

American Chiropractic Association 2008 Federal Election Candidate Questionnaire Senator Obama Response

National Health Care Reform, Question #1:

The American Chiropractic Association (ACA) believes that no national health care reform plan—no matter how well intended or structured—can realize its maximum potential to benefit the American people unless it is coupled with, or designed to achieve, a *paradigm shift* toward a health care delivery system focused on *wellness and disease prevention*—as opposed to the current system, which is mainly focused on treating patients after they become sick or chronically ill. Doctors of chiropractic and their holistic approach would be fully integrated into such a system, and viewed by the public as essential elements for achieving good health. **To what extent do you agree or disagree with this view? (Please elaborate fully.)**

Although we spend more than \$2 trillion on medical care, an increasing number of Americans are suffering and dying needlessly from preventable chronic diseases and cancer. One in 3 Americans—125 million Americans—have a chronic condition, and minority and low-income populations are especially affected. Covering the uninsured and modernizing America's health care system are urgent priorities, but they are not enough. I believe that we can and must do more to instill a culture of wellness in this nation. As part of this effort, we also must commit to strengthening our public health system, both to promote health and to prepare and respond to emerging threats that include bioterrorism and pandemic flu.

I will work to give all Americans the opportunity to live in communities where risks from physical and environmental hazards are low, health and quality of life are high priorities, and public health systems are prepared for emergencies. This effort is contingent upon a strong primary care workforce. Primary care providers and public health practitioners have and will continue to lead efforts to protect and promote the nation's health. Yet, the numbers of both are dwindling, and the existing workforce is challenged by newer health threats such as bioterrorism and avian flu, inadequate reimbursement, and limited access to real-time information and technical support. I will expand funding for programs at HRSA—including loan repayment, grants for training curricula, and infrastructure support to improve working conditions—to ensure a strong workforce that can champion prevention and public health activities. Chiropractors have made important and valuable contributions with regards to expanding access to preventive services and strengthening public health, and would be integral to the effectiveness of my efforts in this area.

National Health Care Reform, Question #2:

National health care reform legislation could encompass the establishment of a federally defined package of core health care benefits that would serve as a base standard for all health care plans. **Do you believe such a standard for minimum benefits, if established, should include chiropractic care provided by doctors of chiropractic as a guaranteed benefit?**

My health care plan both builds upon and improves our current insurance system, upon which most Americans continue to rely, and leaves Medicare intact for older and disabled Americans. My plan also addresses the large gaps in coverage that leave 45 million Americans uninsured. Specifically, the it will: (1) establish a new public insurance plan, available to Americans who neither qualify for Medicaid or SCHIP nor have access to insurance through their employers, as well as to businesses that want to offer insurance to their employees; (2) create a National Health Insurance Exchange to help Americans and businesses that want to purchase private health insurance directly; (3) require all employers to contribute towards health coverage for their employees or towards the cost of the new public plan; (4) mandate all children have health care coverage; (5) expand Medicaid and SCHIP to cover more of the least well-off among us; and (6) allow state flexibility for state health reform plans.

My public insurance plan will include comprehensive coverage, including all essential medical benefits such as mental health care, maternity care and preventive services. Any benefit that is evidence-based or meets the current accepted standard of care would be covered, and as such, many if not all chiropractic services provided by doctors of chiropractic medicine should be included in the public benefit package.

Medicare, Question #1:

Current Medicare law discriminates against doctors of chiropractic (DCs), and the beneficiaries who wish to receive their treatment, because DCs are permitted to provide only a *single covered benefit (manual manipulation of the spine)*—even though doctors of chiropractic are trained and licensed in all 50 states to provide a range of other Medicare-covered services (physical exams, X-rays, other diagnostic services, etc.). Current law allows a variety of other providers to be reimbursed for these services but arbitrarily and unfairly limits the services a doctor of chiropractic may provide. **Would you support the enactment of Medicare legislation allowing doctors of chiropractic to provide, and be reimbursed for, any existing covered Medicare benefit (provided that the services are within a doctor of chiropractic’s licensed scope-of-practice)?**

I am committed to prioritizing focus on health care quality improvement to ensure that patients receive and providers deliver the best possible care. To assist patients, my plan

supports disease management programs, coordination of care initiatives and full transparency about provider quality and costs. Efforts to improve health care delivery by providers will include comparative effectiveness research, tackling of health care disparities, patient safety activities and aligning incentives for excellence. With regards to this latter effort, I recognize that both public and private insurers tend to pay providers based on the volume of services provided, rather than the quality or effectiveness of care. I support reimbursement reform that will reward all providers for meeting certain performance thresholds on outcome measures. As such, I will not discriminate against any class of providers, but instead reward and reimburse those who deliver high quality care and whose patients achieve good health outcomes.

Medicare, Question #2:

The traditional Medicare program, Part B, is a fee-for-service-based program that allows beneficiaries direct access to the eligible Medicare providers of their choice. However, beneficiaries enrolled in Medicare managed care plans, Type C (also known as “Medicare Advantage Plans”), are limited to treatment from the managed care plan’s providers and may only receive the services offered by their particular plan. Congress intended Medicare managed care plans to offer services no less comprehensive than those provided under Medicare Part B. However, in practice, Medicare managed care plans routinely fail to provide beneficiaries with access to doctors of chiropractic. **Would you support the enactment of Medicare legislation that would correct this deficiency and require Medicare managed care plans to offer beneficiaries access—without unreasonable restriction—to the services of doctors of chiropractic?**

Although the Medicare managed care option has provided many seniors with greater options, it has not achieved expected cost savings nor do many plans offer any additional, meaningful benefits to enrollees. More recent investigation has highlighted a number of problems with Medicare Advantage Plans including abusive marketing practices, variable and sometimes harmful benefit design and excessive overpayment. As such, there is a compelling need to conduct rigorous review and oversight of plan availability, administration, benefit design, and financing. The study of comprehensiveness of benefit design would help to clarify what additional standards and protections are needed for seniors, such as guaranteed access to chiropractic care, which could be required as a condition of participation for the insurers in the Medicare Advantage program.

