

Connecticut General Assembly Public Health Committee Transcript

February 2, 2009



PRESIDING CHAIRMAN:

Senator Harris, Representative Ritter

VICE CHAIRMEN: Senator Slossberg, Representative Gentile

COMMITTEE MEMBERS PRESENT:

SENATORS: Debicella, Coleman, Prague, Stillman

REPRESENTATIVES: Giegler, Carson, Conroy, Esty, Heinrich, Lyddy

REP. RITTER: Our next speaker would be Senator Fasano, who I believe is here. Yes.

SENATOR FASANO: Good morning, Senator Harris, Representative Ritter, Representative Giegler. First of all, my name is Len Fasano, 34th District, and I'm here to talk about Proposed Bill Number 90, An Act Requiring Chiropractors to Obtain Informed Written Consent. I want to thank the committee for raising this bill.

First, let me just tell you what the bill does. It's narrow in scope, and is purposely drafted or the idea is to narrow the issue. Under Connecticut General Statutes chiropractors have a unique language which is the manipulation or adjustment or manipulations, and they're given that sole right, which is different from physical therapists, which is different than managers of sports teams, et cetera. This is a unique right to have manipulation of the spine. When you get into the area of the neck, the cervical area, you're in an area of the body that everyone can reasonably agree is a very complicated and sensitive area. What this bill suggests is that when you manipulate the neck area, the cervical area, the patient has an informed consent that they understand that there is a risk; and number two, what the bill asked to have done is you would list

what if you were to have a stroke situation, what would be the elements of stroke. You sign that form that you have it, a copy of it would stay with the chiropractor, a copy the patient would take home, and that's what the bill proposes to do.

Now why am I suggesting this? Chiropractic medicine is very very safe. And this is not -- some people view this because I've gotten some e-mails and phone calls -- as an attack upon chiropractors. That is what it is not. It's transparency of the procedure which does have an element of risk. You'll hear from three people, at least, today who will tell you about their experiences where they had a manipulation of the neck, something went wrong, they didn't realize they were having a stroke when they were having the stroke, the consequences you'll hear about is one is an unfortunate death, and two have been significant incapacitation of the patient.

If you go on the website, you'll see that this is something that is not -- it's not common, but it's certainly not rare or rare. So what this allows to have is just informed consent so people have the manipulation, and they go home, what the patient's experience when they have a what they call chiropractic stroke is dizziness, numbness, nausea, headaches, symptoms that other people can believe are not unrelated to the manipulation. And what doctors will tell you, the quicker that you get treatment for a stroke, the less likely impact the stroke will have on you. So if you have a sheet at home and you say, you know what, I have these symptoms. You'll get to an emergency room and you'll get treatment.

That's all this bill proposes. It is not to say don't go to chiropractors. It is not to say that chiropractic medicine is bad. All it says is there's a transparency issue that we need to bring out. When you go for a flu shot, you're given a piece of paper that says this flu shot may have a reaction. Your reaction may be, and it lists a series of different reactions that you may have. One stays with the doctor, one goes home with you. This is nothing more and nothing less than that consent and information that you receive in a flu shot, but it deals with a cervical area. It's basically what this bill is.

So I thank you for raising it, and I'm here to answer any questions you may have.

REP. RITTER: Thank you, Senator Fasano.

Senator Prague.

SENATOR PRAGUE: Thank you, Madam Chairman.

Senator Fasano, this really makes me nervous when I think how many people go to chiropractors without realizing there could be serious consequences of the treatment that they've gone to the chiropractor for. So, if you go to the chiropractor and you're handed this piece of paper at the time of the treatment, it seems to me -- and I agree with your thinking that people should know, you know, what they're risking, but I mean you're going there for treatment, do you have time to look at this piece of paper that can tell you all the consequences of what could happen to you? The timing is a puzzle for me. Do you think it should be sent out like a week before the treatment is scheduled so people will know, you know, what could happen?

SENATOR FASANO: Senator Prague, I think that's a good thought. The only issue I will say is that it's not uncommon for people to have a severe neck pain because we're only limiting this to the neck issue, no other part of the body. It's not uncommon for someone to have a severe neck pain as a result of maybe a car accident or an athletic injury and the next day seek relief. If you had to wait a week, I'm not sure that that would be a necessarily good result; and, number two, I do want to specify, and I can't stress this enough, it is a rare occurrence that it happens. The problem with that is it is a rare occurrence, but when it does happen the consequences can be extreme, and you'll hear from some people that had extreme consequences.

So all we're saying is if it is rare but it does happen, people will seek the medical treatment. In at least two of the cases, if not all three, you'll hear that they did call back the chiropractic office and were told to take some aspirin or heat or cold treatment to the area and that would relieve the pain, and it was something more than that. So I think if you had that list, you would be able to digest it, understand it, and then if you had the rarity of that symptom, you could get immediate treatment.

I'm just concerned there would be a delay and people won't pay attention to it, but I understand, Senator Prague, your comments.

SENATOR PRAGUE: Well, I thank you for your answer. I'll have to think about this, and maybe you and I could talk because these are serious consequences, and a person needs the opportunity to make a decision as to whether you want to risk this kind of reaction or not. So perhaps you and I could talk about it.

SENATOR FASANO: We have an upcoming meeting, so I'll add that to our agenda.

SENATOR PRAGUE: Okay.

REP. RITTER: Are there any further questions from the committee?

Yes, Representative Lyddy.

REP. LYDDY: Good morning, Senator.

SENATOR FASANO: Good morning, Representative Lyddy.

REP. LYDDY: I'm sure that the chiropractors are not against informed consent, I'm sure they are probably all for that. It seems silly that they wouldn't be. However, I'm curious as to how this would be different from me going to my doctor and being prescribed a medication, going home and taking it, having a side effect or a reaction to it, going to the hospital and finding out that that side effect or reaction was indeed a result of taking that medication.

SENATOR FASANO: Representative Lyddy, when you -- first of all, in some of the prescriptions that you take there's that little packet that you need a magnifying glass to find out what the reactions are but they're generally listed, and if you get it from a doctor usually a doctor will sit down and say here are some of the side effects that you have, maybe you don't sign a consent because it's probably unmanageable with respect to prescriptions, but at least you're told of possible side effects at the time, prescription drugs. And that's what I'm suggesting in this case is that they are told of these side effects.

By signing the informed consent and having the side effect, as a lawyer, I will tell you I think it protects the chiropractor because a chiropractor can say, look, I went over these, they've consented to the treatment, they understood the rarity of it, that there would be a downside, and I told them how they could identify that possible stroke and get help. So I don't know why they would be against this, but we are getting a little push back.

This bill is the second time up here to be discussed, but any new idea in this Capitol takes a while for it to come up, then a while for it to be digested and vetted, and then it sort of catches on, and I start -- as I talk to the Legislators, I see

they are starting to understand my concept, but I agree exactly what you're saying.

REP. LYDDY: Just a follow-up question. Why specifically this one issue, this one practice as opposed to other procedures that the chiropractors are doing?

SENATOR FASANO: And I'm going to expound even further on your question, if I may, and say that the questions could be posed why chiropractors as well. So let me just say that physical therapists do not manipulate necks, they do not adjust necks, they're not entitled to do it. Most general physicians -- my father has been a general physician for 51 years still practicing at 81, God bless him -- and he won't manipulate a neck. Orthopedics, I can't talk about, perhaps they do, but that's such a specialty of an area, that -- and their training is such that perhaps that makes sense.

Chiropractors under Section 20-73(c) prohibits anybody else in physical therapy from using the term "adjustment" or "manipulation" because that's what they do, that's their call. They've carved out that territory for themselves. So that's why it's pertaining particularly to chiropractors.

With respect to that issue why just the neck and other areas, I don't know of any cases, and no one has ever told me, where they've done the lower back and there's been other issues. The neck is just -- and I can't tell you the nerves but, obviously, it channels right here. There's a whole bunch of nerves in this area and in at least two of the cases I will tell you there's a main vein and people will talk about it, that goes up through the back of the neck. What has happened is in the course of manipulation sometimes that vein is impaired, it's compromised or it's split leading to less blood flow to the brain that results in the stroke.

Two of the people, at least, will come up and explain that in better detail than I can of how that happened to them, and at night is when they developed these symptoms which are slow, progressive and then it just strikes out.

REP. LYDDY: Now I'm sure the insurance companies must have something to say about this. I'm not sure what doctor pays what kind of malpractice insurance. I'm assuming chiropractors have some kind of malpractice insurance; is that correct?

