April 10, 2025

Senator Mark Nolan, Chair
Montana Senate
Business, Labor and Economic Affairs Committee
P.O. Box 200400
Helena, MT 59620

RE: Testimony in Opposition to HB929

Dear Chairman Nolan and Members of the Committee

Thank you for the opportunity to testify. My name is Dr. Edwin Cordero. I am CEO of the International Chiropractors Association and a proud U.S. Navy veteran. With over 30 years in chiropractic—as a practitioner, educator, and former college president—I stand firmly in opposition to HB929.

Chiropractic is not medicine. It was founded on the principle that the body is self-healing and self-regulating. Our role is to remove interference in the nervous system, allowing the innate intelligence of the body to restore health naturally. Introducing drug prescribing into our profession abandons that principle and compromises public trust.

HB929 would allow chiropractors—with no formal pharmacological training—to prescribe and administer high-risk drugs like muscle relaxants, NSAIDs, and glucocorticoids. These are not harmless. Many carry black box warnings and contribute to over 250,000 deaths annually, according to the American Society of Pharmacovigilance.

This bill is not about expanding care—it's about redefining chiropractic in a way that puts patients at risk and confuses the public. It also falsely claims widespread support, despite clear opposition from both the Montana Medical and Pharmacy Associations.

Patients choose us because we offer drug-free care. Let's preserve that trust, protect public safety, and uphold the founding principles of our profession.
I respectfully urge you to vote **No** on HB929.

Thank you.

Edwin Cordero, DC, FICA
Chief Executive Officer

Attached: Extended Written Testimony

Written Testimony in Opposition to HB 929 Before
Montana Senate
Business and Labor & Economic Affairs Committee
April 2025

The International Chiropractors Association is in our 99th year continuing the mission established by our founder, Dr. B.J. Palmer to establish and maintain the chiropractic profession as a distinct health care profession. Today, ICA has members in Montana, in every state across the US and in 50 countries. When we were founded in 1926, chiropractors across the country were routinely arrested for practicing medicine without a license. Dr. Palmer, our organization and others in the profession worked state by state to obtain statutory authority distinguishing Doctors of Chiropractic from Doctors of Medicine.

We have faced many challenges in growing the profession, including a Sherman Act Violation brought by medical colleagues in the American Medical Association (AMA) who sought to restrain the trade of our doctors through an organized discrimination action. This was settled in the federal courts 17 years later in the late 1980s with a ruling confirming the violation. The ICA and the chiropractic profession as a whole has worked hard to overcome the vestiges of this discrimination. The greatest asset we have in doing so is the tremendous satisfaction of our patients who appreciate the chiropractic drug-free approach of addressing the cause of pain, not suppressing the symptom of pain.

Today our colleagues in the AMA and other medical organizations are concerned about what they call 'Scope Creep', meaning that health care professions are expanding their scopes into the medical doctor's scope of practice. While ICA does not endorse their full agenda, we find ourselves acknowledging that HB929 is an example of scope creep that we too oppose.

ICA is the moderate voice in the chiropractic profession holding that chiropractic is that philosophy, science, and art which utilizes the inherent recuperative powers of the body and deals with the relationship between the nervous system and the spinal column, including other skeletal articulations and the role of the relationship in the restoration and maintenance of health. We work to keep chiropractic a distinct profession focused on the identification and correction of subluxations through the chiropractic adjustment and have no need or desire to participate in scope creep into the world of medicine. It is not our philosophy or within our training at any of our accredited chiropractic programs in our colleges and universities. Nor is this proficiency included in the national board exam proficiency testing.

Very simply there is an art and science to drug prescribing and injecting that Doctors of Chiropractic are not proficient. The list of drugs included in the initial list offered in HB500, most of which still included in HB 929 while not controlled substances are not without serious risks.

