



S. 4042/H.R. 2654



ISSUE BRIEF

Providing access to chiropractic services in Medicare removes barriers to care, levels the playing field for physicians, supports beneficiaries.

- **Medicare arbitrarily limits seniors' access to chiropractic services**

Since 1972, Medicare has limited the services doctors of chiropractic (DCs) are allowed to provide or order for their patients. This limitation has persisted for nearly 50 years with no scientific or valid policy basis.

- **Medicare policy is an unlevel playing field for chiropractors treating their patients**

DCs are currently not allowed to furnish existing covered Medicare services that fall within their scopes of practice to their patients. This artificial limitation restricts chiropractors from providing their patients a continuity of care as they age into Medicare, putting beneficiaries at a distinct health disadvantage.

- **Patients face delays, higher health care costs to obtain covered Medicare chiropractic services**

Beneficiaries seeking to obtain chiropractic care, MUST FIRST obtain certain services from another provider in order to have them covered by Medicare. This requires the beneficiary to experience delays, inconveniences, and the added expense (copays, time, travel, etc.) of seeing a second provider when such visits are unnecessary. If a DC determines that the beneficiary needs an x-ray, laboratory test or other diagnostic procedure, current policy does not even allow DCs to "order" those covered services, and thus, in those instances further unnecessary visits and beneficiary expenses are required in order to obtain the needed "order" from a second Medicare provider who will often turn around (especially in the case of diagnostic imaging, for example) and order the service from a third Medicare provider.

- **Patients could face more costly or higher-risk procedures that often are unnecessary**

Because Medicare's chiropractic policy is stuck in 1972-era health policy, patients are, in effect, channeled to other providers whose standard treatment regimen may involve the use of drugs, spinal injections, or surgery for a range of spinal conditions. Chiropractic care has shown to be a less costly and safer alternative in many of these situations and are routinely covered by private insurance and Medicaid.

- **Chiropractic services part of the answer to the opioid scourge**

As policymakers seek to prevent the use of unnecessary drugs and surgery, DCs are poised to assist in the opioid effort by lowering the reliance on those drugs, especially in cases related to spinal related pain. To the extent that current policy arbitrarily restricts access to chiropractic services, it exacerbates these problems.



- **Medicare policy ignores appropriate state licensing authority of health care providers**

Doctors of chiropractic are licensed in all 50 states as portal-of-entry providers who treat the “whole body” and whose scope of practice as defined by state law in every state, allows for the provisioning of a broad range of services. A typical state scope recognizes the ability and training of DCs to examine, diagnose, treat, and refer.

- **Correcting current Medicare policy as it relates to chiropractic services would add no new services (not currently covered) by Medicare**

This legislation would not add any new reimbursable services to Medicare that are not already covered services and delivered by existing providers. This bill simply seeks a modification of existing statute to ensure that doctors of chiropractic are allowed to furnish and order “existing covered services” which they are currently permitted to do under state law.

ACTION NEEDED

To correct this disparity, Sen. Richard Blumenthal (D-Conn.) has sponsored **S. 4042**, and Rep. Brian Higgins (D-N.Y.) has introduced **H.R. 2654**, the Chiropractic Medicare Coverage Modernization Act, bipartisan legislation to allow Medicare beneficiaries full access to current services chiropractors are allowed to provide under their state licensure. Access to chiropractic services in Medicare removes barriers to care, reduces costs, and is in the best interest of beneficiaries. Identical legislation introduced in the 116th Congress garnered over 90 cosponsors in the House.

Members of the Senate are urged to contact Sen. Blumenthal’s office and offer to cosponsor S. 4042

Members of the House are urged to contact Rep. Higgins’ office and offer to cosponsor H.R. 2654

For Additional Information Please Contact:

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