



May 15, 2023

The Honorable Jason Smith  
Chairman  
House Committee on Ways and Means  
1102 Longworth House Office Building  
Washington, DC 20515

The Honorable Richard E. Neal  
Ranking Member  
House Committee on Ways and Means  
1102 Longworth House Office Building  
Washington, DC 20515

The Honorable Cathy McMorris Rodgers  
Chairwoman  
House Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
House Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable Ron Wyden  
Chairman  
Senate Committee on Finance  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Mike Crapo  
Ranking Member  
Senate Committee on Finance  
219 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Smith, Chairwoman McMorris Rodgers, Chairman Wyden, Ranking Member Neal, Ranking Member Pallone, and Ranking Member Crapo:

On behalf of the members of the American Association of Payers Administrators and Networks (AAPAN) Physical Medicine Management Alliance (PMMA), we would like to share our thoughts on the value of physical management for beneficiaries with Medicare and ways to improve the program.

AAPAN provides a unified, integrated voice for payers, third-party administrators, networks and care management in the group/government health and workers' compensation market. PMMA is a council within AAPAN that consists of members representing care management organizations that specialize in physical medicine, musculoskeletal care, and wellness. PMMA members work closely with health plans with Medicare Advantage products to provide this important care. PMMA supports evidence-based pain management for musculoskeletal disorders (MSDs), such as following the American College of Physician guidelines that recommend non-pharmacologic approaches to care, including acupuncture, chiropractic care, physical therapy, massage therapy, and exercise therapy. These options play an important yet underutilized role in pain management.

Patients seek care from doctors of chiropractic (DCs) when they are in pain. They may have an injury, an illness, or are simply feeling the effect of time. Unfortunately, for many Medicare beneficiaries, their lifelong relationship with their chiropractor ends when they turn 65 and they

lose access to their trusted chiropractor because the current **Medicare statute doesn't allow access to many of the essential healthcare services they need most.**

We're happy to learn that legislation has been introduced to improve the provision of services for Medicare beneficiaries. Representatives Gregory Steube (R-FL), Brian Higgins (D-NY), Mark Alford (R-MO), and John Larson (D-CT) and Senators Richard Blumenthal (D-CT) and Kevin Cramer (R-ND) have introduced the **Chiropractic Medicare Coverage Modernization Act (H.R. 1610/S. 799)**, which will ensure seniors have access to all services covered under Medicare that chiropractors are licensed to provide. We urge you to consider taking up this legislation.

Currently, Medicare beneficiaries who require covered services that are “attendant to” the spinal manipulation service provided by doctors of chiropractic, must obtain those services from another provider in order 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 reflect the scope of practice determined appropriate by state authority.

In addition, 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 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, especially in our senior population. In 2017, 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.

We believe all seniors should have the right to choose their licensed care provider under Medicare. With Medicare currently serving more than 65 million Americans, and projections for that number to grow by a third over the next ten years, we believe Congress should ensure patients have access to all forms of care to prevent high-cost interventions. Importantly, the

Chiropractic Medicare Coverage Modernization Act **does not add new services under Medicare**. It simply allows patients to choose a chiropractor when they wish to do so.

We stand ready to help Congress make this a reality. Together, we can make it happen. We appreciate your support for making patients a top priority. If you have any questions, please contact Julian Roberts at [jroberts@aapan.org](mailto:jroberts@aapan.org) or 404-634-8911.

Sincerely,

A handwritten signature in black ink, appearing to read "J Roberts". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

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