



Medicare Beneficiaries Deserve Expanded Access to Chiropractic Care

BACKGROUND:

Doctors of Chiropractic are defined as “physicians” in the Medicare Program (*1861(r) of the Social Security Act*) and were specifically included in the program at the direction of Congress in 1972. At present, however, Doctors of Chiropractic are only allowed to provide Medicare beneficiaries with a single physician service (*manual manipulation of the spine to correct a subluxation*). Accordingly, **beneficiaries are denied the freedom to select a Doctor of Chiropractic (DC) as their provider of choice to furnish other covered Medicare benefits** that typically fall within the state scope of practice of Doctors of Chiropractic, including important evaluation and management (*E&M*) services.

PATIENTS DESERVE CHOICES NOT ARBITRARY RESTRICTIONS:

The existing restriction on chiropractic participation in the Medicare program is purely arbitrary and anti-competitive. Under Medicare Doctors of chiropractic are not allowed to furnish the full range of existing covered benefits they are licensed to provide at the state level, while **other types of competitor providers (such as MDs and DOs) are allowed** to furnish Medicare beneficiaries with all covered services within their state’s respective scope of practice. The practical impact of this current restriction discourages the selection of chiropractic care as a treatment option. Federal policy should not, in effect, award a “franchise” to one or more types of providers, allowing them to furnish services with their scopes of practice, while denying another provider group (*in this case doctors of chiropractic*) similar authority. Federal health care policy should “encourage” patient choice of provider and should not arbitrarily limit the treatment options available to Medicare beneficiaries.

EXISTING RESTRICTIVE POLICY WORKS AGAINST QUALITY IMPROVEMENT IN MEDICARE:

Lack of coverage for evaluation and management services is now not only impacting patients, but is also impacting the ability of doctors of chiropractic to fully participate in the Physician Quality Reporting Initiative (*PQRI*). PQRI only allows providers to report on quality measures related to covered services for their provider type. This means that doctors of chiropractic can only report on measures related to spinal manipulation and are unable to report on measures related to evaluation and management services. Obviously, this limitation works against the overall effectiveness and comprehensiveness of the PQRI initiative and those quality improvements for all beneficiaries that, hopefully, will ultimately result from the initiative.

ACTION NEEDED TO CORRECT THE PROBLEM:

There are two ways Members of Congress can help correct the existing limitations on chiropractic care and **these avenues of relief are not mutually exclusive:**

1. At the first opportunity Congress should enact new statutory language clarifying that the physician status of Doctors of Chiropractic includes the provisioning of all existing Medicare covered services that are within the state scope of practice of the individual Doctor of Chiropractic provider. It is important to note that such clarification would not create any new Medicare benefit, but would simply allow Doctors of Chiropractic to provide existing covered benefits they are licensed to provide. Members of Congress should contact their colleagues that serve on the Medicare committees of jurisdiction (*House Ways & Means; Senate Finance*) and urge these committees to incorporate appropriate legislative language in the next available legislative vehicle to be enacted into law. This relief measure would fully resolve the problem. Suggested statutory language that would achieve this remedy is available from the American Chiropractic Association (*ACA*).
2. CMS has the authority to revise the Agency's current restrictive Medicare regulations in such a manner as to largely, though not fully, resolve the problem. **The ACA requests that Members of Congress write HHS Secretary Sebelius and urge that CMS issue new regulations based on suggested regulatory revisions developed by the ACA.** Given the uncertainty associated with the legislative process, a satisfactory regulatory "fix" should be pursued, as doing so would substantially resolve existing limitations and an appropriate regulatory change could be effected in a relatively expeditious manner. The ACA will be delighted to work with any Member of Congress who wishes to contact Secretary Sebelius regarding this matter and can suggest appropriate language and talking points for doing so.

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