Access to chiropractic is in the best interest of patients: Medicare serves more than 55 million Americans. The Chiropractic Medicare Coverage Modernization Act (H.R. 1610/S. 799) is bipartisan legislation that will provide patient access to all Medicare-covered benefits allowable under a chiropractor's state licensure.

The information in this document demonstrates that patients with greater access to services provided by doctors of chiropractic often substitute chiropractic care for other services, resulting in no overall additional costs. Cost estimates generally outline that greater access to any new service leads to additional spending; however, in the case of chiropractic, the data is clear: **Covering the full range of services a Medicare beneficiary can receive from a doctor of chiropractic will likely lower costs.** This results from a decrease in the use of expensive diagnostic tests, over-prescribed pharmaceuticals such as opioids, and unnecessary referrals to specialists.

H.R. 1610/S. 799: The Chiropractic Medicare Coverage Modernization Act

Doctors of chiropractic offer their patients a broad-based approach to pain management, including manual manipulation of the spine and extremities, joint mobilization, soft-tissue massage techniques, physiological therapies, exercise instruction and activity advice. This safe, non-pharmaceutical approach has been proven to be a highly effective option for many patients with musculoskeletal pain.¹ voluntarily

Unfortunately, Medicare currently only reimburses for a single chiropractic service: manual manipulation of the spine. This artificial barrier limits chiropractors' ability to provide their patients with the full range of effective treatments included in their legal scope of practice and educational training. It also burdens Medicare patients with significant financial hardships by limiting their freedom of choice in health care – a burden not affecting patients of other providers.

Coverage of the full range of services a Medicare patient can receive by a doctor of chiropractic under most commercial insurance products will result in decreased use of expensive diagnostic tests, over-prescribed pharmaceuticals such as opioids, and unnecessary referrals to specialists.

The proposed legislative change to Medicare will remove artificial barriers that prevent Medicare patients from benefiting from the full range of safe, clinically effective treatments offered by doctors of chiropractic, and allow patients to access this widely recommended and cost-efficient care.

$835 million in savings (over ten years)

"For Medicare patients with back and/or neck pain, availability of chiropractic care reduces the number of primary care physician visits, resulting in an annual savings of $83.5 million."³

For more information, go to HandsDownBetter.org/Medicare
“Among those who experienced a reduction in access to chiropractic care (versus those who did not), we observed an increase in the rate of visits to primary care physicians for spine conditions and rate of spine surgeries. Considering the mean cost of a visit to a primary care physician and spine surgery, a reduction in access to chiropractic care was associated with an additional cost of $114,967 per 1,000 beneficiaries on medical services ($391 million nationally). Among older adults, reduced access to chiropractic care is associated with an increase in the use of some medical services for spine conditions.”

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“Among older adults, access to chiropractic care may reduce medical spending on services for spine conditions. Trends indicate worrisome increases in the use of opioid analgesic medications, overreliance on medical specialists, and unwarranted diagnostic imaging. All these practices lead to higher healthcare costs.”
When considering the true costs of care in a typical healthcare system, it is particularly important to consider static versus dynamic modeling. In short, static modeling only considers a line item on a budget. Dynamic modeling considers the offsetting downstream costs associated with the implementation of, for example, conservative care providers. According to a 2019 study focused on Missouri Medicaid, investigators found that ‘(1) chiropractic care provides better outcomes at lower cost, (2) chiropractic treatment and care leads to a reduction in cost of spinal surgery, and (3) chiropractic care leads to cost savings from reduced use and abuse of opioid prescription drugs.’

“A 2016 study also concluded that older multiple-comorbid patients who used only chiropractic manipulative therapy (CMT, also referred to as SMT, Spinal Manipulative Therapy) 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. The investigators concluded that support exists for the initial use of CMT in the treatment of, and possibly broader chiropractic management of, older multiple-comorbid cLBP patients.”

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“Among Medicare beneficiaries aged 66–99 with an office visit risk for a neuromusculoskeletal problem, risk of injury to the head, neck or trunk within 7 days was 76% lower among subjects with a chiropractic office visit as compared to those who saw a primary care physician.”

“The availability of doctors of chiropractic (and PTs) is associated with a higher level of conservative care delivery and less imaging, opioids, and surgery for older adults in the US.”

Spending Trends: Lower Costs

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Chiropractic Helps Reduce Opioid Reliance

**56%** lower risk of filling an opioid prescription

“The adjusted risk of filling an opioid prescription within 365 days of initial visit was 56% lower among recipients of chiropractic care as compared to non-recipients. Conclusions: Among older Medicare beneficiaries with spinal pain, use of chiropractic care is associated with significantly lower risk of filling an opioid prescription.”

**42x** more likely to have adverse drug events without chiropractic

“Among older adults who initiated long-term care of chronic low back pain with opioids, the rate of adverse drug events was substantially higher than those who initially chose spinal manipulation. Adverse drug events were more than 42 times higher for initial choice of Opioid Analgesic Therapy (OAT) versus initial choice of SMT.”

Clinical Value

**protective effect against 1 year decline**

“This study provides evidence of a protective effect of chiropractic care against one-year declines in functional and self-rated health among Medicare beneficiaries with spine conditions, and indications that chiropractic users have higher satisfaction with follow-up care and information provided about what is wrong with them.”

**76% lower risk of injury**

“Among Medicare beneficiaries aged 66–99 with an office visit risk for a neuromusculoskeletal problem, risk of injury to the head, neck or trunk within 7 days was 76% lower among subjects with a chiropractic office visit as compared to those who saw a primary care physician.”

“The availability of doctors of chiropractic (and PTs) is associated with a higher level of conservative care delivery and less imaging, opioids, and surgery for older adults in the US.”
The Chiropractic Medicare Coverage Modernization Act (H.R. 1610/S. 799) would allow Medicare beneficiaries access to the chiropractic profession’s broad-based, non-drug approach to pain management that has become an important strategy in national efforts to stem the epidemic of prescription opioid overuse and abuse.

Cost comparison studies from private health plans and workers’ compensation plans reported that healthcare costs were lower with chiropractic care.17

By encouraging people with low back pain to access physical therapy or chiropractic care, the benefit is expected to reduce the number of imaging tests, spinal surgeries, and opioid prescriptions.18

The Chiropractic Medicare Coverage Modernization Act (H.R. 1610/S. 799):

- Is bipartisan legislation that provides patient access to all Medicare-covered benefits allowable under a chiropractor’s state licensure.
- Adds no new services to Medicare.
- Requires that DCs complete a documentation webinar.

Members of the House and Senate are urged to cosponsor H.R. 1610/S. 799 and support Medicare patient access to chiropractic care.

ACA: Who We Are

The American Chiropractic Association (ACA) is leading a modern movement of chiropractic care based on higher standards and a focus on patient outcomes.

What We Do:

- We model excellence in patient-centered, evidence-based care.
- We serve our patients in the interest of public health.
- We participate in the healthcare community through collaboration and integration.
- We strive for excellence both personally and professionally.

References