Preservation of State Consumer-Protection Laws:

All 50 U.S. states have enacted laws intended to protect consumers accessing health care services via insurance plans regulated at the state level. The portion of the health care insurance marketplace regulated at the state level is sometimes referred to as the health insurance “small market,” and the state-enacted consumer protections that apply to this portion of the marketplace are often referred to as

“state mandates.” In the past, some in Congress have proposed the enactment of a federal law(s) that would pre-empt, or otherwise abolish, the effectiveness of these state-enacted consumer protections. ACA believes these protections serve a valuable and useful purpose, and will continue to oppose their pre-emption until a comprehensive set of federal protections is enacted to take their place. **To what extent do you agree or disagree with the ACA’s position on this matter?** *(Please elaborate fully.)*

I firmly believe that states should have maximal flexibility to implement state mandates that meet the needs and preferences of its residents. I have opposed legislation, such as Association Health Plan legislation, that would allow entities to circumvent state-enacted consumer protections.

ERISA Reform and a Patients Bill of Rights:

Millions of Americans receiving their health insurance via plans organized as federally regulated ERISA (Employee Retirement Income Security Act) plans are deprived of consumer protections that exist at the state level and that are applicable to state-regulated insurance plans. This is because plans organized under the federal ERISA statute are provided with a pre-emption that allows them to ignore state consumer-protection laws. This pre-emption continues even though no consumer protections (comparable to typical state protections) have been enacted at the federal level and made applicable to ERISA-organized plans. To address this deficiency, and to help ensure that patients are not deprived of the care they need, Congress may once again consider the enactment of a federal “Patients Bill of Rights” that would apply to ERISA plans. ACA favors the enactment of a comprehensive set of federal patient and provider protections. **Would you support the enactment of a comprehensive federal Patients Bill of Rights, including (point-of-service) provisions that allow patients’ access to the providers of their choice?**

I firmly support the rights of states to determine and implement state-mandated benefits and other protections that meet the needs and preferences of its residents. Accordingly, I would support enactment of a federal Patients Bill of Rights to protect individual access to providers and services in ERISA plans.

Antitrust Reform and Restraining Insurance-Company Power:

Current law allows a special exemption for the insurance and managed care industries from certain provisions of federal antitrust law. This special treatment gives the insurance industry a competitive advantage over other key participants

in the health care delivery system, including health care providers. ACA believes such an advantage is anti-competitive in nature and harmful to the well-being of providers and the patients they serve. It creates an uneven playing field in the health care marketplace. This exemption allows a disproportionate level of market power to accumulate in the hands of wealthy and highly profitable insurance interests—to the detriment of providers and others. ACA supports enactment of antitrust reform legislation that would restore balance to the marketplace by allowing providers to collectively bargain with health insurance plans. **Would you support the enactment of such collective-bargaining legislation?**

Yes.

Commissioning Doctors of Chiropractic in the Uniformed Corps of the U.S. Public Health Service:

One remaining vestige of discrimination against the chiropractic profession at the federal level is the ineligibility of doctors of chiropractic (DCs) to be commissioned as officers in the Uniformed Corps of the U.S. Public Health Service. No legitimate basis for this exclusion exists. In fact, doctors of chiropractic are virtually the only provider group still excluded. The Corps is comprised of a very broad range of providers; even doctors of veterinary medicine may participate. **Would you support legislation that would require the commissioning of DCs as officers in the Uniformed Corps of the U.S. Public Health Service?**

The U.S. Public Health Service Commissioned Corps is comprised of approximately 6,000 public health professionals dedicated to delivering the nation's public health promotion and disease prevention programs and advancing public health science. Given the critical role that doctors of chiropractic serve in each of these functions, I would support commissioning of doctors of chiropractic as officers in the Uniformed Corps.

Integration of Chiropractic Care into the VA and DoD Health Care Systems:

In recent years, the enactment by Congress of a series of laws has begun the process of integrating chiropractic care into the health care systems of the Departments of Defense (DoD) and Veterans Affairs (VA). However, full integration is yet to be achieved. The services of doctors of chiropractic (DCs) are available at less than half of the major DoD and VA treatment facilities, and no DCs are in theater treating our troops overseas. Additionally, in the DoD system, chiropractic care is only available to active-duty military personnel, and it is not available—as are other benefits—to survivors, retirees and dependents. In the VA system, meanwhile, veterans living in rural areas rarely receive permission from

the VA to obtain chiropractic care from DCs available in their local areas. **Would you support the enactment of legislation that would lead to the full integration of chiropractic care into both the DoD and VA health care systems?**

I recognize that neither the VA nor DOD has achieved full integration of the services of doctors of chiropractic into their health systems despite clear direction from the Congress. I will support careful examination into the policy and practical barriers that restrict access to such services in order to inform the development of legislation that can remedy this problem.