



HEALTH CARE REFORM: CHIROPRACTIC ISSUES SUMMARY

A PARADIGM SHIFT IS NEEDED:

No reform effort, no matter how well intended, structured or funded, will succeed fully -- *or achieve its maximum potential to benefit the American people* -- **unless such effort is coupled with a broad transformational change – a *paradigm shift*—away from the current health delivery system, which is largely oriented towards providing care for those who have already become seriously ill, to a more forward thinking and progressive system that has as its main focus comprehensive wellness care and disease prevention.**

Given the high cost of providing health care generally, the undeniably high incidence of preventable disease that exists, coupled with America’s rapidly aging population -- **it is both logical and imperative that we move towards a “wellness” model of care as the primary and favored model of health care delivery as rapidly as possible.**

WHAT CONGRESS NEEDS TO DO:

SUPPORT ANTI-DISCRIMINATION LANGUAGE FOR LICENSED PROVIDERS: Congress must guarantee that the availability of chiropractic is equal to the availability of traditional medical care in all federally established or regulated plans, including managed care plans, and that any discriminatory policies adverse to chiropractic patients and providers are eliminated. There must be a level playing field for all health care providers...and a Doctor of Chiropractic (DC) should be treated in parity with other physician-level providers. We must no longer allow third party payers to determine covered benefits and benefit levels based on provider type. Covered benefits must follow clinically appropriate treatment protocols and medical necessity for a given condition. CBO is apparently unable to score future savings resulting from conservative non-drug, non-invasive interventions and/or prevention & wellness oriented care. When we allow all state licensed providers to offer care in their specialty on an equal basis to MD providers, costs of care will be reduced and patient satisfaction levels will increase.

SUPPORT PARITY OF PHYSICIAN-LEVEL PROVIDERS INCLUDING DCs: Doctors of chiropractic must be included as physicians within all health care reform legislation, with “physician” to mean those provider groups identified in Sec. 1861(r) of the Social Security Act and for *all* services they are legally authorized to perform by the State in which they perform such functions and/or actions. This would not be the current restrictive language related to DCs, but new language for DCs that treats them just like every other physician-level provider.

SUPPORT THE INCLUSION OF EXISTING STATE PROTECTIONS WHEN ESTABLISHING INSURANCE EXCHANGES OR GATEWAYS: Insurance exchanges should have minimum benefits that are based on those currently protected by law in at least 26 states; for example coverage of the services of doctors of chiropractic, and other benefits like mammograms.

SUPPORT DOCTORS OF CHIROPRACTIC AS PREVENTION AND WELLNESS PROVIDERS: With \$147 billion a year spent on obesity related problems, resulting in \$1400 in added costs spent on individual obese patients annually, we must make a broad transformational change towards a progressive system that focuses on comprehensive wellness care, health promotion and disease prevention, as rapidly as possible. Incentives for patients and providers who employ such interventions must be created and used to encourage these cost-saving activities and approaches. DCs are well prepared to offer such services...having focused on wellness of the whole person historically, with laudable results in outcomes, early return to function and high patient satisfaction. It is also important to make note of recent remarks made by the CBO Director on the cost issue related to prevention and wellness. Stating "... just because a preventive service adds to total spending does not mean that it is a bad investment. Experts have concluded that a large fraction of preventive care adds to spending but should be deemed "cost-effective," meaning that it provides clinical benefits that justify those added costs." ("Prevention and Wellness" Congressional Budget Office Director's Blog, August 9, 2009), ACA trusts that CBO will begin to score legislation with savings associated with events that never happen; savings related to avoidable back surgeries, for example.

SUPPORT CHIROPRACTIC CARE AS COST-EFFECTIVE REPLACEMENT FOR OTHER CARE: Cost effectiveness studies from DOD, HMOs and other non-chiropractic organizations have repeatedly shown the cost effectiveness of chiropractic services when patients are allowed to choose a DC for their care. Many patients who choose a DC do so because they are substituting chiropractic services for other care that they can receive for a particular health condition. Chiropractic care is often less expensive and carries less risk of adverse events than the care it replaces. Thus, in reality, the inclusion of DC care does not add new costs, but replaces more expensive forms of care and lowers overall health costs. These savings come from a variety of factors...DCs are conservative users of expensive diagnostics (MRI, CT, EMG, etc.), DC care reduces the need for hospital care and surgery (especially related to patients with spine related conditions), DC care reduces the need for pain medications and the cost of related adverse events. Chiropractic has a great safety record and additional savings could be realized by avoiding the costly complications related to prescription pharmaceuticals and surgery.

SUPPORT DOCTORS OF CHIROPRACTIC FILLING THE PROVIDER WORK FORCE GAP

Doctors of Chiropractic are trained as portal-of-entry, primary contact providers. They diagnose patients every day with all types of problems and either offer treatment when appropriate or make the proper and necessary referrals to medical specialists. With over 70,000 doctors of chiropractic, many in medically under served areas, the full utilization of DCs will have a real impact on improving the availability of services and help fulfill the health care needs of many of our nation's citizens.

SUPPORT DIVERSIFICATION OF THE MEDICAL ADVISORY COUNCIL

There must be DCs on any medical advisory council created by health care reform legislation. Ensuring that DCs are engaged in the discussion and decision-making will ensure that a conservative voice is heard. Doctors of chiropractic, who are CAM providers now part of mainstream health care, are uniquely qualified to serve as a voice of those who would prefer to choose alternatives to traditional drug and surgical approaches.

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