

Attachment 4



American
Chiropractic
Association

July 30, 2008

Anton B. Dodek, MD
Medical Director, Pediatrics, Pharmacy
Tufts Health Plan
705 Mount Auburn Street
Watertown, MA 02472-1508

Dear Dr. Dodek,

I am in receipt of your letter to April McMorris, Insurance Quality Analyst at the American Chiropractic Association (ACA), dated February 25, 2008. In that letter you state that Tufts Health Plan will not rescind its policy regarding chiropractic services for children under the age of 12 years. To support that decision, you presumably referenced a 2007 study published in the journal *Pediatrics*. Additionally, it appears your organization used a few other articles that found there was inconclusive evidence to support chiropractic care for pediatric non-neuromusculoskeletal disorders. We have serious concerns about this methodology for policy development and would like to outline them.

It is the ACA's opinion that you did not review all of the literature available, much of which strongly supports the use of chiropractic care for pediatric patients, that you took great liberties with your interpretations of the conclusions of other studies, and disingenuously indicated to your members that it was based on and supported by a resolution of the American Academy of Pediatrics that indicated chiropractic care was unsafe for children. Your policy and evidence is flawed and greatly disenfranchises the pediatric enrollees of your plan.

It is also our opinion that Tufts Health Plan does not apply the same criteria for coverage of a service equitably to all professions and services. If the methodology were applied consistently, a number of services, procedures, and pharmaceuticals would not be reimbursed by Tufts Health Plan. The FDA did not approve research on children until 2005, and the volume of research material that is generally available for adult populations simply does not exist for the pediatric population. For that reason, we feel it would be seriously misguided to restrict chiropractic care for the pediatric population. Even in the study that you cite to support your policy (Vohra, Johnston, et al, 2007), the authors' conclusion states very simply that, while serious adverse events **may be** associated with pediatric spinal manipulations, **causation and incidence rates cannot be determined clearly because of a lack of a prospective population based study to assess the possibility of adverse reactions** due to a lack of evidence. Conversely, Hayden, Mior, and Verhoef, (*JMPT*, 2003) found that pediatric patients with low back pain responded positively to chiropractic management with no complications reported.

Additionally, as Vohra, Johnston, et al. state, children constituted an estimated 30 million visits to chiropractors in the United States in one year alone (1997), yet the authors could only find 14 instances of direct serious adverse events resulting from spinal manipulation over a search of databases with up to 105 years of studies and included other provider types in addition to doctors of chiropractic. While the ACA is very concerned that any child would suffer harm as the result of spinal manipulation, we feel that that the possible risk is not statistically significant when compared with other care approaches utilized for neuromusculoskeletal disorders suffered by children. For instance, NSAIDS are responsible for 16,500

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deaths in one year alone (Wolfe, et al, *New England Journal Of Medicine*, 1998) and 2.2 million injuries per year in hospitals resulting from prescription medicine (Moore, et al, *JAMA*, 1998).

Additionally, this policy seems to limit chiropractic to a single mode of treatment, spinal manipulation. As the Council on Chiropractic Guidelines and Parameters stated in their recent letter to Tufts Health Plan (please see attached letter), “Treatment includes not only spinal manipulation, but also active and passive therapeutic modalities, evaluation and management services, instruction on lifestyle modifications, diet and exercise, posture and nutritional advice and other facets of chiropractic practice.” Tuft’s policy did not make clear whether other aspects of the chiropractic scope of practice were reimbursable or not.

Finally, we have concerns about the study that you cited to support your conclusions. You stated that Ruge, et al, 1988 “published evidence of a strong correlation between immaturity of the spine and the severity of spinal cord injury resulting from spinal injury resulting from spinal manipulation.” However, our review of this study found that there was **absolutely no reference to spinal manipulation**. In fact, the researchers only referenced traumatic accidental injuries caused by falls or pedestrian motor vehicle accidents.

The ACA has grave concerns with the development of your pediatric policy that appears to be based upon incomplete information and misrepresentation of the information and research used to defend these policies. Development of such a policy discriminates against parents who choose to seek conservative, drug-free, non-invasive care for their children.

We would therefore like to request that you rescind your policy immediately. The ACA would like to offer its assistance to Tufts Health Plan to develop a policy that reflects the needs of your pediatric enrollees and their parents who seek chiropractic care as an alternative to allopathic approaches. If you have any questions, please feel free to contact me directly at (703) 812-0227.

Sincerely,

A handwritten signature in black ink that reads 'Laurie Douglass'.

Laurie Douglass
Vice President, Insurance Relations

Enclosure