1. Fundamental Principles of Chiropractic Care

Chiropractic care is fundamentally rooted in a holistic approach that emphasizes the diagnosis and treatment of neuromusculoskeletal disorders through manual manipulation and non-invasive techniques. Granting chiropractors the authority to prescribe drugs or perform injections fundamentally alters this focus and undermines the integrity of chiropractic practice. Of greatest concern is the increased risk to the public such actions will create.

2. World Federation of Chiropractic Policy

The World Federation of Chiropractic (WFC), which the ICA is a founding member, has made it clear that "the practice of chiropractic does not include the use of prescription drugs." This stance is based on the principle that chiropractic care promotes the body's inherent ability to heal itself without the use of drugs or surgery. For patients requiring medications, the WFC advocates for referrals to qualified medical doctors or healthcare practitioners. The ICA supports this approach. It also aligns with the growing focus across healthcare for 'patient-centered, evidence-informed health care' in which a patients' healthcare providers collaborate as needed rather than operate in a silo. The advances in Telehealth make this collaboration even easier.

3. Lack of Educational Requirements for Prescribing Competence

The singular US Department of Education approved accrediting body for chiropractic education programs is the Council on Chiropractic Education (CCE). Just as medical doctors and attorneys do, chiropractors must prove their knowledge and readiness to practice. After they earn their degrees from a chiropractic college, graduates must then take and pass their board exams before they can apply for a license to practice in the state of their choosing. The National Board of Chiropractic Examiners (NBCE) is the nationally recognized proficiency testing body for Doctor of Chiropractic graduates. It is essential to highlight that:

- The educational standards established by the Council on Chiropractic Education (CCE) do not require teaching or testing for competency in prescribing or injecting drugs.
- The National Board examinations, necessary for licensure, also do not assess competency in these critical areas.
- Every state housing a chiropractic program accredited by the CCE prohibits the prescribing of drugs and injecting substances into the body.

These facts underscore the significant gaps in training and assessment, raising serious concerns about patient safety should HB 929 become law.

4. Patient Safety Concerns

The introduction of prescriptive authority poses substantial risks to patient safety. Chiropractors typically do not receive the same in-depth pharmacological training as medical doctors or nurse practitioners. This lack of training creates risks for:

Unsafe Prescribing Practices: Without proper education, chiropractors may struggle to manage medication regimens, understand drug interactions, or monitor patients for adverse effects.

The language of HB 929 calls for the initial approval of the following drugs:

- muscle relaxants (aka Skeletal muscle relaxants)
- nonsteroidal anti-inflammatory drugs;
- topical and oral cortical steroids
- topical anesthetics; and
- over-the-counter analgesics;
- prescription nonsteroidal noninflammatory drugs; and
- topical analgesics and anti-inflammatories;

A. Skeletal muscle relaxants (SMRs): SMRs are a broad class of drugs that includes medications that have serious side effects, even when use as prescribed. A sampling of peer reviewed research studies is provided.

A 2004 Systematic Review of the literature conducted by medical doctors provided (1) that SMRs are "used to treat two different types of underlying conditions: spasticity from upper motor neuron syndromes and muscular pain or spasms from peripheral musculoskeletal conditions. Although widely used for these indications, there appear to be gaps in our understanding of the comparative efficacy and safety of different skeletal muscle relaxants. This systematic review summarizes and assesses the evidence for the comparative efficacy and safety of skeletal muscle relaxants for spasticity and musculoskeletal conditions." A total of 101 randomized trials were included in this review with the following conclusions:

