



CHIROPRACTIC FREEDOM COALITION

White Paper: Opposition to Chiropractic Prescriptive Authority in Montana

A Chiropractic Perspective on Professional Integrity and Patient Safety

Date: March 30, 2025

Prepared by: Chiropractic Freedom Coalition

Executive Summary

The Montana Legislature is reviewing a bill (**Bill No. LC1247**) to grant chiropractors optional prescriptive authority for nonscheduled drugs like NSAIDs, muscle relaxants, and corticosteroids. Proponents within our profession argue this addresses Montana's primary care shortage and enhances patient care efficiency. However, the Chiropractic Freedom Coalition—representing chiropractors committed to our field's core principles—opposes this expansion. With over 5,000 existing prescribers already managing these medications, significant training gaps, and no clear alignment with chiropractic's neuromusculoskeletal focus, this bill risks patient safety and undermines our professional identity. We urge lawmakers to reject this legislation and preserve chiropractic's distinct role in Montana's healthcare system.

[CLICK HERE to review the Bill](#)

Introduction

Montana grapples with healthcare access challenges, with 52 of 56 counties designated as Health Professional Shortage Areas (HPSAs) for primary care. Some chiropractors, among our estimated 300–350 statewide, seek limited prescriptive authority, citing physician shortages and patient care delays. As the Chiropractic Freedom Coalition, we represent practitioners who believe this move encroaches on medical territory, threatens patient well-being, and duplicates efforts already met by Montana's 5,415–5,995 providers. This

White Paper critiques the bill from a chiropractic standpoint, emphasizing scope, safety, and workforce redundancy.

Background

The proposed bill amends Sections 37-12-101, 37-12-104, and 37-12-201, MCA, to:

- **Offer an optional prescriptive authority endorsement for chiropractors.**
- **Restrict the formulary to noncontrolled drugs (e.g., NSAIDs, muscle relaxants, topical/oral corticosteroids).**
- **Assign rulemaking to the Montana Board of Chiropractors for education and protocols.**

Advocates claim this improves care continuity, cuts costs, and leverages chiropractors in a shortage state. Yet, Montana already boasts 2,375–2,625 physicians, 1,600–1,700 APRNs, 500–600 PAs, and 850–950 pharmacists—providers fully equipped to prescribe these drugs.

Chiropractic Freedom Coalition: Position

1. Scope of Practice Integrity

Chiropractic is rooted in non-invasive, hands-on care, not pharmaceutical intervention. Prescribing medications aligns with medical training—4–11 years for physicians, including extensive pharmacology—while our 4-year programs focus on adjustments of the spine to facilitate the correction of vertebral subluxation, with pharmacology electives as supplements, not core competencies. The bill’s vague “educational qualifications” cannot replicate this depth, risking chiropractors stepping beyond our expertise into a medical domain.

This also threatens our profession’s future. Expanding into prescribing could invite further demands (e.g., antibiotics, vaccinations), diluting chiropractic’s unique identity and inviting regulatory overreach from medical boards.

2. Patient Safety Concerns

Even “nonscheduled” drugs pose risks we’re not fully trained to manage:

- **NSAIDs (e.g., ibuprofen) can trigger bleeding or kidney issues.**
- **Muscle Relaxants (e.g., cyclobenzaprine) risk sedation or falls.**
- **Corticosteroids demand oversight for systemic effects (e.g., adrenal suppression).**

Complex histories, mishandling complications, misdiagnosing a condition masked by these drugs (e.g., back pain from cancer) could delay critical care. Regulation by our own Board of Chiropractors who by their own admissions are not qualified, rather than a broader authority, may lack the rigor needed to ensure safe practice, exposing patients to inconsistent care.

3. Limited Relevance to Primary Care Shortages

Proponents tie this to Montana's HPSA crisis, but the formulary misses the mark:

- **Mismatch with Needs: Primary care demands drugs like antihypertensives (e.g., lisinopril), antibiotics, and antidepressants (CDC data), not our proposed list.**
- **Existing Providers: With 5,415–5,995 prescribers (4.92–5.45 per 1,000 residents), APRNs and PAs already cover these drugs in rural HPSAs.**
- **Location Skepticism: While 100–175 of us may practice in HPSAs (33–50%), chiropractors aren't proven to target primary care gaps vs. serving existing patients. Nine counties lack physicians, yet we're not flooding those areas.**

Adding a few chiropractors boosts the ratio to 5.2–5.77 per 1,000—a trivial gain that doesn't fix systemic shortages.

4. Redundant Prescriber Capacity

Montana's workforce already meets this need:

- **Numbers: Over 5,000 providers, backed by telehealth and collaboration, handle these medications.**
- **Efficiency Counter: Claims of care delays are exaggerated—referrals to nearby APRNs via modern systems work well. A 20-mile referral protects patients, not burdens them.**

The optional endorsement hints at self-interest, not shortage relief, risking our profession's credibility.

5. Safety Over Convenience

The bill's "quicker restoration" claim assumes we can prescribe safely with minimal training. We argue patient safety trumps convenience—risks like misdiagnosis outweigh slight time savings. Montana's existing prescribers offer the expertise we lack, preserving trust in our non-pharmaceutical role.

Recommendations

1. **Reject the Bill:** Protect chiropractic's integrity and patients by maintaining our current scope.
2. **Bolster Collaboration:** Enhance partnerships with APRNs, PAs, and physicians to address HPSAs without prescribing.
3. **Focus on Core Strengths:** Invest in chiropractic education and rural outreach, not pharmaceutical sidesteps.
4. **Research Needs:** Study our distribution and primary care gaps to inform future policy, not rush scope changes.

Conclusion

The Chiropractic Freedom Coalition opposes this prescriptive authority bill as a risky departure from our profession's foundation. The formulary doesn't meet primary care demands, Montana's 5,000+ prescribers already suffice but are not in the right places, and chiropractic training falls short of safe prescribing. This isn't a solution to shortages—it's a misstep that could harm patients and our field's reputation. We urge the Legislature to reject this proposal and support chiropractors in our proven, non-invasive role within Montana's healthcare ecosystem.

References

- Montana Department of Public Health and Human Services (HPSA data).
- U.S. Bureau of Labor Statistics (provider estimates).
- Montana Chiropractic Association (chiropractor numbers).
- CDC (primary care drug usage trends).
- American Journal of Public Health, chiropractor distribution.

Signatories

Foundation for Vertebral Subluxation • International Federation of Chiropractors & Organizations • Palmetto State Chiropractic Association • Chiropractic Society of Texas • Florida Chiropractic Society • Alliance of New Mexico Chiropractors • New York Chiropractic Council • Georgia Council on Chiropractic • Sherman College of Chiropractic • Sustainability Committee • MLS Seminars • On Purpose • Mile High Foundation • Mile High Seminars • Chiropractic Trust • ChiroWay • ChiroFutures Malpractice Program • McCoy Press • Waitlist Workshops • Holder Research Institute • Torque Release Technique • Dynamic Essentials • DE Lasting Purpose Foundation • Pure Chiropractic Notes • Titronics • The Institute Chiropractic - TIC