SENATOR FASANO: They do, and they've gotten tighter. And last year this committee -- I think it was this committee -- helped to get a bill out in which put chiropractors in the same -- chiropractors and other folks, there were other people included in this, in our database for malpractice where they were excluded as well as physical therapists were excluded. So everybody went into it, so we made steps in that direction.

As far as insurance, yes, there's a requirement to carry insurance. I'm not that familiar with those requirements, but they do have insurance. But up until recently if you settled a case of this nature, at least the two that I know fairly well, there was nondisclosures. You can't tell anybody otherwise we get to get back the money, you know, stuff like that in there, so a lot of these cases didn't break the walls of a courthouse.

REP. LYDDY: Great. Thanks.

SENATOR FASANO: Thank you, Representative Lyddy.

REP. RITTER: Are there any further questions from the committee?

Thank you very much, Senator Fasano. I know we'll be discussing this further.

SENATOR FASANO: Thank you very much. And thank you all for your time.

REP. RITTER: Thank you.

SENATOR HARRIS: "...we have Janet Levy followed by Mike McCormick.

JANET LEVY: Good afternoon. Good evening, Senator Harris, and Representative Ritter, and distinguished members of The Public Health Committee. My name is Janet Levy, and I'm a survivor of a chiropractic stroke.

Since I started VOCA four years ago, I had already met many victims. I never expected that I'd eventually meet or talk to hundreds of young people who had a stroke after a chiropractic manipulation. I mean, who would ever think that this is possible? After all chiropractors advertise that what they do is safe and natural.

In February of 2002, I went to a trained licensed chiropractor because I had a stiff shoulder from sleeping on a new pillow. He gave me a cervical adjustment. Unbeknownst to me he tore one of

my vertebral arteries. One night I woke up from bed with a severe headache, dizzy and began vomiting. I thought maybe I ate something wrong, but for almost two hours I laid on the bathroom floor. Then I felt fine and I went back to bed. And in the morning, I called the chiropractor, I looked at my symptoms online and I asked him, Could I have had a stroke? Was it something that maybe you did? Because you know that I didn't feel so well, when I left your office. He said, look, there's no way. I told you that you had a reaction. There's no way you could have suffered a stroke. What I do is safe and natural. There's no way that you could have had a stroke.

Long story short, a few days later, I found myself in an ambulance being rushed to a hospital. No one figured that I had a stroke, after all I looked too young for a stroke, I wasn't that young. And they wasted valuable time and money on me. They wasted -- they did x-rays and CAT scans and spinal taps.

Finally, they did an MRI with the assistance of my medical doctor, who my husband had called and told that I went to a chiropractor. They found the tear in my artery and admitted -- immediately began administering blood thinners, however, it was too late. A clot had broken off and went to by cerebellum and I had to be whisked off on that Saturday morning to have emergency brain surgery. And the last thing I remember was that my 14-year-old son was leaning over my bed crying because the nurse pulled off my jewelry to give to him. When I woke up I was paralyzed, and then days later, I regained my right side. I spent weeks in the hospital. I remember laying there helpless just praying to die most days, even though I had a great husband and two wonderful boys, I just kept praying to die. I figure that my children would be better off without the burden of me.

My 14-year-old son said to me one night, Mom you can't leave us. We need you. I cried all night and began asking to live, and that I did. I was determined to be myself again. And after two years and working nearly seven hours a day with PT's and OT's and aqua therapists, and yoga therapists, I got my life back to where you see it today. In fact, it's so hard to believe that person screaming over and over again that I want to die was me, and yet the medical records show that, that's all I kept doing. But this is not about me. It's about the hundreds of young people who this happens to. Young people between the ages of 25 and 45 who have no money, minimum insurance, young kids, they have no idea that there's any risk at all with a chiropractic adjustment.

Chiropractors know. They have written it in their textbooks, they have it in their websites, they have it in their books, the articles, TV reports have been written about it. Since 1937 there's been articles on it. And, yet here we are in 2009, still listening to stories of victims.

Our bill will not stop these patients -- this happening -- from happening. But at least people will be -- if I could just finish -- people will be informed that they would be able to make their own informed decisions, and at the very least, after an adjustment, if they had a discharge summary with them, they would know that they experienced a stroke, and they would know that they have to seek immediate emergency care. Because with strokes time is everything. The difference between being almost stroke free and paralyzed for life. A huge difference for these young people.

It's time for truth and transparency in chiropractic care. It's not about chiropractors and their business, and whether they want to be singled out or they can be singled out, and what happens and how they quibble about how, you know, does it happen one in a million or two in a million or three in a million. It's about a patient's right and their health, and our right to know.

Louis Portali, President of the largest chiropractic insurance company says, even one cerebral vascular incident that could have been prevented or detected is one too many. I certainly agree with that.

Thank you for staying and listening to me. Please support Bill 90.

REP. RITTER: Thank you very much for your testimony.

Are there questions from the committee?

I want to thank you particularly for your time and coming and telling your personal story. I know it's not always an easy thing to do, and our process is not always the most friendly on a lot of different levels, and so I appreciate that very much.

JANET LEVY: Thank you.

REP. RITTER: Hold on just one moment.

Senator Harris.

SENATOR HARRIS: Thank you, Janet. How are you tonight?

JANET LEVY: Fine, thank you.

SENATOR HARRIS: Thank you for your patience.

JANET LEVY: Thank you.

SENATOR HARRIS: I'm sorry you had to go through this to bring these things to our attention.

What type of information were you given prior to the procedure, and what type of consent did you give?

JANET LEVY: Well, actually when -- well, you get all these insurance forms, and I had never been to a chiropractor, and when I was laying on the table, he actually did hand me a piece of paper and I said what was that, and he said it's just another paper to sign, you know those things. And I said, Okay. So I signed my name, whatever. I never got to read it. He took the paper back with him.

When I called him and said, Could I have a stoke? He said, No, no. I'm a doctor. I'm a doctor. You didn't have a stroke. There's nothing that I could do that could possible give you a stroke. Well, I didn't see that paper again until we're around an arbitrators table with my attorney, they threw the paper at me and said, Well, you signed it. It says right here. It could cause stroke or death. You knew that. You took the chance. Like, I never -- he didn't explain that to me. He didn't tell me. If we had just had -- if he had sat down and had a discussion with me, what would have helped me but also if I walked him with a discharge summary and it had the signs of a stroke, that would have saved not only valuable time for me, but it would have saved a lot of healthcare costs. It would have done less of the unnecessary tests when I got to the hospital. I could have given them the discharge and said you know what, I went to a chiropractor, I think I had a stroke. And they would have given me the MRI right away. They would have found it sooner, and I wouldn't of had two years of probably misery.

SENATOR HARRIS: Thank you. So there's two pieces then to your proposal.

JANET LEVY: Three. We want oral discussions. We want them to, you know, to discuss it, the risks and the benefits, we want them to somebody to sign off of it, and then we want them to

give the patient the consent form so they go home with it. And on that, will have the symptoms of a stroke, so that people -- the signs of a stroke, so that people will know that if they do have signs of a stroke, that they would get for emergency medical care. Because with a stroke, if you get there fast enough, you could, you know, literally, like I said, be a difference of being paralyzed or not being paralyzed. It's a big difference. They have blood thinners they can give you TPA. There's a lot of things they could do.

SENATOR HARRIS: Right. So let's take those three things. The first thing we don't really need to talk about, oral, that's apparently wasn't given in your case, maybe that will make a difference.

JANET LEVEY: Right.

SENATOR HARRIS: Second thing you said, written consent. You seemed to have that. Why do you think under this new statute that you want to propose, and we only have a very brief proposed bill here, why the consent would be any different than what you did sign off on and didn't really pay attention to.

JANET LEVEY: The big differ --

SENATOR HARRIS: Not your fault by the way, but --

JANET LEVEY: Right. No the big difference is what we want that will save all these people here is that you go home with the paper, so that it's not just protecting the chiropractor. It's protecting the patient. It's the patient that's going to have the paper and will say, hey, look, you know -- it's like when you go and you go for surgery, or you go for a flu shot, or my girlfriend went for a colonoscopy the other day, they give you a discharge summary. It says, if you feel any of this, call your, you know, they give you a number to call. Call right away. Get help. Do this.

SENATOR HARRIS: So that's the --

JANET LEVEY: You know, something -- that's the big difference.

SENATOR HARRIS: That's the big difference. Okay.

JANET LEVEY: So it won't save, you know, it from happening, but it will save you the time so that, like I said, a stroke they can really make you, you know, so you'd be in a hospital only a

week, and then you'd be fine again, as opposed to two weeks, or opposed to paralyzed for life.

SENATOR HARRIS: Thank you very much.