- No randomized trial was rated good quality, and there was little evidence of rigorous adverse event assessment in included trials or observational studies.
- There is fair evidence that baclofen, tizanidine, and dantrolene are effective compared to placebo in patients with spasticity (primarily multiple sclerosis).
- There is fair evidence that baclofen and tizanidine are roughly equivalent for efficacy in patients with spasticity, but insufficient evidence to determine the efficacy of dantrolene compared to baclofen or tizanidine.
- There is fair evidence that although the overall rate of adverse effects between tizanidine and baclofen is similar, tizanidine is associated with more dry mouth and baclofen with more weakness.
- There is fair evidence that cyclobenzaprine, carisoprodol, orphenadrine, and tizanidine are effective compared to placebo in patients with musculoskeletal conditions (primarily acute back or neck pain).
- Cyclobenzaprine has been evaluated in the most clinical trials and has consistently been found to be effective. There is very limited or inconsistent data regarding the effectiveness of metaxalone, methocarbamol, chlorzoxazone, baclofen, or dantrolene compared to placebo in patients with musculoskeletal conditions.
- There is insufficient evidence to determine the relative efficacy or safety of cyclobenzaprine, carisoprodol, orphenadrine, tizanidine, metaxalone, methocarbamol, and chlorzoxazone.
- Dantrolene, and to a lesser degree chlorzoxazone, have been associated with rare serious hepatotoxicity.(1)

A recently published paper(2) regarding SMRs noted that one product – Thiocolchicoside (THC) informed of serious risks affecting (male) fertility and harm to unborn fetuses if used by pregnant women. The authors of the paper noted, "

THC is used in conjunction with non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and analgesics. To prevent aneuploidy, the European Medical Agency has placed restrictions on the use of THC, stating that it should not be injected for five days or taken orally for longer than seven days. This is because its metabolism in the body may lead to the production of the metabolite M2. When used during pregnancy, the growing fetus is more negatively impacted. It has also been connected to infertility in men.(3)

A 2022 case series study(3) conducted in the United States to identify skeletal muscle relaxant drug-drug-drug signals associated with increased rates of traumatic injury. "US ambulatory care visits resulting in new or continued therapy with an SMR doubled from 15.5 million in 2005 to 30.7 million in 2016 . In 2018, approximately 1 in 15 commercially insured Americans was treated with an SMR. This increasing and widespread SMR use is concerning, given their uncertain efficacy for off-label indications and **high-risk safety profiles. Most SMRs have central nervous system (CNS) sedation effects causing dizziness, ataxia, and confusion**, thereby potentially precipitating accidental falls, unsafe operation of motor vehicles, and traumatic injuries. In fact, SMR use has been linked to a 5-fold increased risk of falls in multiple sclerosis patients, a 2.25-fold increased risk of fracture in older adults , and a 3.7-fold increased risk of traffic accidents in adults."(3)

A 2024 paper(4) noted, "Skeletal muscle relaxants (SMRs) are widely used in treating musculoskeletal conditions. All SMRs, with the exception of baclofen and tizanidine, are on the list of 2023 American Geriatrics Society Beers Criteria® **for potentially inappropriate medication use in older adults.** In our geriatric practice, off-label use of tizanidine as preemptive analgesia drove us to find recent advances in its pharmacology and therapeutics. An update review of tizanidine was thus presented, aiming to bring the latest knowledge to clinicians and promote further research and practical exploration..."… "Adverse effects of tizanidine include somnolence, dry mouth, hypotension, bradycardia, dizziness, fatigue, weakness, hallucinations, abnormal liver function, and hepatotoxicity."

B. Cyclooxygenase-2 often referred to as COX-2 inhibitors are a type of nonsteroidal anti-inflammatory drug (NSAID) that specifically blocks COX-2 enzymes. Nonsteroidal anti-inflammatory agents (usually abbreviated to NSAIDs) are a group of medicines that relieve pain and fever and reduce inflammation.

Generic name	Brand name examples
Celecoxib	Celebrex
Etoricoxib	Not approved in the U.S.
Lumiracoxib	Not approved in the U.S.
Rofecoxib (Vioxx), Valdecoxib (Bextra)	Withdrawn because of safety concerns

In 2004, rofecoxib (Vioxx) voluntarily withdrew from the market after a major controversy regarding cardiovascular risks associated with its use. Valdecoxib (Bextra) would follow. In April 2005, the US Food and Drug Administration, based on evidence, took their most serious action, short of a recall. The FDA required manufacturers of NSAIDS and Celebrex to insert a black box warning in their package inserts.

