

Support Medicare Patient Access to Effective, Safe, Affordable Care

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.^{1,2}

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



Reduce Healthcare Costs with Patient Access to Chiropractic

1.87x

**higher healthcare expenditures
for those who started care with opioids**

“Overall long-term healthcare expenditures under Medicare were 1.87 times higher for patients who initiated care via Opioid Analgesic Therapy (OAT) compared with those who initiated care with Spinal Manipulative Therapy (SMT).”⁴

“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.”⁵

MORE CHIROPRACTORS ASSOCIATED WITH FEWER OPIOID PRESCRIPTIONS

Opioid prescriptions for Medicare patients

Per capita Doctors of Chiropractic

A higher number of chiropractors per capita was associated with a lower proportion of younger Medicare patients who fill an opioid prescription.¹⁶

“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.”⁷



Spending Trends: Lower Costs

“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.”⁸

“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.’”⁶

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.”¹¹

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.”¹²

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.”¹⁴

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.”¹³

“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.”¹⁵

Medicare Patient Access to Chiropractic: A Bipartisan Effort to Improve the Lives of Millions of Americans

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.



MODERNIZING AMERICA'S MEDICAL INFRASTRUCTURE



To learn more, contact:
American Chiropractic Association
Dept. of Public Policy and
Advocacy
ppa@acatoday.org
703-812-0228

References

1. Nonpharmacologic treatment of chronic pain: What works? *J Family Pract* 2018 67:8 (Aug) 474-83.
2. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2017;166(7):514-530. doi: 10.7326/M16-2367
3. Davis, M. A., Yakusheva, O., Gottlieb, D. J., & Bynum, J. P. W. (2015). Regional Supply of Chiropractic Care and Visits to Primary Care Physicians for Back and Neck Pain. *Journal of the American Board of Family Medicine: JABFM*, 28(4), 481-490. <https://doi.org/10.3122/jabfm.2015.04.150005>
4. Whedon et al. Long-Term Medicare Costs Associated with Opioid Analgesic Therapy vs Spinal Manipulative Therapy for Chronic Low Back Pain in a Cohort of Older Adults. *J Manipulative Physiol Ther* 2021 Sep;44(7):519-526. doi: 10.1016/j.jmpt.2021.09.001. Epub 2021 Dec 5. PMID: 34876298 PMID: PMC8923950 (available on 2022-12-05)
5. Davis et al. The Effect of Reduced Access to Chiropractic Care on Medical Service Use for Spine Conditions Among Older Adults. *J Manipulative Physiol Ther.* 2021 Jun;44(5):353-362. doi: 10.1016/j.jmpt.2021.05.002. Epub 2021 Aug 8. PMID: 34376317 PMID: PMC8523031 (available on 2022-08-08).
6. McGowan, Suiter. Cost-Efficiency and Effectiveness of Including Doctors of Chiropractic to Offer Treatment Under Medicaid: A Critical Appraisal of Missouri Inclusion of Chiropractic Under Missouri Medicaid. *J Chiropr Humanity.* 2019 Dec 10;26:31-52. doi: 10.1016/j.echu.2019.08.004. eCollection 2019 Dec. PMID: 31871437 PMID: PMC6911936.
7. Davis et al. Access to chiropractic care and the cost of spine conditions among older adults. *Am J Manag Care.* 2019 Aug 1;25(8):e230-e236. PMID: 31419099 PMID: PMC6699757
8. Weeks 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. *WJ Manipulative Physiol Ther* 2016. Feb;39(2):63-75.e2. doi: 10.1016/j.jmpt.2016.01.006. Epub 2016 Feb 19. PMID: 26907615 PMID: PMC4834378
9. Weeks WB, Goertz CM. Cross-Sectional Analysis of Per Capita Supply of Doctors of Chiropractic and Opioid Use in Younger Medicare Beneficiaries. *J Manipulative Physiol Ther.* 2016;39(4):263-6. doi: 10.1016/j.jmpt.2016.02.016.
10. Whedon JM, Song Y, Davis MA. Trends in the use and cost of chiropractic spinal manipulation under Medicare Part B. *Spine J.* 2013;13(11):1449-1454. DOI: 10.1016/j.spinee.2013.05.012
11. Whedon et al. Chiropr Man Therap. 2022 Jan 31;30(1):5. doi: 10.1186/s12998-022-00415-7. Association between chiropractic care and use of prescription opioids among older Medicare beneficiaries with spinal pain: a retrospective observational study. PMID: 35101064 PMID: PMC8802278 DOI: 10.1186/s12998-022-00415-7
12. Whedon et al. Initial Choice of Spinal Manipulative Therapy for Treatment of Chronic Low Back Pain Leads to Reduced Long-term Risk of Adverse Drug Events Among Older Medicare Beneficiaries. *Spine (Phila Pa 1976).* 2021 Dec 15;46(24):1714-1720. PMID: 33882542 PMID: PMC8629350 (available on 2022-12-15) DOI: 10.1097/BR5.00000000000004078
13. Whedon JM, Mackenzie TA, Phillips RB, Lurie JD. Risk of traumatic injury associated with chiropractic spinal manipulation in Medicare Part B beneficiaries aged 66-99. *Spine.* 2015 Feb 15;40(4):264.
14. Weigel et al. Chiropractic Use in the Medicare Population: Prevalence, Patterns and Associations with 1-Year Changes in Health and Satisfaction with Care. *JMPT.* Sept. 15, 2014. DOI: <https://doi.org/10.1016/j.jmpt.2014.08.003>.
15. Anderson BR, Yakusheva O, Liu H, Bynum JPW, Davis MA. The Relationship Between Healthcare Provider Availability and Conservative Versus Non-conservative Treatment for Back Pain Among Older Americans. *J Gen Intern Med.* 2022 Mar;37(4):992-994. doi: 10.1007/s11606-021-06889-0. Epub 2021 May 24. PMID: 34031853; PMID: PMC8904698.
16. 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*, 2016, Vol. 30, Issue 4, 263-266.
17. Dagenais et al. A systematic review comparing the costs of chiropractic care to other interventions for spine pain in the United States. *BMC Health Serv Res.* 2015 Oct 19;15:474.
18. New UnitedHealthcare Benefit for Low Back Pain Helps Reduce Invasive Procedures and Address the Opioid Epidemic. Published October 29, 2019.