JANET LEVY: And also I'd like to just share with you the thing that is most disserving for me is that they do advertise, 100 percent natural. They have billboards all over. Chiropractic is safe. Safe doesn't mean if there's stroke or death or permanent disability attached to it. I mean, people don't know that this exists. This is -- you can't -- how do you say 100 percent natural. I know there's -- me, I think I'm so smart and Miss Medical --

REP. RITTER: Okay.

JANET LEVY: -- I see 100 percent natural, I'm never knew that.

SENATOR HARRIS: Yeah. You raised some very good points. I -- we know we need to get into this, but something can be natural and cause a bad thing to happen, because, I mean, that happens as a course of life, so, I think what I'm going to be focusing on, from what you say, is not that piece of it, but just the idea that getting the complete information so you have informed consent, and making sure you have information after the fact, so that you can react to any, even a natural occurrence, that could have detrimental effects on your health and safety.

JANET LEVY: Right. Exactly.

SENATOR HARRIS: That's where I'd like -- I'd like to leave at that.

JANET LEVY: There's also alternatives healthcare and there's no regulation on it, so that makes a big difference, too.

Thank you very much.

REP. RITTER: Thank you.

Are there any other questions from the committee?

Thank you very much.

I'd like to next call on Mike McCormick to be followed by John Crane.

MIKE McCORMICK: Good evening. Senator Harris, Representative Ritter, and distinguished members of the Public Health Committee, my name is Michael McCormick, and I'm here today to testify in support of Senate Bill 90.

On July 16, 2006, my wife Kim died of a stroke as a result of a chiropractic neck adjustment. She was 32 years old. Our three children Shawn, Kyle and Abigail were between the ages of seven months and five years old when their mother died. I'm here on behalf of myself, Kim, and our children, to urge you to pass legislation requiring chiropractors to obtain written and informed consent for cervical spine manipulations. Such a law will help to ensure that patients are properly advised of the risks associated with this type of procedure, including the risks of chiropractic stroke and death.

While I would like to share with you all the details of what happened to Kim, I cannot do so at this time, because there is a lawsuit pending against the chiropractor who adjusted her neck. What I can say is that Kim had been suffering from headaches in the summer of 2006. She had recently decided to leave work after the birth of our third child to take care of the kids full-time which, as you could imagine, is a stressful job.

Kim discussed her headaches with a chiropractor, and the chiropractor recommended cervical spine manipulation. I was with Kim as the chiropractor explained to her about the benefits of the procedure, and how it could help her with her headaches. Not once did the chiropractor mention that the procedure carried with it the risk of stroke or possible death. I can assure you that had my wife known there was even a remote possibility that she could die from the procedure, leaving her children without a mother, she never would have taken that risk.

I was also with Kim on the evening of July 15, 2006. When she began to suffer the effects of what I now understand was a chiropractic stroke. It was shortly after the adjustment, and she was in a chair with her resting on a table and a cold compress on her neck. She told me that she felt nauseous and that she was going to be sick. I helped her walk to the bathroom, but all she could do was drag you. Within minutes she was unconscious, and that was the last time I spoke with my wife.

She was rushed to a major medical center, and by six o'clock the following morning, I was told that my wife was legally brain dead due to the lack of oxygen to her brain. An autopsy

determined that the cause of death was a stroke due to the dissection of both of her vertebral arteries following the cervical spine manipulation.

You will likely hear testimony today that cervical spine manipulations are safe, and that chiropractic stroke is a rare consequence. I have heard chiropractors claim that it never happens, or that maybe it happens once in a millions of adjustments. I do not know what the statistics are, but I do know that if that one person was your wife, your mother, your child, your sister or your friend, the statistics would provide little comfort.

I have been a single dad for two-and-a-half years now. And while it has gotten easier, I miss my wife every single day, and I'm heart broken for my children over the loss of their mother. Kim was an exceptional person who they will never have the opportunity to get to know.

In conclusion, I urge you to vote in favor of Senate Bill 90 to help ensure that what happened to my family does not happen to someone else.

Thank you.

REP. RITTER: Thank you very much for your testimony.

Are there any questions from the committee?

And I want to thank you for coming and giving some very difficult testimony.

MIKE McCORMICK: Thank you for hearing me.

REP. RITTER: You're welcome.

The next person would be, excuse me, is John Crane to be followed by Sean Madden.

JOHN CRANE: Good evening Senator Harris, Representative Ritter, and other distinguished member of the Public Health Committee, my name is John Crane. I am a resident of Burlington. I'm here in support of Senate Bill 90.

In 2007, my public relations firm was approached by victims of chiropractic abuse to help raise awareness of the health risks of chiropractic care. As a journalist for nearly two decades,

the last eight of those years, at News Channel 8 in New Haven, I was skeptical by training, so I wanted to make sure I did my research before I took on this assignment.

With very little effort, I was able to independently confirm through authoritative peer-reviewed medical sources that chiropractic stroke is a fact. And I was shocked when I discovered that chiropractic leaders had known for years that chiropractic manipulation was a risk factor for stroke.

As someone who had benefited from chiropractic care for many years, but who had never been warned prior to a neck manipulation that there were risks involved, I thought this is a worthy cause, and I decided to sign onboard. In the two years since then, I've encountered many survivors of chiropractic stroke, and I've been moved by their stories, and sadly, I've also witnessed firsthand the chiropractic industry trying to silence and intimidate my client.

These experiences have compelled me to testify today, and I know that many survivors of chiropractic stroke would also like to be testifying today, but they are prevented by gag orders, ongoing litigation, or physical and emotional disabilities from injuries that they suffered. The chiropractic industry's own published information is very, very illuminating.

According to the World Chiropractic Alliance, the incidents of stroke associated with chiropractic care is estimated to be between one in three per million adjustments, that's according to the Chiropractic industry. According to the International Chiropractors Association, chiropractic adjustment is performed nearly a million times each day on the United States. So if their statistics are correct, that would mean one to three people every day in the United States suffers a chiropractic stroke. And that means hundreds every year, and thousands every decade, here in the United States. It may not seem like much, in terms of numbers, but as you've heard it matters when it's someone you love or it's you.

In 2007, then President of the Connecticut Chiropractic Association, Matthew Pagano, was quoted in the ACA news as saying, and I quote, A public debate will only serve to make the community more aware that there is a relationship between chiropractic and stroke. The chiropractic industry does not want the public to know this, and I believe that the time has come for the chiropractic industry to do the right thing, and for

patients of chiropractic to be informed prior to getting these adjustments.

Thank you.

REP. RITTER: Thank you for your testimony.

Are there any questions from the committee?

Thank you very much for your time.

The next person would be David McDonald, and I have a request for my Cochair as well as for myself, that anybody that wishes to deliver their testimony with a quick summation of their feelings, we're always happy to take it in any form.

Thank you very much.

DAVID McDONALD: Good evening, Senator Harris, Representative Ritter, and other distinguished members of the Public Health Committee. My name is Dave McDonald. I'm testifying in support of SB 90.

On November 20, 2000, I went to a trained, licensed chiropractor because I had lower back pain. At the end of the appointment, she did an adjustment that was at 9:30. I went back to work and by 7:30 that night, I started getting a really bad headache, I was dizzy, and I was nauseous. So I called my wife up, to tell her that I was dying, that I loved her. She said, Oh, come on, knock it off. Any way, she called the chiropractor who told her to give me a couple of aspirins and come see her in the morning. And my stepson gave me a ride home, because my wife didn't want me driving in that condition. When I arrived at the chiropractor's the next morning, she took me right in and checked my blood pressure. It was 250 over 150. It's supposed to be 160 over 80. But, anyway, she did a couple of more adjustments, and it wouldn't come down. It stayed at 250 over 150.

I asked her if I could go back to work. She says, Well, that's kind of high, but go ahead. You could go back to work. So I went back to work. And I didn't think anything of it. On my way home, I thought everything was all right. I didn't know any better. My wife's home, she made supper, and after my third bite, I hit the floor, I was throwing up. That's all I remember for five years. After -- excuse me.

After hitting the floor, my wife called 9-1-1 and the ambulance took me to Baystate Medical Center in Springfield, Mass. They didn't know what was wrong. They had no idea what to do with me. They kept me overnight, and the next day they put me in an ambulance to Lahey Clinic in Burlington, Mass. It was there that doctors did an MRI and discovered both of my carotid arteries were severed or torn. I should have probably died after (inaudible) but for some reason I didn't die. I lived, here I am. Well here I am, yeah, right.

Anyway, from there, I was transferred to rehabilitation hospitals for three months of intensive therapy. When I was finally released, I went home in a wheelchair (inaudible) of course. (Inaudible) I couldn't eat for two-and-a-half years. I was deaf in my right ear. I still am deaf. Not even able to (inaudible) which I still have. And I'm the shell of my former self, not even able to do the simplest tasks. My wife even has difficulties understanding me, I needn't say why.

