12-33-107(1)(c)	12-215-105(1)(c)	12-33-124(3)	12-215-124(2)
12-33-107(1)(d)	12-215-105(1)(d)	12-33-124(4)	12-215-124(3)
12-33-107(1)(e)	12-215-105(1)(e)	12-33-124(5)	12-215-124(4)
12-33-107(1)(f)	12-215-105(1)(f)	12-33-124(6)	12-215-124(5)
12-33-107(1)(h)	12-215-105(1)(g)	12-33-124 IP(7)	12-215-124 IP(6)

Prior to October 1, 2019	October 1, 2019 and Thereafter	Prior to October 1, 2019	October 1, 2019 and Thereafter
12-33-107.5	12-215-105(3)	12-33-124(7)(a)	12-215-124(6)(a)
12-33-108(2)	12-215-105(4)	12-33-124(7)(b)	12-215-124(6)(b)
12-33-109	Repealed	12-33-124(7)(c)	12-215-124(6)(c)
12-33-110	12-215-105(5)	12-33-124(7)(d)	12-215-124(6)(d)
12-33-111	12-215-106	12-33-124(7)(e)	12-215-124(6)(e)
12-33-111(1)(a)	12-215-106(1)	12-33-124(7)(f)	12-215-124(6)(f)
12-33-111(1)(b)	12-215-106(2)	12-33-125	12-215-125
12-33-111.5	12-215-107	12-33-126	12-215-126
12-33-112	12-215-108	12-33-126(1)	12-215-126(1)
12-33-113	12-215-109	12-33-126 IP(2)	12-215-126 IP(2)
12-33-113(1)	12-215-109 IP(1)	12-33-126 IP(2)(a)	12-215-126 IP(2)(a)
12-33-113(1)(a)	12-215-109(1)(a)	12-33-126(2)(a)(I)	12-215-126(2)(a)(I)
12-33-113(1)(b)	12-215-109(1)(b)	12-33-126(2)(a)(II)	12-215-126(2)(a)(II)
12-33-113(1)(c)(I)	12-215-109(1)(c)(I)	12-33-126 IP(2)(b)	12-215-126 IP(2)(b)
12-33-113(1)(c)(II)	12-215-109(1)(c)(II)	12-33-126(2)(b)(I)	12-215-126(2)(b)(I)
12-33-113(1)(d)	12-215-109(1)(d)	12-33-126(2)(b)(II)	12-215-126(2)(b)(II)
12-33-113(1)(e)	12-215-109(1)(e)	12-33-126(2)(b)(III)	12-215-126(2)(b)(III)
12-33-114	12-215-110	12-33-126(3)	12-215-126(3)
12-33-114(1)	12-215-110(1)	12-33-126(4)	12-215-126(4)
12-33-114(1.3)	12-215-110(2)	12-33-127	12-215-127
12-33-114.5	12-215-111	12-33-127(1)(a)	12-215-127(1)(a)
12-33-115	12-215-112	12-33-127(1)(b)	12-215-127(1)(b)
12-33-116	12-215-113	12-33-127(1)(c)	12-215-127(1)(c)
12-33-116.5	12-215-114	12-33-127(1)(d)	12-215-127(1)(d)
12-33-116.5(1)(a)	12-215-114(1)(a)	12-33-127(2)	12-215-127(2)
12-33-116.5(1)(b)	12-215-114(1)(b)	12-33-127(3)	12-215-127(3)
12-33-116.5(2)	12-215-114 IP(2)	12-33-127(3)(a)	12-215-127(3)(a)
12-33-116.5(2)(a)	12-215-114(2)(a)	12-33-127(3)(b)	12-215-127(3)(b)
12-33-116.5(2)(b)	12-215-114(2)(b)	12-33-127 IP(4)	12-215-127 IP(4)
