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The Honorable Nancy Pelosi Speaker U.S. House of Representatives Washington, DC 20515

The Honorable Charles Schumer Majority Leader U.S. Senate Washington, DC 20510 The Honorable Kevin McCarthy Minority Leader U.S. House of Representatives Washington, DC 20515

The Honorable Mitch McConnell Minority Leader U.S. Senate Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer, and Minority Leader McConnell:

The American Chiropractic Association (ACA) appreciates the opportunity to voice its strong support for the **Chiropractic Medicare Coverage Modernization Act, H.R. 2654/ S. 4042**, and urge its inclusion in relevant legislation during this session. This bipartisan legislation, with over 150 cosponsors in the House and five in the Senate, will allow Medicare beneficiaries full access to current services chiropractors are allowed to provide under their state licensure. Expanding access to chiropractic services for patients in Medicare removes barriers to care, reduces costs, and is in the best interest of beneficiaries.

ACA is the largest professional organization in the United States representing doctors of chiropractic (DCs). ACA members lead the chiropractic profession through collaborative relationships in public health, support for research and evidence-based practice, and 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.

With Medicare currently serving more than 60 million Americans, and projections for that number to grow by a third over the next 10 years, Congress should ensure that patients have access to all forms of health care from state-licensed providers—especially those that offer effective non-drug services that can prevent high-cost interventions such as surgery and help to reduce or eliminate patient reliance on prescription opioids. To make this goal a reality, we urge passage of the Chiropractic Medicare Coverage Modernization Act.

Currently, Medicare beneficiaries are statutorily prohibited from obtaining all but *one service* (spinal manipulation) from by doctors of chiropractic. This arbitrary restriction, which dates back to the introduction of chiropractors in Medicare in 1972, remains in place today even though modern state licensure and scope of practice laws allow chiropractors to perform other Medicare-covered services. In fact, if a beneficiary requires covered services that are "attendant to" the spinal manipulation service, the patient must obtain those services from another provider for Medicare to cover them. This requires the beneficiary to experience unnecessary delays, inconveniences, and the added expense (time, travel, etc.) of seeing a second provider. If a chiropractor determines that the beneficiary needs an X-ray, laboratory test or other diagnostic

procedure, current policy does not even allow them to *order* those covered services. In such instances, further unnecessary visits and beneficiary expenses are required to obtain the required order from a second Medicare provider—who will often turn around (especially in the case of X-rays) and order the service from a *third* Medicare provider.

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 their respective state law—allows them to provide a broader range of services compared with what is currently allowed under Medicare. A typical state licensure recognizes the ability and training of DCs to examine, diagnose, treat, and refer. Medicare coverage of the services of medical doctors and osteopaths is determined by state scope of practice. Likewise, the coverage for chiropractic services in Medicare should also reflect the scope of practice determined appropriate by state authority. Many chiropractic patients encounter these limitations for the first time upon enrolling in Medicare, since health insurance routinely covers the full scope of chiropractors for those not enrolled in Medicare.

In addition to ensuring fairness of provider coverage, studies have shown that allowing Medicare beneficiaries greater access to chiropractors can help alleviate the scourge of opioid overuse and abuse. The chiropractic profession offers a non-drug, noninvasive approach to chronic low back pain management that is supported by research. This conservative approach may, for example, include trying spinal manipulation combined with exercise and stretching. Active self-care and complementary and integrative strategies may provide a solution for many chronic pain sufferers in our senior population.

This approach is also now widely supported in clinical guidelines. In 2017, for instance, the American College of Physicians (ACP) updated its clinical guidelines for acute and chronic low back pain to promote the use of conservative treatments such as heat, massage, acupuncture, and spinal manipulation before moving on to riskier treatments such as over-the-counter and prescription painkillers. It should be noted that all these conservative services are commonly offered by chiropractors, who are acknowledged experts in the use of spinal manipulation. Additionally, many health plans, including Medicare Advantage plans, are now utilizing chiropractors and their non-drug approaches to pain management and seeing significant reductions in opioid use as a result.

All healthcare providers should be permitted to practice to the fullest extent of their licensure; however, the current archaic Medicare statute prevents chiropractors the ability to do that, severely limiting their ability to help beneficiaries. Therefore, on behalf of Medicare beneficiaries, I urge you to work to ensure passage of the Chiropractic Medicare Coverage Modernization Act during this session of Congress. If you would like further information on this issue, such as pertinent data or research, please contact me or John Falardeau at jfalardeau@acatoday.org.

Sincerely,

Michele Maiers, DC, MPH, PhD

Michele Maiers

President