Anyway, it's now eight years, and several major operations later, yet, I'm still in a wheelchair, partially deaf, and I have difficulty speaking. I've lost all my independence since I cannot go anywhere without assistance. Had I been given a consent form to take with me, that not only explained that there is a risk of stroke but, also, informing of stroke symptoms, like severe headache, dizziness and nausea, that I had that night, I would have known to get emergency medical treatment that could have prevented the disabilities, that I'm now forced to live with.

Since I didn't know, I returned to the chiropractor who did additional damage that only caused more damage to my carotid arteries and (inaudible) critical treatment. What's clear, nothing but the severity of my outcome. I could only wonder how different my life would have been had I been given this information.

Please pass the SB 90 so others will have this vital information that can prevent delays in seeking treatment when stroke happens.

Thank you very much.

REP. RITTER: Thank you Mr. McDonald for your testimony.

Are there any questions from the committee?

I want to thank you also for waiting a very long time. I believe I may have made mistake. Did I skip Sean Madden? It was not intentional.

Senator Harris has a question, I believe.

SENATOR HARRIS: Not a question. Just a clarification about previous announcement. I didn't make myself clear to my Cochair.

If you're here, and it's you that's signed up and you're testifying, come up, we'd like summaries. If you have written testimony, that's fine. It's just if somebody -- if you're coming up for somebody else, you can beat pretty quick and give up the written testimony. That's it, but if your here for yourself, have at it.

Thank you.

SEAN MADDEN: Good afternoon, Senator Harris, Representative Ritter and the distinguished members of the Health Committee, my name is Sean Madden, and I live in New London with my wife Stacy of 12 years and two sons, Jack, 10 and Patrick, 7.

Twenty-four years ago my mother-in-law, Linda Salisbury went to a chiropractor because she heard that a chiropractic adjustment would relieve pain. She was a ballet dancer, and a pediatric nurse at Lawrence Memorial Hospital in New London. During an adjustment, the chiropractor ripped an artery and a blood clot traveled to her brain causing her to become a mute, unable to eat, and a quadriplegic. She was left permanently paralyzed except for slight movement in her right hand. She used a computer device for the next 20-plus years to communicate. It was only -- it was her only way to communicate with friends and relatives.

Linda, prior to leaving the office that day, was already suffering symptoms of an artery tear. She went home and rested and began to shortly thereafter feel loss of the use of leg and arm. She drove herself to a local doctors office, only to have a massive stroke. I mention this, because at the time, this educated nurse was not aware of the possible complications of a chiropractic neck manipulation.

I am here today to assist so that this will not happen again. My wife Stacy was working at a local sandwich shop when she saw her mother trying to walk to the doctor's office just prior to her stroke. Since then, and at the age of 16, my wife has missed out

on a mother by her side, graduating high school, college and the celebration of a wedding reception and the birth of our sons.

Linda was confined to a wheelchair and unable to talk to her grandsons and family. Linda always made it a priority that we celebrate all birthdays and holidays with her in the hospital. My children will never get the chance to experience their grandmother fully. Linda would have made a great hands-on grandma, she cherished the time we had with -- she cherished the time she had with my sons, but I can only think of the special moments that would have been there.

Just in closing, during the time Linda was in the wheelchair, she accomplished many things. She pushed for a bill to mandate chiropractors to carry malpractice insurance, became an advocate for patients in the hospital she was in, and also amassed a network of friends consisting of hundreds of chiropractic stroke victims, whose stories she felt needed to be told.

In the end, Linda passed away two years ago, leaving behind her family, her many close friends from New London and Waterford, and her passion for protecting others from what was bestowed upon her. I'm not here to point fingers, blame people for her condition. I'm simply here to do everything that I can to prevent it from happening to someone else. I hope that we can come together in order to warn people the complications that can occur due to a chiropractic adjustment.

REP. RITTER: Thank you very much.

And again, I apologize for skipping you in the order.

SEAN MADDEN: That's quite all right.

REP. RITTER: Are there any questions from the committee?

Thank you.

SEAN MADDEN: Thank you.

REP. RITTER: Our next speaker will be Matt Pagano followed by Matthew Levy.

MATTHEW PAGANO: Good evening, Senator Harris, and Representative Ritter, and distinguished members of the committee.

Before I get into my prepared remarks, I would just like to extend my sincere sympathy to all of you tonight, and I regret that you've all had to endure what you had to endure.

My name, as has been noted, is Matt Pagano. I'm a practicing chiropractor in Winsted, Connecticut, and the immediate, past president of the Connecticut Chiropractic Association. I'm testifying on their behalf today in opposition to Senate Bill 90, An Act Requiring Chiropractors to Obtain Written and Informed Consent from a Patient Prior to Performing Certain Procedures Involving of Treatment of Cervical Spine.

While it's appropriate for this body to concern itself with issues of public safety and the treatment rendered by healthcare providers in the State of Connecticut, I feel that this proposal is misdirected at our profession that has an exemplary safety record. Any dispassionate discussion of written informed consent as it pertains to a certain procedure should necessarily include a discussion of the risks associated with that procedure and how that risk compares with other procedures across the healthcare spectrum.

The inference this bill makes, is that there's an excessiveness with chiropractic treatment as a whole, or specifically, with manipulations, our chief therapeutic intervention. There's no scientific data that supports such a assertions, moreover the risk of an adverse consequence of spinal manipulation is much less than for a comparable surgical procedure of the neck or spine, yet, this bill does not require informed consent for those procedures.

The current literature states that a patient with neck pain is at no greater risk of stroke in a chiropractor's office, than if they presented to their medical internist. Prior to that data, previous studies that explore the incidents of stroke approximate to a visit to a chiropractor put the risk at approximately one in three million patient encounters. A far more common widely used intervention for neck pain is nonsteroidal antiinflammatories. For an individual who uses NSAIDs, at the labeled dose for greater than three consecutive months, the risk of death from those spontaneous gastrointestinal bleed is 400 in 100,000.

If that degree of risk is acceptable to the pharmaceutical industry, the FDA, and various state and federal licensing bodies, without the use of mandated, written informed consent, one might understand why the Connecticut Chiropractic

Association feels that mandating informed consent, as it applies to this procedure, one that might be the safest intervention of all for neck pain, is perplexing.

In prior years, I've previously heard testimony before this committee from obstetricians and anesthesiologists, who reference malpractice premiums in excess of \$120,000 per year. The average malpractice premium for practicing chiropractor in this state is \$3,000 -- excuse me, per year. If our method of treatment was inherently high risk, one would assume our malpractice would correspondingly high.

Another important point to make is that the performance of cervical manipulation is not exclusive to chiropractic. Other physician-level service providers, including MDs, osteopaths, naturopaths, all have spinal manipulation within their scope of practice. Nonphysician level providers such as physical therapists, manipulate the spine in the course of providing their treatment, why are they not included in this bill?

In summary, we do not oppose the concept of written informed consent. Such a practice is in the best interest of the patient, and I assure you that our Association's written protocol is to encourage our members to utilize informed consent. The question of informed consent must be had in the context if we're here today to discuss relative risks to the patient, than any procedure in the delivery of healthcare today by any profession that has a higher risk of established in the literature than spinal manipulation should also require informed consent.

Thank you for giving me the opportunity to speak, and I'd be happy to answer any questions.

I would point out that the research I reference is provided on the third page of my -- my testimony.

REP. RITTER: Thank you for your testimony.

Are there questions from the committee?

Representative Giegler.

REP. GIEGLER: Thank you very much. And thank you Doctor Pagano for coming.

A couple of questions. One is you make reference there's other disciplines that are also able to do this procedure that's referenced in this bill.

MATTHEW PAGANO: Yes.

REP. GIEGLER: I'm assuming that you're not really opposed to the informed consent, but you would like it expanded -- if, in fact, we do move forward with this, you would like these other disciplines, then, included in the bill as well?

MATTHEW PAGANO: Yeah. They're -- you know, osteopaths, allopaths, Naturopaths all have within the scope of their practice the ability to perform manipulation as we are discussing. My -- the opposition that we have towards this bill is that the inference here is that this procedure is high risk as it compares to other procedures that might help somebody who complains of neck pain.

Unfortunately, when we talk about healthcare, anytime a healthcare provider has any interaction with a patient, of any sort, there's risk, but if we're not -- if we're not going to mandate written informed consent for -- for procedures across the healthcare spectrum that are of higher risk than this, then we feel that the inference here is is unfair and unwarranted.