The FDA Required Warning: WARNING: RISK OF SERIOUS CARDIOVASCULAR AND GASTROINTESTINAL EVENTS See full prescribing information for complete boxed warning. • Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. This risk may occur early in the treatment and may increase with duration of use. (5.1) • CELEBREX is contraindicated in the setting of coronary artery bypass graft (CABG) surgery. (4, 5.1) • NSAIDs cause an increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events. (5.2) (https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/020998s050lbl.pdf)

The package insert also provides the following warnings and adverse event information:
----------WARNINGS AND PRECAUTIONS----------

- Hepatotoxicity: Inform patients of warning signs and symptoms of hepatotoxicity. Discontinue if abnormal liver tests persist or worsen or if clinical signs and symptoms of liver disease develop (5.3)
- Hypertension: Patients taking some antihypertensive medications may have impaired response to these therapies when taking NSAIDs. Monitor blood pressure (5.4, 7)
- Heart Failure and Edema: Avoid use of CELEBREX in patients with severe heart failure unless benefits are expected to outweigh risk of worsening heart failure (5.5)
- Renal Toxicity: Monitor renal function in patients with renal or hepatic impairment, heart failure, dehydration, or hypovolemia. Avoid use of CELEBREX in patients with advanced renal disease unless benefits are expected to outweigh risk of worsening renal function (5.6)
- Anaphylactic Reactions: Seek emergency help if an anaphylactic reaction occurs (5.7)
- Exacerbation of Asthma Related to Aspirin Sensitivity: CELEBREX is contraindicated in patients with aspirin-sensitive asthma. Monitor patients with preexisting asthma (without aspirin sensitivity) (5.8)
- Serious Skin Reactions: Discontinue CELEBREX at first appearance of skin rash or other signs of hypersensitivity (5.9)
- Premature Closure of Fetal Ductus Arteriosus: Avoid use in pregnant women starting at 30 weeks of gestation (5.10, 8.1)
- Hematologic Toxicity: Monitor hemoglobin or hematocrit in patients with any signs or symptoms of anemia (5.11, 7)

----------ADVERSE REACTIONS----------
Most common adverse reactions in arthritis trials (>2% and >placebo) are: abdominal pain, diarrhea, dyspepsia, flatulence, peripheral edema, accidental injury, dizziness, pharyngitis, rhinitis, sinusitis, upper respiratory tract infection, rash (6.1).

C. Nonsteroidal Anti-inflammatory Drugs including topicals

Nonsteroidal anti-inflammatory drugs (NSAIDs) are medications that reduce inflammation, pain and fever. There are many different types of NSAIDs, including nonprescription and prescription strength. Healthcare providers use them to treat a wide range of symptoms, from headaches and dental pain to arthritis and muscle stiffness.

According to the Cleveland Clinic[i], "Some people develop stomach ulcers from taking NSAIDs. To reduce your risk of ulcers, always take NSAIDs with food (preferably, a full meal).

While NSAIDs are effective for relieving symptoms, they don't help your body heal. In fact, research suggests that these medications can actually slow your body's natural healing process. A healthcare provider can help you weigh the risks and benefits of using NSAIDs and find a treatment that's right for you."

Prescription NSAIDS include:
Celecoxib (Celebrex®) (Addressed in B above)
Diclofenac (Voltaren®)
Fenoprofen (Nalfon®)
Indomethacin (Indocin®)
Ketorolac (Toradol®)

A 2022 paper(5) reported on Adverse Event Reports of Stevens Johnson Syndrome associated with NSAIDS (acetaminophen, ibuprofen, aspirin, diclofenac and celecoxib) in the FDA Adverse Event Report System (FAERS). The Stevens-Johnson syndrome (SJS) is a severe skin reaction to non-steroidal anti-inflammatory drugs (NSAIDs) and can be life-threatening. 1,868 reports of SJS adverse events were identified over the 2004 to 2021 database analysis. Of the just over 200 cases analyzed of Diclofenac-associated SJS, the 25% fatality rate appeared to be associated with the highest risk of death among the NSAIDS.

