



1701 Clarendon Blvd T E L 703 276 8800
Suite 200 F A X 703 243 2593
Arlington, VA 22209 W E B acatoday.org

ACA CHIROPRACTORS



Hands down better™

July 31, 2024

The Honorable Mike Rogers
Chairman
House Armed Services Committee
2216 Rayburn House Office Building
Washington, DC 20515

The Honorable Adam Smith
Ranking Member
House Armed Services Committee
2216 Rayburn House Office Building
Washington, DC 20515

The Honorable Jim Banks
Chairman
Subcommittee on Military Personnel
2216 Rayburn House Office Building
Washington, DC 20515

The Honorable Andy Kim
Ranking Member
Subcommittee on Military Personnel
2216 Longworth House Office Building
Washington, DC 20515

Dear Chairmen Rogers and Banks, Ranking Members Smith and Kim:

The American Chiropractic Association (ACA) appreciates the work of the House Armed Services Committee (HASC) in supporting our men and women in uniform, their dependents, and career military retirees, and ensuring they have access to all necessary healthcare providers, including access to chiropractic services. It is our understanding that the Office of the Assistant Secretary of Defense for Health Affairs (DHA) has provided the committee with a response as directed in report language accompanying the Fiscal Year (FY) 2024 National Defense Authorization Act, H.R. 2670 (Public Law 118-31). We appreciate the opportunity to provide additional information and provide added context surrounding DHA's response. ACA's comments are directed specifically to access and participation issues facing both active-duty personnel and TRICARE 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 services each year.

As you are aware, in recognition of the value and benefits of the services delivered by doctors of chiropractic, in 2000 Congress enacted into law (Section 702 of Public Law 106-398) a permanent chiropractic benefit within the Department of Defense (DoD) healthcare system for active-duty military personnel. According to the DHA report, currently, active-duty personnel have access to chiropractic services at 63 Military Treatment Facilities (MTFs) within the U.S. and overseas. In FY 2022, DHA operated 708 MTFs, with 104 located overseas.¹ In essence, active-duty personnel have access to chiropractic services at less than nine percent of available MTFs.

Healthcare services provided by chiropractors have proven beneficial not just within the civilian population but within the active-duty population, as well. In their report to HASC, DHA referenced a DoD clinical trial, one of the largest in chiropractic history, which showed that chiropractic services, combined with usual medical care led to moderate improvement with low back pain intensity and disability at six weeks, compared with usual medical care alone.²

¹ Congressional Research Service Defense Primer: Military Health System, Updated March 2024, <https://sgp.fas.org/crs/natsec/IF10530.pdf>

² Goertz CM, Long CR, Vining RD, Pohlman KA, Walter J, Coulter I. Effect of Usual Medical Care Plus Chiropractic Care vs Usual Medical Care Alone on Pain and Disability Among US Service Members With Low Back Pain: A Comparative Effectiveness Clinical Trial. *JAMA Netw Open*. 2018;1(1):e180105. doi:10.1001/jamanetworkopen.2018.0105 <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2680417>

In addition, another piece of research DHA referenced showed health-related quality of life (to include physical function, sleep disturbance, anxiety, depression, and role satisfaction) also improved for active-duty personnel with the addition of chiropractic care when compared to usual medical care alone.³ While both of these studies called for additional evidence to determine maximum efficacy of chiropractic services, there is little doubt that expanding access to active-duty personnel is sorely needed and can add to the improvement of military readiness.

Be reminded as well, chiropractors treat pain without the use of opioids or other prescribed medicines. Studies have shown that while illicit drug use is lower in the military than the civilian population, prescription drug abuse is increasingly prevalent among military members.⁴ Recent research has demonstrated that those who used chiropractic had a 64% lower chance of receiving an opioid prescription compared to non-chiropractic users,⁵ and the adjusted likelihood of filling a prescription for an opioid was 55% lower⁶ among recipients of chiropractic care. Further, those who saw a chiropractor within the first months of diagnosis saw an even greater reduction in risk⁷ compared to those in their first visit following the acute phase. There is other emerging evidence⁸ in the reduction of opioid use associated with chiropractic care.