REP. GIEGLER: Now you mentioned it's within the scope of practice, how often would they be called upon to do this procedure?

MATTHEW PAGANO: I can speak of my personal experience, my own intern is an osteopath, and the osteopathic education has significantly less, but still has formal -- formal training in the curricula, as far as spinal manipulation. He chooses to not employ it in his practice. My daughter's pediatrician is an osteopath, she chooses not to employ in her practice.

REP. GIEGLER: Another question. You know, one of the other recommendations or suggestions by those that have been victims of chiropractic abuse, is that, you know, they were not given any kind of discharge summary or anything -- they had no indication that this was a possibility, that something like this could happen. Often when we go to our physician's offices, sometimes they'll have informational sheets that are out in the waiting rooms for patient's to take home with them, is this not something that could be considered or -- so individuals who do

choose to have this manipulation would kind of know what could happen?

MATTHEW PAGANO: If this body takes the extraordinary step for the first time to mandate written informed consent for a specific procedure in the delivery of healthcare, I would like to think that it would -- it would that same standard to all healthcare disciplines. And if -- if that occurs, then -- then, and there is some sort of discharge summary that's mandated for -- regardless of the treatment across the spectrum of healthcare providers, then I think it would be -- I think we would consider a similar discharge summary.

But again, the risk with this particular procedure despite the compelling testimony we've heard, is rare, and -- and our opposition to it, is for that reason.

REP. GIEGLER: And you have, I think you made a reference, this protocol, the Chiropractic Association has protocol, or is that the --

MATTHEW PAGANO: We -- well, we recommend to our members the use of informed consent, written informed consent. I can speak personally, I use -- I have employed written informed consent in my practice for eight years. I've -- and with that, I do also verbal informed consent.

I can't say anecdotally that in eight years I've never had a patient decline treatment as a result of both the written informed consent and the discussion that the patient and I have prior to the application of the treatment.

REP. GIEGLER: All right. Thank you very much. I appreciate your answers.

MATTHEW PAGANO: You're welcome.

REP. RITTER: Are there any other questions?

Representative Conroy.

REP. CONROY: Thank you, Madam Chair.

I just had a question in your testimony, and you can clarify for me. In the second paragraph where you say: The risk of adverse consequences from a spinal manipulation is much less than for

comparable surgical procedure of the neck or spine, if this bill does not require informed consent for those procedures.

What are you addressing or saying about surgical procedures of the neck or spine?

MATTHEW PAGANO: Why am I addressing it?

REP. CONROY: No. What do you mean? What kind of surgical procedures?

MATTHEW PAGANO: People will present in my office with the symptoms of disc herniation, cervical disc herniation, arthritic problems of structures called the posterior facet joints, both of which, are pretty significant pain producing structures which, in certain instances, when other conservative measures have been exhausted, an orthopedist or a neurosurgeon would suggest that surgery is an option. And -- and as you might imagine the risk, anytime you do a surgical procedure, is significantly greater than one in three million.

REP. CONROY: But the orthopedic surgeons and the neurologist, or neurosurgeons would still have to get an informed consent?

MATTHEW PAGANO: Informed consent in that instance is usually mandated by the malpractice carrier, the state has never mandated the use of informed consent.

REP. CONROY: I think it's also through joint commission for the accreditation of hospitals, they have to have that informed consent.

MATTHEW PAGANO: That's all -- yeah.

REP. CONROY: So I'm just looking at this as -- I've heard the testimony, and it seems like a good thing to do. I'm also a nurse and a nurse practitioner, so, when I speak with patients, and I saw someone gave the influenza vaccine inform -- information sheet, it's good practice to our patient, just to inform them. And something that, you know, if there's a risk involved, I think the bond between you and your patients would be even stronger. So, that that's just me feeling, and I wanted to pass that on to you.

But I think it would be in the best interest of everyone. It's not of asking for a lot, it's just giving them the information. And I think, today, we want our patients to be part of the whole

procedure and their care. So I would advocate that we do think about things such as this bill, both for your position and the patient's.

Thank you.

REP. RITTER: Thank you.

Representative Esty.

REP. ESTY: Thank you, Madam Chair. Following up on those last remarks. I have the same question about whether things like discharge summaries, more broadly when there are risks, and you use the example of NSAIDs. Well, on NSAIDs actually you read -- you are required -- those are dispensed with those warnings. Now, albeit most people don't read them. But you know what, they're there, and they're required to be there.

So, I guess the question is what -- what would be the reason why one would not provide the discharge summary to allow -- at least a discharge summary, we'll leave aside for the moment informed consent questions -- a discharge summary that would alert patients to the rare, but possible down-the-road effect, where their ability to control damage would be much greater if they knew what to look for, just in a way like the vaccine should. I mean, very, very few people don't vaccinate their kids. You read those forms, it's one in a million. The vast majority of people go ahead anyway. And a few do not based on that.

So the question is why -- why not the vaccine and putting aside again, the informed consent, why not the vaccine analogy here, wouldn't that be much more (inaudible) rather, wouldn't that then put the tools in the hands of the patient in the, as you say, very unlikely event, but not a zero event.

MATTHEW PAGANO: I think a discharge summary is fine. The process of this body mandating that -- there is inherently the inference that you're taking this step for this procedure, why not for a procedure like laparoscopic gallbladder surgery. The medical profession's proud of the fact that their mortality rate for that is less than 1 percent. 75,000 of those procedures are done in the United States in 2006; 7,500 people dead. But no -- no state or federal body has sought to mandate that, whether -- whether we're discussing informed consent or discharge summaries.

REP. ESTY: But, again, in all those cases, isn't it possible that it hasn't been mandated because other bodies, such as malpractice insurers, have stepped in to ensure that there is an informed consent mechanism? So if the point is to get patients aware of the risks, consider those, discuss those with you, in some cases those would be mandated by insurance companies, in other cases, they're mandated by the FDA, and in some cases, what it seems to me, the patients are (inaudible), is this an area where there's a gap. That's not happening, and it should happen.

And so the answer that you're giving, Gee, nobody else is mandated by you, the kinds of risks you're describing, those risks must be disclosed. They just haven't come from state legislative bodies. Those mandates have come from JCAHO, they've come from the FDA, they've come from malpractice carriers, but that information is being put in patient's hands.

So if the point is how do we get informed information in a patient's hands to assess risk prior and, then to, again, take care of themselves in the unlikely event that something goes awry after. How can we achieve that? Under your scenario, how does that get achieved?

MATTHEW PAGANO: I think a discharge summary is a fine idea. It is the unfair application of that mandate that concerns us because, again, the inference is, why is this body taking this step with respect to the chiropractic profession and not other professions that have decided -- that had admittedly higher risk. It's -- it's -- it's -- it's the perceptions in the public consciousness, an unwarranted -- the perception in the public consciousness of -- of an unwarranted fear.

REP. ESTY: With all due respect, I don't think people know why that piece of paper is front of them, and I think most patient's don't read through the General Statutes. They know a piece of paper goes in front of them. I don't know -- you know, most people could not tell you when they have to sign a form that it's the insurance carrier that's making them sign it, as opposed to the practice of that doctor, as opposed to the FDA. They don't know. They just know there's a piece of paper, and there's information on it. And so I think there may be excessive concern about the origin of that, if one takes in good faith that the effort here is to get information in people's hands. Not to put you out of business, but to put information in their hands. And I'd ask you to consider that, and if that's the

objective, try to work with those who are concerned about how to best issue that.

MATTHEW PAGANO: Well, I can see that we -- this is a mature profession that engages in a tremendous amount of introspection and self-regulation, and we would definitely -- we always do what is in the best interest of the patient. And it's the consensus within the profession is that discharge summary is -- is something that we should consider, I would imagine that we would consider that.

REP. RITTER: Anybody else on the committee have any questions?

Representative Lyddy.

REP. LYDDY: Good evening.

MATTHEW PAGANO: Good evening.

REP. LYDDY: I'm a little torn. I see where all these sides are coming from. I'm curious as to what your equivalent, your doctors, a chiropractor equivalent of JCAHO would be or a licensing body or some kind of oversight, could you tell me, because I'm not very familiar with this field.

MATTHEW PAGANO: Chiropractors, by education and by licensure, are portal-of-entry healthcare providers. It is our -- it is our responsibility to differentially diagnose anything that walks through the door. If we determine that the problem the person presents with is amendable to chiropractic treatment, we go ahead and treat. If we determine that it's not appropriate for that person to be treated by a chiropractor, we would refer out to another sort of healthcare provider.

REP. LYDDY: Who oversees that process?

MATTHEW PAGANO: We have a state licensing board --

REP. LYDDY: Okay.