The Voltaren package insert[ii] on the FDA website notes:

- NSAIDs may cause an increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, which can be fatal. This risk may increase with duration of use.
- NSAIDs cause an increased risk of serious gastrointestinal adverse events including inflammation, bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients are at greater risk for serious gastrointestinal events.
- Voltaren® (diclofenac sodium enteric-coated tablets) is contraindicated in patients with known hypersensitivity to diclofenac.
- Voltaren should not be given to patients who have experienced asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions to NSAIDs have been reported in such patients.

- Voltaren is contraindicated for the treatment of perioperative pain in the setting of coronary artery bypass graft (CABG) surgery.
- Voltaren, like other NSAIDs, can cause serious skin side effects such as exfoliative dermatitis, SJS, and TEN, which may result in hospitalizations and even death.

The Indomethacin (Indocin package insert required by FDA includes a black box warning :

WARNING: RISK OF SERIOUS CARDIOVASCULAR AND GASTROINTESTINAL EVENTS See full prescribing information for complete boxed warning. • Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. This risk may occur early in treatment and may increase with duration of use (5.1) • Indomethacin Capsules are contraindicated in the setting of coronary artery bypass graft (CABG) surgery (4, 5.1) • NSAIDs cause an increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events (5.2)

According to WebMD[iii], Ketorolac (Toradol®), the most common side effects are stomach pain, upset stomach, nausea, headache. The most serious adverse effects include increased risk of bleeding, of heart attack or stroke that can lead to death. It can increase your risk of bleeding, ulcers, and tears (perforation) in your gut. Ketorolac can cause allergic reactions, including a specific type of allergic reaction called DRESS. DRESS stands for Drug Reaction with Eosinophilia and Systemic Symptoms. It is also sometimes called multiorgan hypersensitivity. This is a reaction that can affect multiple parts of the body, including your liver, kidneys, and heart.

Glucocorticoids (GC) "are often the first-line therapy for autoimmune diseases including many neurological conditions. Their use is commonly associated with complications and comorbidities. These include both immediate and long-term complications that are often related to the dose and cumulative dose of GCs." These drugs include Hydrocortisone, Prednisone, and Methylprednisolone.

According to the Cleveland Clinic, the side effects of Prednisone include:

- Allergic reactions—skin rash, itching, hives, swelling of the face, lips, tongue, or throat.
- Cushing syndrome—increased fat around the midsection, upper back, neck, or face, pink or purple stretch marks on the skin, thinning, fragile skin that easily bruises, unexpected hair growth.
- High blood sugar (hyperglycemia)increased thirst or amount of urine, unusual weakness or fatigue, blurry vision.
- Increase in blood pressure.
- Infection—fever, chills, cough, sore throat, wounds that don't heal, pain or trouble when passing urine, general feeling of discomfort or being unwell.

- Low adrenal gland function—nausea, vomiting, loss of appetite, unusual weakness or fatigue, dizziness.
- Mood and behavior changes—anxiety, nervousness, confusion, hallucinations, irritability, hostility, thoughts of suicide or self-harm, worsening mood, feelings of depression.
- Stomach bleeding—bloody or black, tar-like stools, vomiting blood or brown material that looks like coffee grounds.
- Swelling of the ankles, hands, or feet.

Additional side effects include Acne, General discomfort and fatigue, Headache, increase in appetite, Nausea, Trouble sleeping, and Weight gain. There is also a long list of drugs that cannot be taken at the same time as Prednisone.

In summary of these initial drugs, while they may not be 'controlled substances', they are far from innocuous. The prescribing and monitoring of these medications is best left to the healthcare professionals whose training includes medication prescribing and monitoring.