Regarding chiropractic integration in the Tricare program, DHA contends that the cost to DoD would be \$64 million annually if implemented in FY 2025, with a 10-year cost of \$778.1 million. DHA also stated that their cost estimate is based on several factors, including:

- budgetary projections for Private Sector Care coverage of chiropractic services for all TRICARE beneficiaries.
- current cost-share/copayment rules.
- only medically necessary, proven safe-and-effective care would be eligible for coverage.⁹

From DHA report to HASC¹⁰

Summary of Ten-Year Projection of Estimated Health Care and Administrative Costs Associated With Allowing Private Sector Care Coverage of Chiropractic Services for All TRICARE Beneficiaries (Dollars in Millions)											
	FY25	FY26	FY27	FY28	FY29	FY30	FY31	FY32	FY33	FY34	FY25-FY34
	Health Care and Administrative Costs										
Health Care	\$61.1	\$63.8	\$66.7	\$69.7	\$72.8	\$76.1	\$79.5	\$83.1	\$86.8	\$90.7	\$750.2
Administrative	\$2.9	\$2.6	\$2.6	\$2.7	\$2.7	\$2.8	\$2.8	\$2.9	\$2.9	\$3.0	\$27.9
Total Health Care and Administrative	\$64.0	\$66.4	\$69.3	\$72.3	\$75.5	\$78.9	\$82.3	\$86.0	\$89.8	\$93.7	\$778.1

In their report to HASC, DHA went on to explain the rulemaking process for Tricare integration, which is standard. However, DHA made it appear that this particular rulemaking process would be quite arduous — while we believe DoD is

³ Hays, R. D., Shannon, Z. K., Long, C. R. et al., (2022). Health-related quality of life among United States service members with low back pain receiving usual care plus chiropractic care vs usual care alone: Secondary outcomes of a pragmatic clinical trial. *Pain Medicine*, 1-10. <https://pubmed.ncbi.nlm.nih.gov/35060609/>

⁴ Madsen C, Korona-Bailey J, Janvrin ML, Schoenfeld AJ, Koehlmoos TP. Opioid prescribing and use in the Military Health System: a framework synthesis, FY2016-FY2021. *Pain Med*. 2023 Oct 3;24(10):1133-1137. doi: 10.1093/pm/pnad072. PMID: 37280084; PMCID: PMC10546480. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10546480/>

⁵ Corcoran KL, Bastian LA, Gunderson CG, Steffens C, Brackett A, Lisi AJ. Association Between Chiropractic Use and Opioid Receipt Among Patients with Spinal Pain: A Systematic Review and Meta-analysis. *Pain Med*. 2020 Feb 1;21(2):e139-e145. doi: 10.1093/pm/pnz219. PMID: 31560777. <https://pubmed.ncbi.nlm.nih.gov/31560777/>

⁶ Whedon JM, Toler AWJ, Goehl JM, Kazal LA. Association Between Utilization of Chiropractic Services for Treatment of Low-Back Pain and Use of Prescription Opioids. *J Altern Complement Med*. 2018 Jun;24(6):552-556. doi: 10.1089/acm.2017.0131. Epub 2018 Feb 22. PMID: 29470104. <https://pubmed.ncbi.nlm.nih.gov/29470104/>

⁷ *ibid*

⁸ 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 May;39(4):263-6. doi: 10.1016/j.jmpt.2016.02.016. Epub 2016 Mar 28. PMID: 27034107; PMCID: PMC4864051. <https://pubmed.ncbi.nlm.nih.gov/27034107/>

⁹ Chiropractic Care in the Tricare Program, House Armed Services Report; Office of the Assistant Secretary of Defense for Health Affairs; January 2024