MATTHEW PAGANO: -- that is established by statute, and we have a national licensing body -- a national examining body.

REP. LYDDY: To me, it seems as though this kind of mandate would best be coming from them as opposed from a legislative body. Has there been any internal discussions about moving this along because I think it is, in many respects, necessary. I don't know

if we're the body to do that, but you did talk a little bit about self-regulation. Can you just comment briefly on that?

MATTHEW PAGANO: Well, inasmuch as I represent the Connecticut Chiropractic Association, and we're a trade organization with no disciplinary capacity other than -- than to -- other than to tell somebody that they're no longer a member of the association, I don't know that I can really speak for the licensing board, but the Connecticut Board for Examiners, Connecticut Board for Chiropractic Examiners, perhaps, could be brought into the discussion.

REP. LYDDY: Do they typically govern how the Chiropractors are doing business in terms of protocol and whatnot in Connecticut?

MATTHEW PAGANO: Yeah, they -- many times they're asked for clarification on the statutes.

REP. LYDDY: They haven't been brought into this discussion yet?

MATTHEW PAGANO: Not to the best of my knowledge.

REP. LYDDY: Thanks.

MATTHEW PAGANO: Yeah. Yes, ma'am.

REP. RITTER: I have a couple of question, some of which are an extension I think of where, perhaps, some of the questions that Representative Lyddy had. It's my understanding from you then, that the Connecticut Chiropractic Organization, your organization, or the one that you're here representing is a trade organization?

MATTHEW PAGANO: Yes, ma'am.

REP. RITTER: Okay. And of the chiropractors in Connecticut, do most, all, some or none, belong to that organization, roughly?

MATTHEW PAGANO: We have about 350 members and there is just over 700 licensed chiropractors practicing in the state.

REP. RITTER: I see. And is there a competing trade organization or you're it?

MATTHEW PAGANO: There is -- there's another trade organization that uses the label Connecticut Chiropractic Council, and the

number of their membership is -- is unknown to me. I do know that they're smaller.

REP. RITTER: But it might be fair to think that most chiropractors in Connecticut belong to one or the other, or don't you know?

MATTHEW PAGANO: No, I believe, if I had to estimate, I think their membership is in the area of a hundred doctors, so there's a significant number of doctors who are -- who belong to neither organization.

REP. RITTER: Thank you.

I guess I might -- and you might not be able to answer this, but I might wonder why they don't choose to belong to an organization, thoughts?

MATTHEW PAGANO: No. I mean, you know, I know that membership in the AMA, for a medical doctor is not compulsory either, and I know that there's many members, Allopaths who are not members of the AMA, so or -- or the State Med Society for that -- to use that as example.

REP. RITTER: Thank you.

So you did state when we were talking a little bit about recommendations to your membership, that comes regarding things like written informed consent or discharge information, that comes through your trade organization?

MATTHEW PAGANO: Yeah, we can make recommendations.

REP. RITTER: So it's fair to think that maybe half the chiropractors probably have the benefit of understanding those recommendations in Connecticut, but not all of them?

MATTHEW PAGANO: Correct.

REP. RITTER: And in the situation in other states, do you have much information about their trade organizations and how that might work or how --

MATTHEW PAGANO: As far as --

REP. RITTER: -- they're represented?

MATTHEW PAGANO: I -- I really can't speculate as to the degree to which they represent a percentage of their licensed providers.

REP. RITTER: Thank you. This is very helpful to me in understanding, sort of a governments and how everybody works in Connecticut, but then I had a couple of others questions about the Connecticut Board of Chiropractor Examiners, if I got it right. They govern the licensing, am I correct?

MATTHEW PAGANO: Yes.

REP. RITTER: And so, anybody practicing chiropractic in Connecticut must be currently licensed by that board?

MATTHEW PAGANO: Yes.

REP. RITTER: And do they have the ability to then sanction and remove licensure?

MATTHEW PAGANO: Yeah, they have -- they have disciplinary function.

REP. RITTER: And do they have education components, or do they have the ability to inform their members or set rules or standards beyond what we've set out in statute as a scope of practice?

MATTHEW PAGANO: I think you'd find that the Chiropractic licensing board functions for chiropractors very much like the medical licensing board function for Allopaths. So there's a disciplinary, they -- they grant licensure based on the performance of chiropractors and for parts of the national board of examination, and they -- they can be consulted as far as the limits of the Chiropractic Practice Act. Sometimes they are asked for a -- a summary.

REP. RITTER: But to your knowledge, they don't promulgate sort of idea about how to practice or anything along that line?

MATTHEW PAGANO: No, when asked for interpretation of the statute, they provide that interpretation, but I have seen them suggest any source of practices, parameters, other than to establish the fact that ex numbers of hours every two years we have to fulfill continuing education requirements.

REP. RITTER: And, I'm curious, what is that number of hours?

MATTHEW PAGANO: Forty-eight hours every two years.

REP. RITTER: Thank you. That, I think, helps me a little bit. I'll probably have some more questions. I might ask that a reference to the Connecticut Board of Chiropractor Examiners would be helpful, at least for me, if you could supply that for --

MATTHEW PAGANO: Contact information? Absolutely.

REP. RITTER: Yes. That would be very helpful.

And Representative Gentile has a question.

REP. GENTILE: Thank you, Madam Chair.

Please for give my ignorance but what is an Allopath.

MATTHEW PAGANO: An M.D., I'm sorry. Medical Doctor, M.D.

REP. GENTILE: Okay.

REP. RITTER: Are there any other questions from the committee.

Thank your very much for your testimony.

REP. GIEGLER: Thank you.

REP. RITTER: The next person will be Matthew Levy followed by Brit, uh-oh, it might be Harvey, but something close to that. Thank you.

MATTHEW LEVY: Good Evening Senior Harris, Representative Ritter, and distinguished member of the committee. My name is Matthew Levy and I am asking you to support Senate Bill 90.

Seven years ago, my mom had a major stroke caused by a Chiropractic adjustment. I was only ten years old when it happened, but I remember being so scared that my mom might actually die. I remember going to visit her in the hospital, I remember how bad she looked. Here was my mom unable to move when she had been such and active mom, she walked five miles a day. I desperately wanted her to go back to being my mom again.

When she came home from the hospital, every day when I came home from school, I would ask her if she could move yet. Every day,

we rejoiced over the fact that maybe a toe wiggled or she could lift one finger up maybe just a one sixteenth of an inch.

About three years ago, I started helping my mom with the organization she found she named it VOCA, for Victims of Chiropractic Abuse. She had decided that there were far too many injuries happening to people not much older than me, and as a result of Chiropractor adjustment, something had to be done about it.

Yet, some chiropractor still deny it even happens, which is just ridiculous if you see the amount of stuff written over the years. In fact, in one article, it says the first Chiropractor stroke instance was in 1937, and back then they said that it was rare when there were only 5,000 chiropractors. Well, today, there are over 75,000 chiropractors and many still say it's rare.

This bill should become law to protect the people, the public. People need to be aware of everything that has a risk to it, especially if that risk is so devastating as a possible stroke, permanent disability, or even death. It is our right to know.

When the American Chiropractic Association admits in their own literature that it is true that neck manipulation is a risk factor for stroke and the American Heart Association has it on website article about how chiropractic manipulation can cause a stroke, and when in Canada, there's a half billion dollar class action lawsuit that is suing the Health Ministry for not -- improperly informing patients about the risks of stroke with a chiropractic adjustment, and when a well -- respected chiropractor who teaches at the University of Bridgeport urges all chiropractor to tell their patients about the risks of stroke, following chiropractor adjustments, it is time to take action and let the people know.

And if certain groups of chiropractors refuse to tell patients, then that is when the government needs to step up and protect the people. After all this happened to my mom, she still isn't against chiropractors. She talks to many chiropractors all the time who are in support of this legislation.

One chiropractor, in fact, called her yesterday and told her that on the American Chiropractic Associates website there was an article talking about the case where a young woman had died in Canada. One of the very jury's recommendations was that chiropractic physicians obtain written informed consent from

every patient before performing a neck adjustment, and that every patient be given an information sheet with risks and stroke symptoms clearly spelled out. That was in 2004.

In a world where informed consent is a way of life, where coffee cups come with a burn warning and plastic bags come with a suffocation warning, I cannot see why we cannot extend this to chiropractors.

Thank you very much for listening.

REP. RITTER: Thank you very much for your testimony.

Are there any questions from the committee?

Thank you for your time.

MATTHEW LEVY: Thank you.

REP. RITTER: Next it's Britt. It might be Harwe, and I apologize, followed by Frank Zolli.

