AMERICAN CHIROPRACTIC ASSOCIATION

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ACA CHIROPRACTORS Hands down better™

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The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare and Medicaid Services
Office of the Administrator
200 Independence Ave., SW
Washington, D.C. 20201

Dear Administrator Brooks-LaSure:

The American Chiropractic Association (ACA) appreciates the opportunity to comment on ***CMS-1751-P CY2022 Physician Fee Schedule Proposed Rule***, published July 23, 2021. ACA is the largest professional organization in the United States representing doctors of chiropractic, who are also defined as "physicians" in Medicare (Social Security Act §1861(r)(5)). ACA members lead the chiropractic profession through collaborative relationships in public health and support for research and evidence-based practice. We apply a person-centered approach to health care in many ways, such as the active reporting of functional outcome assessment measures to ensure the health and well-being of the estimated 35 million Americans who seek chiropractic care each year.

ACA supports ongoing efforts by our many healthcare colleagues and urges the Centers for Medicare and Medicaid Services (CMS) to make a critical investment in the nation's healthcare delivery system by **maintaining the 3.75% increase to the Conversion Factor (CF) through *at least* 2023.** As stated in comments submitted October 2020 in response to ***CMS-1734-P,*** ACA strongly objects to the inequitable conversion factor (CF) and national uniform relative value units (RVU) reductions in the proposed rule. We understand the need to address healthcare costs, which is why we are committed to helping develop feasible value-based reimbursement models, such as with the Clinician Expert Workgroups on Low Back Pain within the MACRA Episode-Based Cost Measure initiative. Additionally, continuous cuts make it more challenging to consistently deliver high-value care. Without an extension of the CF increase, doctors of chiropractic will face a nearly ***four percent reduction*** in CY 2022. Further, once adjusted for practice cost inflation, Medicare physician payments have seen a *22 percent reduction* since 2001.

Modernizing Medicare to better reflect high-value, guideline-concordant care delivery offers an alternative to cuts across all specialties, but this reduction is a catastrophic blow to patient choice and access at a time when non-drug pain management is critical to curbing the opioid epidemic, which is again surging. Medicare beneficiaries need access to non-drug options and our healthcare colleagues, especially in primary care, need viable referral options. Extending the CF increase will ensure that providers such as chiropractic physicians can continue to

provide high-quality, integrative, and evidence-based care while reducing the burden on front-line medical facilities at a time when COVID-19 continues to challenge the healthcare system.

ACA urges CMS to consider how these cuts will impact Medicare beneficiaries at a time when American seniors are particularly at risk of health and economic complications from COVID-19. Reductions in reimbursement during a public health emergency is counter to the very mission of CMS and dangerous for patients, especially those in rural and underserved areas with few Medicare providers. During this unprecedented time, the nation and our entire healthcare system should be supported, not undercut.

On a related issue, the chiropractic profession has a particularly strong legacy, research and demonstrated cost savings related to the clinical care of lower back pain. The strong data of chiropractic utilization and cost savings led to the chiropractic profession accepting an invitation to participate within the Clinician Expert Workgroups on Low Back Pain (MACRA Episode-Based Cost Measures initiative). The project's overall objective is to develop episode-based cost measures suitable for potential use in the Quality Payment Program.

Additionally, because of a failure to update Medicare language for the chiropractic benefit over the past 50 years, the work group would need to rely on the chiropractic service of chiropractic manipulative therapy (CMT) as the trigger for an episode of lower back pain. Within the current Medicare payment system, the chiropractic profession is mandated by Medicare to perform Evaluation and Management (E/M), although Medicare only recognizes the CMT service for reimbursement.

Following E/M, chiropractic physicians may use other means to control pain and improve function (exercise, physiotherapy modalities or medical management referral, if necessary) and not CMT. Because Medicare only recognizes our involvement after a CMT service is performed there is significant information lost as to when an episode of LBP is triggered to initiate data collection. This barrier is one of many in the 50-year-old Medicare language that limits the ability of the chiropractic profession, long recognized as a contributor for the management of lower back pain, to make meaningful change in our current attempt for payment model reform.

In closing, ACA appreciates the opportunity to comment on the proposed rule and we look forward to continued engagement as we work towards our shared goal of providing high-quality care to patients.

Sincerely,

Michele Maiers, DC, MPH, PhD
President