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April 16, 2018

The Honorable Greg Walden
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member

Re: Opioid Legislation Before the Energy and Commerce Committee

Dear Chairman Walden and Ranking Member Pallone:

As your Committee considers a myriad of legislative options to combat the scourge of opioid abuse in this country, the American Chiropractic Association (ACA) appreciates the opportunity to provide input for the Committee's attention. ACA, the largest organization in the United States representing doctors of chiropractic (DCs), is leading the chiropractic profession in the most constructive and far-reaching ways – by working hand in hand with other health care professionals, by supporting meaningful research, and by using that research to inform chiropractic practice. ACA members pledge to adhere to the highest standards of ethics and patient care, contributing to the health and well-being of the estimated 35 million individuals across the country who seek chiropractic care each year.

We are encouraged by the Committee's interest in finding alternatives to opioids. We at ACA contend that a number of nonpharmacological interventions can provide beneficial effect on pain and/or function in patients with chronic low back pain, chronic neck pain, osteoarthritis, fibromyalgia, and chronic tension headaches. These conditions constitute the majority of chronic pain diagnoses in the United States and are especially apparent in our senior and rural populations. The evidence is especially supportive for those with moderate or severe intensity of pain that has persisted for greater than one year.

We would like to recommend consideration of the following research in the Committee's pursuit of alternatives to opioids:

Chronic Low Back Pain

Goertz CM, Long CR, Vining R, Pohlman KA, Kane B, Corber L, Walter J, Coulter I. [Assessment of chiropractic treatment for active duty, U.S. military personnel with low back pain: a study protocol for a comparative effectiveness clinical trial with adaptive allocation \(ACT 1\)](#). *Trials* 2016;17:70. doi: 10.1186/s13063-016-1193-8. This trial evaluated the effects of the addition of

chiropractic care to usual medical care on lower back pain (LBP) pain and disability. A pilot study compared chiropractic care plus standard medical care with standard medical care alone for active duty military personnel with acute LBP. Improvements in pain and disability were significantly greater in the chiropractic care group. This comparative effectiveness study evaluated whether these prior findings can be reproduced in a larger sample, across multiple sites and with varied populations, including individuals with subacute and chronic LBP.

Chronic Neck Pain

Côté, P., Wong, J.J., Sutton, D. et al. Management of neck pain and associated disorders: [A clinical practice guideline from the Ontario Protocol for Traffic Injury Management \(OPTIMa\) Collaboration](#). Eur Spine J (2016) 25: 2000. doi.org/10.1007/s00586-016-4467-7.

The OPTIMa guidelines included studies similar to those in a recent Agency for Healthcare Research and Quality (AHRQ) review; however, they concluded with a stronger recommendation, advocating use of spinal manipulation/mobilization combined with exercise and massage for chronic neck pain.

Chiropractic Care for Older Medicare Patients

Weeks, William B et al. [The Association Between Use of Chiropractic Care and Costs of Care Among Older Medicare Patients With Chronic Low Back Pain and Multiple Comorbidities](#)

Journal of Manipulative & Physiological Therapeutics, Volume 39, Issue 2, 63 - 75.e2

This study found that older multiply-comorbid patients who used only chiropractic manipulative treatment (CMT) during their chronic low back pain (cLBP) episodes had lower overall costs of care, shorter episodes, and lower cost of care per episode day than patients in the other treatment groups. Further, costs of care for the episode and per episode day were lower for patients who used a combination of CMT and conventional medical care than for patients who did not use any CMT. These findings support initial CMT use in the treatment of, and possibly broader chiropractic management of, older multiply-comorbid cLBP patients.

Chiropractic Care for Younger Medicare Patients

Weeks, William B. et al. [Cross-Sectional Analysis of Per Capita Supply of Doctors of Chiropractic and Opioid Use in Younger Medicare Beneficiaries](#). Journal of Manipulative & Physiological

Therapeutics, Volume 39, Issue 4, 263 - 266

This study finds that a higher number of DCs per capita is strongly correlated with a lower proportion of Medicare patients who fill opioid prescriptions; in short more DCs could mean fewer opioid prescriptions for younger Medicare beneficiaries.

Reduced Medicare Costs with Chiropractic Care

Davis MA, Yakusheva O, Gottlieb DJ, Bynum JP [Regional Supply of Chiropractic Care and Visits to Primary Care Physicians for Back and Neck Pain](#). J Am Board Fam Med. 2015 Jul-Aug; 28(4):481-90. doi: 10.3122/jabfm.2015.04.150005.

Researchers have estimated that chiropractic care may reduce the number of Medicare patient visits to primary care medical physicians for back and/or neck pain, resulting in annual savings of \$83.5 million to the Medicare program.

Nonpharmacological therapies have become a vital part of managing chronic pain. These can be used as stand-alone therapies; however, nonpharmacological treatments often are used to augment and complement pharmacological treatments. Choice of nonpharmacological intervention is determined by the nature of each case, what works for a specific patient and the skills of the clinician. However, the research is clear: Noninvasive, nonpharmacological interventions may present less risk to the patient than invasive or pharmacological measures and therefore underscore the need for greater access to and integration of safe and affordable alternatives.

Chairman Walden, in your home state, the Oregon Health Plan (OHP) now includes access to chiropractic and other nonpharmacological treatments as part of the solution to the opioid crisis. Oregon determined that about eight percent of those accessing the plan were doing so for musculoskeletal conditions and about half of those individuals left their provider's office with a pharmacological script. Therefore, to combat this, your state took the bold step to increase access to providers that can manage pain without the use of opioids. Congress would be wise to try to emulate such a strategy.

If you have any questions regarding our comments or need more information, please contact me at jfalardeau@acatoday.org or 703-812-0214.

Respectfully,

A handwritten signature in black ink that reads "John Falardeau". The signature is written in a cursive style with a long, sweeping tail that extends to the right.

John Falardeau
Senior Vice President, Public Policy and Advocacy