BRITT HARWE: Good evening, Senator Harris, Representative Ritter and other distinguished members of the Health Committee, my name is Britt Harwe from Wethersfield, and I'm testifying in support of Senate Bill 90.

Attached to my testimony is substitute language that requires -- that would require not only written consent but oral consent, the chiropractor discusses with the patient before the procedure, the patient understands, agrees and is given a copy explaining that there is a risk and should any of these symptoms develop, it shows the symptoms and the per -- and tells -- explains that emergency medical treatment would be necessary.

I feel very strongly about this. In 1993, I went to a chiropractor for shoulder pain. He explained that the spine -- the spinal manipulations that properly trained licensed chiropractors can do relieve pain -- will relieve my pain and benefit my overall health.

During the next appointment when he did the next manipulation, I immediately felt a rushing sensation in my head and became dizzy and nauseous. I could hear the chiropractor ask if I was all right, but I was unable to speak. He helped me sit up, I slumped over. I heard him call 9-1-1 for an ambulance and told -- and he said, My patient is having a reaction. This is all he had told

me when I asked if there had ever been any problems with this. All I could remember thinking, this isn't a reaction, I'm dying.

I was rushed to the hospital, I couldn't move or speak or even focus on the doctors around me. I could only listen. They didn't know what was wrong. I was only 26 years old, in good health other than that shoulder pain, and I wasn't on any medication. It was almost a week later before an MRI was done. The neurologist said my vertebral artery was crushed.

Many chiropractors will tell you that the arteries can be torn, and the symptoms of a tear are headache and neck pain and this is why people go to chiropractors. So they're being blamed for something that they didn't cause. Well, a manipulation would only make it worse. But in my case, and in cases of many others, my artery was crushed. It happened immediately. Yet, he said nothing to the 9-1-1 operators. The hospital had no information. I -- as a result of the stroke, my left side was paralyzed, my vocal chord paralyzed and I was unable to swallow. I have a feeding tube, which I've had. I'm not able to eat for the past 16 years. I couldn't believe what I was hearing. They didn't know if I'd ever walk or talk and thought that I might need to go to a nursing home. The stroke happened the day before my daughter was two. I missed so much of her life.

Some of the things that Dr. Pagano had mentioned about all of the other procedures done by -- are done in hospitals which require informed consent and provide discharge summaries. Chiropractic manipulations are done in chiropractor's offices. They have many different organizations, many different philosophies. There is no agreement among the profession. The head of the other association in Connecticut, the Connecticut Chiropractic Association, refuses to believe there is any risk involved with neck manipulations and, therefore, there's no need.

REP. RITTER: Would you be able to please summarize?

BRITT HARWE: Yes.

Of the hundreds of victims that I have spoken to over the years, all were injured by manipulations done by licensed chiropractors. It is not about singling out a profession. It is about the manipulations that chiropractors alone do.

Statute -- the statutes will point out that they alone can perform these in their specialized procedures, and that is why this addresses that specific procedure.

REP. RITTER: Thank you for your testimony.

Are there questions from the committee?

Thank you very much.

And the next speaker will be Frank Zolli and Gina Carucci.

FRANK ZOLLI: Good evening, Senator Harris, Representative Ritter, distinguished committee members, I'm Frank Zolli, a Connecticut licensed chiropractic physician and Dean at the University of Bridgeport, College of Chiropractic. I am testifying on behalf of the Connecticut Chiropractic Association in opposition to Senate Bill 90.

UB College of Chiropractic and every other chiropractic program in the United States is accredited by the Council on Chiropractic Education. In addition, each of these accredited programs is a member of the Association of Chiropractic Colleges.

Several years ago, the ACC charged a task force with the responsibility of defining informed consent procedures which could be introduced into the curriculum at all member chiropractic programs. These guidelines were developed and implemented into chiropractic education.

During their time in school, students receive rigorous training and the basic and clinical sciences culminating with their clinical experience. At UBCC students are taught extensively and about the structure and function of the human body. In addition, they are taught about its assessment, diagnosis and treatment. A Critical element in this training is students learning evidence-based research. This process allows students to learn the most current information available regarding any subject in the field of healthcare. It is taught by evidence-based librarians, and students have access to extensive array of on-line publications which are utilized throughout their training.

The clinical training occurs at our on campus clinic, satellite facilities around the city of Bridgeport, as well as the Veterans Administration Hospital in West Haven. In all of these facilities the doctrine of informed consent is practice. As

defined in the ACC guidelines, patients have the right to know the benefits, risks and options of recommended procedures. This is taught and discussed with students starting in the first semester in our program. In clinic, interns explain the parameters of informed consent to patients. Once explained to the patients satisfaction, a document is signed attesting to his or her consent.

As practiced as UBCC, healthcare is not something done to a patient, it is a process achieved with a patient. As such, it is critical that a patient know and understand the benefits, risks, and options to recommended procedures.

All healthcare providers who accept the responsibility of helping patients understand the rewards and risks of their actions. Patients should be aware of the benefits and risks and understand there are no guarantees of success. Informed consent should be employed for all patients, not only those served by members of the chiropractic profession.

Thank you.

REP. RITTER: Thank you.

Are there any questions from the Committee?

Senator Harris.

SENATOR HARRIS: Thank you, Doctor, for your testimony.

It's pretty clear that you support informed consent. Right?

FRANK ZOLLI: Absolutely.

SENATOR HARRIS: And I don't know if you were here for Representative Esty's questioning, but in some other context, whether they be in the hospitals under JCAHO guidelines or in other healthcare professions because of malpractice requirements, that there are certain standards for informed consent; is that your understanding also?

FRANK ZOLLI: That is correct.

SENATOR HARRIS: So then what would be the problem, since the ACC is in favor of informed consent of having something like that happen if it's not being done, as the other's testimony seemed to indicate, across the entire profession here in Connecticut?

FRANK ZOLLI: Well, I think the -- I think the problem is, as Dr. Pagano attempted to explain, the Connecticut Board of Chiropractic Examiners, I don't know that -- I don't know what the mechanism would be where that would then be mandated for all practitioners. I think that's what the -- the fundamental problem is. I mean, the ACC is representative of all chiropractic educational institutions. We support informed consent. We train our students about informed consent. Hopefully, on the basis of that training, they're taking informed consent into their practice even before it's mandated. But relative to people who have been in practice for a while, I think the only real mechanism would be for the board to say, you have to do it.

SENATOR HARRIS: Why would that be the only real mechanism?

FRANK ZOLLI: Well, not everybody belongs to the Connecticut Chiropractic Association.

SENATOR HARRIS: Right.

FRANK ZOLLI: Not everybody belongs to anyone Association that has that kind of regulatory enforcement ability.

SENATOR HARRIS: So --

FRANK ZOLLI: Except for the state board.

SENATOR HARRIS: Right, or state statute could accomplish this, too.

FRANK ZOLLI: That -- that is also true, yes.

SENATOR HARRIS: Right. So that's where I'm wondering here, as the night gets almost slow in my wondering. I -- let me just take one step back. I know that there are some people that say this is just an attack on, the profession, on chiropractors. I can speak for myself, and most of my colleges, Senator Fasano, I know that's not case. Some other people maybe it is, some people have experience horrible circumstances while, thankfully, I haven't. I can guess I could understand why actually might even single somebody out, rightly or wrongly, when you've had such a traumatic experience.

But the notation that we're trying to get to here, to try to make sure that people are informed of risks, wouldn't you say that would be a valid role of government to fill in the gaps, so

that while you might have informed consent because of these other guidelines, these other systems in another context, that if there is a gap that the Legislature would have role to fill that gap?

FRANK ZOLLI: If that's the only way to accomplish it, I would imagine that would be the responsibility of the Legislature.

SENATOR HARRIS: I mean, I'm just trying to explore, cause, I mean, everyone here wants safety. I mean, I know chiropractors want safety --

FRANK ZOLLI: Absolutely.

SENATOR HARRIS: -- because you're professionals, and you want to do your job well.

FRANK ZOLLI: Absolutely.

SENATOR HARRIS: So how we get there, I guess what I think the committee is struggling with. So I appreciate your testimony.

FRANK ZOLLI: Fortunately, that's your struggle and all I can do is advise you.

SENATOR HARRIS: Well, we appreciate the advice.

REP. RITTER: Thank you.

Representative Giegler.

REP. GIEGLER: Thank you. Just a follow up, because I'm looking at your University of Bridgeport, informed consent form. When someone finds that, do you give them discharge summary, when they go home of what potentially what could happen to them, like stroke, so they would know to know the symptoms?