12-33-116.5(2)(c)	12-215-114(2)(c)	12-33-127 IP(4)(a)	12-215-127 IP(4)(a)
12-33-116.5(2)(d)	12-215-114(2)(d)	12-33-127(4)(a)(I)	12-215-127(4)(a)(I)
12-33-116.5(2)(e)	12-215-114(2)(e)	12-33-127(4)(a)(II)	12-215-127(4)(a)(II)
12-33-117	12-215-115	12-33-127(4)(a)(III)	12-215-127(4)(a)(III)
12-33-117(1)	12-215-115 IP(1)	12-33-127 IP(4)(b)	12-215-127 IP(4)(b)
12-33-117(1)(a)	12-215-115(1)(a)	12-33-127(4)(b)(I)	12-215-127(4)(b)(I)
12-33-117(1)(b)	12-215-115(1)(b)	12-33-127(4)(b)(II)	12-215-127(4)(b)(II)
12-33-117(1)(c)	12-215-115(1)(c)	12-33-127(4)(b)(III)	12-215-127(4)(b)(III)
12-33-117(1)(d)	12-215-115(1)(d)	12-33-127(4)(b)(IV)	12-215-127(4)(b)(IV)
12-33-117(1)(e)	12-215-115(1)(e)	12-33-127(4)(b)(V)	12-215-127(4)(b)(V)
12-33-117(1)(f)	12-215-115(1)(f)	12-33-127(4)(b)(VI)	12-215-127(4)(b)(VI)
12-33-117(1)(g)	12-215-115(1)(g)	12-33-127(4)(b)(VII)	12-215-127(4)(b)(VII)
12-33-117(1)(h)	12-215-115(1)(h)	12-33-127(4)(b)(VIII)	12-215-127(4)(b)(VIII)
12-33-117(1)(j)	12-215-115(1)(i)	12-33-127(4)(b)(IX)	12-215-127(4)(b)(IX)

Prior to October 1, 2019	October 1, 2019 and Thereafter	Prior to October 1, 2019	October 1, 2019 and Thereafter
12-33-117(1)(k)	12-215-115(1)(j)	12-33-127(4)(b)(X)	12-215-127(4)(b)(X)
12-33-117(1)(l)	12-215-115(1)(k)	12-33-127(4)(b)(XI)	12-215-127(4)(b)(XI)
12-33-117(1)(m)	12-215-115(1)(l)	12-33-127(4)(c)	12-215-127(4)(c)
12-33-117(1)(n)	12-215-115(1)(m)	12-33-127(4)(d)	12-215-127(4)(d)
12-33-117(1)(o)	12-215-115(1)(n)	12-33-127(4)(e)	12-215-127(4)(e)
12-33-117(1)(p)	12-215-115(1)(o)	12-33-127 IP(4.5)(a)	12-215-127 IP(5)(a)
12-33-117(1)(q)	12-215-115(1)(p)	12-33-127(4.5)(a)(I)	12-215-127(5)(a)(I)
12-33-117(1)(r)	12-215-115(1)(q)	12-33-127 IP(4.5)(a)(II)	12-215-127 IP(5)(a)(II)
12-33-117(1)(s)	12-215-115(1)(r)	12-33-127(4.5)(a)(II)(A)	12-215-127(5)(a)(II)(A)
12-33-117(1)(t)	12-215-115(1)(s)	12-33-127(4.5)(a)(II)(B)	12-215-127(5)(a)(II)(B)
12-33-117(1)(u)	12-215-115(1)(t)	12-33-127 IP(4.5)(b)	12-215-127 IP(5)(b)
12-33-117(1)(v)	12-215-115(1)(u)	12-33-127(4.5)(b)(I)	12-215-127(5)(b)(I)
12-33-117(1)(w)	12-215-115(1)(v)	12-33-127(4.5)(b)(II)	12-215-127(5)(b)(II)
12-33-117(1)(x)	12-215-115(1)(w)	12-33-127(4.5)(b)(III)	12-215-127(5)(b)(III)
12-33-117(1)(y)	12-215-115(1)(x)	12-33-127(4.5)(b)(IV)	12-215-127(5)(b)(IV)
