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MEMORANDUM IN OPPOSITION

**ON ASSEMBLY WAYS & MEANS
COMMITTEE AGENDA**

A.4706-C (CLARK)

**IN SENATE HIGHER EDUCATION
COMMITTEE**

S.5860-C (GOUNARDES)

AN ACT to amend the education law, in relation to modernizing the chiropractic scope of practice; and to repeal provisions of such law relating to.

This legislation would amend several sections of the Education Law to significantly expand the scope of services that could be provided by a chiropractor while also leaving many questions unanswered about the full range of services that could be provided. Because this legislation presents numerous patient safety concerns, **the Medical Society of the State of New York shares the concerns with several other physician groups and opposes this legislation.**

Even though the bill has been slightly narrowed from an even broader version, there are numerous patient safety concerns with this proposal that have been identified by physician groups providing neuromuscular care including the New York State Society of Orthopedic Surgeons (NYSSOS) and the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM).

Extremity Articulations and Neuromusculoskeletal Conditions. The bill would expand chiropractic authority beyond the vertebral column to include "other articular segments" and the broad treatment of neuromusculoskeletal conditions. Orthopedic surgeons possess years of specialty training including 4 years of medical school, five-year residency, and frequently one to two years of subspecialty, all specifically directed at diagnosing and managing pathology of the extremities. The standard chiropractic doctoral program, comprising approximately 4,200 instructional hours with no mandatory post-graduate residency of comparable depth, does not provide equivalent preparation to evaluate and manage structural joint pathology, ligamentous injury, tendon avulsion, articular fracture, or complex instability patterns. The bill also does not distinguish between soft tissue symptom management, for which some chiropractic training may be adequate, and structural diagnosis, for which it is not.

Electrodiagnostic Testing. The bill would authorize chiropractors to perform and presumably interpret electrodiagnostic testing, including electromyography (EMG) and nerve conduction studies, subject only to departmental approval of vague and unspecified "appropriate education standards." This provision is among the most clinically consequential - EMG interpretation requires a thorough command of neuroanatomy, neuromuscular disease, motor unit physiology, and artifact recognition. Critically, electrodiagnostic findings may reveal diagnoses including motor neuron disease, demyelinating polyneuropathy, myopathy, and neuromuscular junction disorders that carry significant prognostic and therapeutic implications entirely beyond chiropractic scope. The bill provides no advanced training specific to electrodiagnosis, no competency examination, no mandatory referral obligation upon discovery of advanced findings, no minimum supervised case volume

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requirement, and no competency standard written into statute. "As approved by the department" is not an adequate patient safety mechanism for a diagnostic modality of this complexity.

Chiropractic education focuses primarily on musculoskeletal manipulation and spinal biomechanics and does not include the extensive neurologic and neuromuscular disease training required to independently perform and interpret EDX studies. Allowing chiropractors to independently conduct these procedures risks missed diagnoses, delayed treatment of serious neurologic disease, and unnecessary or inappropriate care. Maintaining physician oversight ensures EDX testing remains integrated within the patient's clinical evaluation and protects against diagnostic errors.

Diagnostic Laboratory Testing. The bill would authorize chiropractors to order clinical laboratory testing, including methods assessing nutritional and metabolic factors that impact musculoskeletal health, subject to departmental approval. Appropriately, the bill would not enable chiropractors to prescribe medications or controlled substances. However, granting laboratory ordering authority without demonstrating minimal competency or a corresponding framework for managing abnormal results (including mandatory referral pathways) creates a diagnostic gap with potential patient harm consequences. A chiropractor who orders a comprehensive metabolic panel revealing hepatic disease, renal pathology, or a paraneoplastic process has no training to interpret such findings, no statutory obligation to refer and no pharmacological authority to act.

Regulatory Delegation Without Statutory Guardrails. The bill repeatedly defers critical competency determinations to the NYS Department of Education with unspecified standards such as "as approved by the department" and "when appropriate education standards have been met." If a patient is harmed due to a misinterpreted EMG or an unrecognized laboratory finding, the statutory standard is so vague as to provide little meaningful recourse framework. Scope of practice expansions of this magnitude warrant explicit statutory minimum standards, not blanket regulatory delegation.

Absence of Uniform Competency Standards for Chiropractors. A foundational premise of any scope of practice expansion is that the practitioners to whom expanded authority is granted possess reliably uniform and verifiable competency in the relevant domains. That premise is not satisfied here. As identified by the NYSSOS, peer-reviewed analysis of Chiropractic Councils on Education (CCE) accreditation standards has documented meaningful variation between institutions at the level of graduate competency definitions, faculty standards, and clinical requirements with published research concluding that this lack of consensus creates the potential to compromise patient care and safety. This legislation contains no provision distinguishing practitioners who have pursued rigorous post-graduate training from those who have not, no requirement that expanded diagnostic authority be conditioned on demonstrated specialty competency, and no mechanism for the public or referring providers to ascertain the educational pedigree of the chiropractor performing an electrodiagnostic study or ordering a metabolic laboratory panel. Expanding scope of practice across a profession whose educational standards remain heterogeneous and whose post-graduate credentialing is voluntary and minimally demanding is at odds with the protection of the patients.

In summary, this legislation raises significant patient safety concerns due to its numerous vague provisions, failure to identify appropriate educational standards and safeguards for ensuring the expanded services can be provided safely and greatly expanded authorization to conduct detailed diagnostic testing without a defined pathway for treating conditions identified through these tests. **Therefore, the Medical Society of the State of New York opposes this legislation and urges that it not be advanced.**

**6/4/26 – oppose
MMA**

Respectfully submitted,

MSSNY DIVISION OF GOVERNMENTAL AFFAIRS