FRANK ZOLLI: I can't -- I don't know that to be the case, that they are given and explicit discharge form. I will tell you that what I deal with most of the time is interns and students, they tend to give as much information as they know about an issue, and they are well versed in the most current information relative to the various condition that they see, so, yes, our patients are informed that there can be adverse reactions to manipulative procedure, and they are advised accordingly.

REP. GIEGLER: Because even on here, where it says, you know, you're informed of possible consequences and risk.

FRANK ZOLLI: That is correct.

REP. GIEGLER: But if they're notified of consequences and risk but if they, all of a sudden are symptomatic, and they're not really aware of what the symptoms are actually about to cause them, that's what I think the concern is there.

FRANK ZOLLI: Well, I think that under the circumstances, again if, in fact, an intern is -- is advising a patient relative to the risk and that patient where to manifest symptomatology consistent with a stroke, that patient would be advised to go to an emergency room or get emergency care.

REP. GIEGLER: All right. Well, thank you very much for your answer.

REP. RITTER: Representative Carson.

REP. CARSON: Thank you, Madam Chair.

Just in following up Representative Giegler's remarks, I know for myself as a patient, there is real difference between, you know, a physician explaining something to me, and then, you know, what all hospital risks are or whatever, and I make decision to go forward with something. But you have a procedure done, and you go home, and things start to go wrong, I think that's very important to have some type of documentation, not just count on that memory. I kind of think that's the direction Representative Giegler was going in. So, you know, go for colonoscopy, for example, or something like that, you know, I think it's very important to have that, some kind of documentation, something to read, something to look at, something that maybe another family member or someone who's helping to take care of you can look at. I just think that's probably more of the point at this point.

Thank you.

REP. RITTER: Any other questions from the committee?

Thank you very much for time.

And next we have Gina Carucci, to be follow by Joe Pandolfo.

GINA CARUCCI: Good evening Senator Harris and Representative Ritter, my name is Gina Carucci, and I am a practicing chiropractor in Rocky Hill, Connecticut. I serve the Connecticut Chiropractic Association as First Vice President and Legislative Chairperson, and I am here today to offer opposition testimony to Senate Bill 90.

The CCA and the malpractice carriers already recommend the use of the use of informed consent. For 14 years I have been in practice, I have used such a form and process. Chiropractic, as you may -- as many of you may or may not know, is one of the safest forms of healthcare available. Data from the malpractice carriers indicates that Connecticut chiropractors pay on average \$3,000 year for malpractice insurance. This is one measure of the safety of the profession.

Cervical manipulation is not the only mechanism to potentially initiate a vertebral artery injury. The medical literature contains numerous reports of similar episodes from common medical procedures such as administering anesthesia during surgery, or while extending the neck during dental procedures. Cases of vertebral artery accident have been reported which occurred during normal activities such as talking on the telephone, swimming, yoga or performing overhead work, and even during sleep.

Most cases of vertebral artery injury are spontaneous in nature. That is, the history does not involve sever trauma as a precipitating factor. However, even in the cases of sever trauma, injury of the vertebral artery is exceedingly rare. This indicates that the arteries are normally very elastic and resilient to injury. It also suggests that it is unlikely that a normal artery would be damaged during a skillfully performed neck adjustment by a doctor of chiropractic.

In fact, recent research in the Spine Journal indicated that the incidents of stroke in the office of a chiropractor is no greater than it is in the office of the primary care physician, indicating that incidents of stroke is temporally related not causally.

Another study measured the forces transmitted to the vertebral artery during a cervical manipulation. This study found that the forces transmitted to the vertebral artery are less than one-ninth of a force necessary to stretch and otherwise -- or otherwise damage the normal vertebral artery. The study noted

that, in fact, that manipulation forces were actually less than the forces measured during normal ranges of neck motion.

Chiropractic neck manipulation has been demonstrated to be safe and effective for a variety of condition from whiplash, to tension headaches, amongst other conditions. All healthcare procedures carry a risk. In fact, of doing nothing about neck pain or back pain carries the risk as well. These risk includes increased rates of disability, abuse of prescription medication or other nonprescription drugs, disruption from work, and activities of daily living, as well as disruption from social activities.

It is the opinion of the CCA that Senate Bill 90 unfairly singles out a profession that has been proven to be extremely safe and effective in it delivery of healthcare. We are not opposed to the concept of informed consent. Informed consent is a process that if this committee feels is something that needs to become law, should be applied across the board to all healthcare professions, for the good of the public.

Thank you.

REP. RITTER: Thank you. That was very well done.

Thank you for your testimony.

Are there any questions from the committee?

Representative Lesser.

REP. LESSER: In your testimony you state that it is unlikely that a normal artery would be damaged by the minor strains experienced during skillfully performed neck adjustment. So I guess, is it correct that you're saying that there's a problem with unskillfully performed? Is this a question of the skill of the practitioners?

GINA CARUCCI: No, this wouldn't be his skill. The -- the -- the skill of the practitioner, but as Dr. Pagano mentioned, there are other -- other professions out there who do perform neck manipulation and spinal manipulation who are not nearly as well trained as the chiropractor is.

REP. LESSER: Well, we've just heard a long list of people who experienced or who had family members who experienced the exact situation that you're saying doesn't take place or isn't

performed by -- or isn't common among skillful practitioners, so it would seem to be that there may be an issue that could be addressed by self-regulation.

GINA CARUCCI: Well, but exactly. That's what the Spine Research indicated, that in the office of either profession, whether it be a primary care physician or the chiropractor the incidents of stroke is no greater, indicating that it's -- that the issue is the health of the artery. and that's why, in my testimony, I said the normal artery. The only way that you're going to identify that is abnormal unhealthy artery, is if there are precipitating symptoms that would warrant an investigation such as MRI. But most -- most patients that present to our offices and present to the primary care office, in the incidents of headache or neck pain, it doesn't warrant the -- the use of a MRI which would then indicate artery is, otherwise, unhealthy.

REP. LESSER: So you don't believe that there is any step that your association or the profession can take to better educate its members, or to better communicate the risks to the public that they're already taking, because you don't believe that there are substantial risks?

GINA CARUCCI: I don't believe there is substantial risks, no. I believe, as I indicated, for 14 years that I've been in practice, I do use the informed consent process. So I do -- I do believe, as Dr. Zolli testified, that it is a process that we feel. Healthcare is not something you do to a patient, you do -- you -- it is the process that occurs with the patient, so I have frank discussions with my patients on a daily basis about these things, and as Dr. Pagano has testified, in 14 years I haven't had anybody walk away either.

REP. LESSER: Thank you.

Thank you, Mrs. Chair.

REP. RITTER: Thank you.

Senator Harris.

SENATOR HARRIS: Good evening, Doctor. Thank for your testimony.

The informed consent process that you use, is that on the front end?

GINA CARUCCI: Yes.

SENATOR HARRIS: Telling, advising of risks, and then is there a sign-off of some --

GINA CARUCCI: Absolutely.

SENATOR HARRIS: How about the back-end notion of -- you take away information, explaining what risks are?

GINA CARUCCI: That's an interesting concept. It's certainly something that I had never thought of. The informed consent process, based on my understanding, is something that has come out of the legal world and out of the malpractice carrier world and that's how we, as an Association, as educational institution had begun to implement and use this procedure.

I am certainly not opposed to something like that. Again. I have frank discussions with my patients every day and they -- it is a relationship that we -- we begin together, and so any discussions they want to have, and anything that I can do to facilitate their healthcare is certainly something that I'm not opposed to, and in favor of.

SENATOR HARRIS: But were you here for the questioning that Representative Esty had about other context, other areas where there might be standards of informed consent, such as the ones we're talking about today?

GINA CARUCCI: I did hear her question. I'm not sure what you're asking!

SENATOR HARRIS: Well, I just was curious, in your experience, are there other areas where there could be similar risks, where this type of practice both the front-end informed consent, and the back-end of the give-away, are being done, and they're being done because of malpractice insurance requirements or because of other regulating bodies.

GINA CARUCCI: I'm not aware of in the back-end. I -- as we've all testified on the front-end, it is -- it is a stander practice.

SENATOR HARRIS: And given, you know, that you do identify some other procedures, administering anesthesia as one of them during surgery, would it be something that you think would be viable or worthwhile if the bill wasn't chiropractor shell when doing a neck manipulation, do X, Y, and Z, but that defining that some

of those procedures that might initiate a vertebral artery injury that, in that context, X, Y, and Z should be done.

So it's not signaling out contractor but, again, focusing on the risks associated with a particular procedure.

GINA CARUCCI: Absolutely. I do that every day with my informed consent process.

SENATOR HARRIS: Thank you.

REP. RITTER: Are there any other questions from the committee?

Thank you very much.

GINA CARUCCI: Thank you.