12-33-117(1)(z)	12-215-115(1)(y)	12-33-127(4.5)(b)(V)	12-215-127(5)(b)(V)
12-33-117(1)(aa)	12-215-115(1)(z)	12-33-127(4.5)(c)	12-215-127(5)(c)
12-33-117(1)(bb)	12-215-115(1)(aa)	12-33-127(4.5)(d)	12-215-127(5)(d)
12-33-117(1)(cc)	12-215-115(1)(bb)	12-33-127(5)(a)	12-215-127(6)(a)
12-33-117(1)(dd)	12-215-115(1)(cc)	12-33-127(5)(b)	12-215-127(6)(b)
12-33-117(1)(ee)	12-215-115(1)(dd)	12-33-127(5.5)(a)	12-215-127(7)(a)
12-33-117(1)(ff)	12-215-115(1)(ee)	12-33-127 IP(5.5)(b)	12-215-127 IP(7)(b)
12-33-117(1.5)	12-215-115(2)	12-33-127(5.5)(b)(I)	12-215-127(7)(b)(I)
12-33-117(2)	12-215-115(3)	12-33-127 IP(5.5)(b)(II)	12-215-127 IP(7)(b)(II)
12-33-117(2.5)	12-215-115(4)	12-33-127(5.5)(b)(II)(A)	12-215-127(7)(b)(II)(A)
12-33-117 IP(3)(a)	12-215-115 IP(5)	12-33-127(5.5)(b)(II)(B)	12-215-127(7)(b)(II)(B)
12-33-117(3)(a)(I)	12-215-115(5)(a)	12-33-127(5.5)(b)(II)(C)	12-215-127(7)(b)(II)(C)
12-33-117(3)(a)(II)	12-215-115(5)(b)	12-33-127(5.5)(c)	12-215-127(7)(c)
12-33-117(3)(a)(III)	12-215-115(5)(c)	12-33-127(6)(a)	12-215-127(8)(a)
12-33-117(4)	12-215-115(6)	12-33-127(6)(b)	12-215-127(8)(b)
12-33-117(5)	12-215-115(7)	12-33-127(6)(c)	12-215-127(8)(c)
12-33-117.5	12-215-116	12-33-127(6)(d)	12-215-127(8)(d)
12-33-117.5(1)	12-215-116(1)	12-33-127(7)	12-215-127(9)
12-33-117.5(2)	12-215-116(2)	12-33-127(8)	12-215-127(10)
12-33-117.5(3)	12-215-116(3)	12-33-127(9)	12-215-127(11)
12-33-117.5(4)	12-215-116(4)	12-33-127(10)	12-215-127(12)
12-33-117.5(5)	12-215-116(5)	12-33-127(11)	12-215-127(13)
12-33-118	12-215-117	12-33-128	12-215-128
12-33-119	12-215-118	12-33-201	12-215-201
12-33-119(1)	12-215-118(1)	12-33-201(1)	12-215-201(1)
12-33-119(2)	12-215-118(2)	12-33-201(2)	12-215-201(2)
12-33-119(3)	Repealed	12-33-201(3)	12-215-201(3)
12-33-119(4)	12-215-118(3)	12-33-202	12-215-202

Prior to October 1, 2019	October 1, 2019 and Thereafter	Prior to October 1, 2019	October 1, 2019 and Thereafter
12-33-119(5)	12-215-118(4)	12-33-202(1)(a)	12-215-202(1)(a)
12-33-119(7)(a)	12-215-118(5)(a)	12-33-202(1)(b)	12-215-202(1)(b)
12-33-119(7)(b)	12-215-118(5)(b)	12-33-202(2)	12-215-202(2)
12-33-119(7)(c)	Repealed	12-33-202(3)	12-215-202(3)
12-33-119(8)	12-215-118(6)		