¹⁰ *Ibid*

quite adept at the rulemaking process on a very regular basis, ACA stands ready to work with DHA and DoD throughout the process to lessen the impact wherever possible.¹¹

ACA understands the complexities of integrating new services within the military healthcare system. We believe, however, that research clearly shows that the efficacy and cost effectiveness of chiropractic services will add to the readiness of active-duty personnel and reduce costs to beneficiaries in the Tricare system. Research shows that acute low back pain (LBP) is highly prevalent, with a presumed favorable prognosis; however, once chronic, LBP becomes a disabling and expensive condition.¹² Therefore, there is a likelihood that today's active-duty personnel, from ground troops to pilots, suffer from LBP. In the same study cited above, findings suggest that an emphasis should be placed on discovering strategies to successfully implement guideline-concordant care in the primary care setting to reduce the development of chronic LBP.

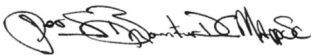
Still another study looked intensively at the healthcare costs associated with use of complementary and alternative medicine (CAM), including chiropractic, by patients with spine maladies. Here, researchers found significantly lower overall and spine-specific medical costs among CAM users compared with non-CAM users in a regression model adjusted for patient characteristics, diagnosis, socioeconomic factors, and health status. The lower total costs among CAM users were primarily attributable to their lower expenditures for inpatient services.¹³

Yet more research related to cost effectiveness shows LBP treatment initiated with a doctor of chiropractic saves 20 to 40 percent on healthcare costs when compared with care initiated through a medical doctor (MD), according to a study that analyzed data from 85,000 Blue Cross Blue Shield (BCBS) beneficiaries in Tennessee over a two-year span. The study population had open access to MDs and DCs through self-referral, and there were no limits applied to the number of MD/DC visits allowed and no differences in co-pays. Researchers estimated that allowing DC-initiated episodes of care would have led to an annual cost savings of \$2.3 million for BCBS of Tennessee. They also concluded that insurance companies that restrict access to chiropractic care for low back pain treatment may inadvertently pay more for care than they would if they removed such restrictions.¹⁴

The research related to readiness, efficacy, and cost effectiveness is clear: Access to doctors of chiropractic and services to address pain management, neuromusculoskeletal disorders and related maladies should be of paramount concern to Congress, and immediate steps should be taken to implement access to these services for both active-duty personnel and Tricare beneficiaries.

ACA appreciates the opportunity to provide these comments to the Committee. If you have any questions regarding our remarks, please contact John Falardeau, ACA Senior Vice President for Public Policy and Advocacy, at jfalardeau@acatoday.org or (703) 812-0214.

Sincerely,



Leo Bronston, DC, MAppSc
President

¹¹ Ibid

¹² Stevans JM, Delitto A, Khoja SS, et al. Risk Factors Associated With Transition From Acute to Chronic Low Back Pain in US Patients Seeking Primary Care. *JAMA Netw Open*. 2021;4(2):e2037371. doi:10.1001/jamanetworkopen.2020.37371
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776518>

¹³ Martin BI, Gerkovich MM, Deyo RA, Sherman KJ, Cherkin DC, Lind BK, Goertz CM, Lafferty WE. The association of complementary and alternative medicine use and health care expenditures for back and neck problems. *Med Care*. 2012 Dec;50(12):1029-36. doi: 10.1097/MLR.0b013e318269e0b2. PMID: 23132198; PMCID: PMC3494804. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3494804/>

¹⁴ Richard L. Lilledahl, Michael D. Finch, David V. Axene, Christine M. Goertz, Cost of Care for Common Back Pain Conditions Initiated With Chiropractic Doctor vs Medical Doctor/Doctor of Osteopathy as First Physician: Experience of One Tennessee-Based General Health Insurer, *Journal of Manipulative and Physiological Therapeutics*, Volume 33, Issue 9, 2010 [https://www.jmptonline.org/article/S0161-4754\(10\)00216-2/abstract](https://www.jmptonline.org/article/S0161-4754(10)00216-2/abstract)