5. Potential for Scope Creep
Granting prescriptive authority to chiropractors could set a dangerous precedent for further expansions of their scope of practice. Similar to the opposition raised in other jurisdictions, we must recognize that such changes could lead to additional legislative efforts that further stretch the boundaries of chiropractic care. A majority of the chiropractic profession concurs that the profession is and should remain a drug free profession.

Other Concerns Regarding the Scope Expansion language. We have focused our comments, most specifically on the public health risks and harm to the profession if drug prescribing were added. However, there are other issues with the language of HB500 which are problematic and may have unintended negative consequences.

Section 1 of HB 929 calls for "Prescriptive authority license endorsement -- formulary -- requirements – rulemaking through which chiropractors will be able to prescribe, obtain, and administer prescription drugs including through injections and potentially IVs. The section also allows the Board, if this becomes law, to add additional drugs to that which chiropractors will be able to prescribe, obtain, and administer.

Section 1 also states that chiropractors are not required to apply for prescribing authority. However, should this become law, every chiropractor will be affected. Prescribing and administering drugs is an entirely new component that will be addressed in the insurance products Doctors of Chiropractic obtain, from business insurance to malpractice insurance. Insurance providers will spread the risk in the state of Montana across the pool of chiropractors in the state, meaning that every chiropractor will likely have higher rates on their insurance products; and should there be serious injuries in the states, even high rates. Some estimates place this minimum increase at $14,000 per year per doctor, even those who do not become prescribers.

Section 2 changes the definition of 'chiropractic'.
(a) "Chiropractic" ~~is the system of specific adjustment or manipulation of the articulations and tissues of the body, particularly of the spinal column, for the correction of nerve interference and includes the use of recognized diagnostic and treatment methods as taught in chiropractic colleges~~

~~but does not include surgery or the prescription or use of drugs~~ means the science, art, and philosophy of things natural and the science of locating and removing interference with the transmissions or expression of nerve forces in the human body by the correction of misalignments or subluxations of the articulations and adjacent structures, especially those of the vertebral column and pelvis, for the purpose of restoring and maintaining health or for treatment of human disease primarily by adjustment and manipulation of the human structure**. The term includes the prescription and administration of all natural agents in all forms to assist in the healing act, such as food, water, heat, light, cold, electricity, mechanical appliances, herbs, nutritional supplements, homeopathic remedies, and any necessary diagnostic procedure.**

The phrase 'the prescription and administration of all natural agents in all forms to assist in the healing act' opens the door for chiropractic offices to offer all types of medical procedures from IV vitamins to IV chelation therapy, to 'stem cell' injections. It is important to remember that any 'natural agent' be it water or a vitamin when it is injected into the body via a needle or an IV, it is considered by federal law to be a prescription drug. These invasive procedures are not without risks and are clearly medical not chiropractic.

Section 3 Replacement of the term 'chiropractors' with 'individual' licensed under this chapter opens the door for a legal interpretation which may allow individuals of other health professions, but who are not Doctors of Chiropractic, to be licensed to practice chiropractic.

Section 4 We oppose the addition of the 'issuing of prescriptive authority license endorsements' to the Board's authority as an implementation of adding prescribing rights to the scope. We further have concerns upon review of Montana law that to do so, and any action taken under such action may violate the Montana Medical Practices Act.

Conclusion

In closing, the ICA asks that this committee seriously consider the negative implications of House Bill 929. The chiropractic profession was established as a distinct drug-free profession by design, to clearly delineate between the practice of medicine and the practice of chiropractic. The expansion of chiropractors' scope to include the prescribing of medications is unnecessary and poses significant risks to patient safety and the integrity of chiropractic care. The position of the WFC, the lack of educational requirements for prescribing competency, and the safety of residents of Montana should lead to a negative vote on HB929.

We respectfully request that the Senate Committee Just say no to HB 929 and shut it down.

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[i] https://my.clevelandclinic.org/health/treatments/11086-non-steroidal-anti-inflammatory-medicines-nsaids
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