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CHIROPRACTIC HEALTH CARE REFORM PRESENTATION PACKAGE

Introductory Letter

State Chiropractic Association Executives and Doctors of Chiropractic:

The following materials will provide you with information and guidance that can be used for health care reform lobbying efforts in your state. Included in this package of information you will find the following documents:

1. "Case for Full Inclusion" summary presentation document titled: **The Case for Full and Non-Discriminatory Inclusion of Doctors of Chiropractic in America's Health System** (2 pages)
2. Back-up Consensus Documents on Specific Points to Make to Decision Makers
 - A. Chiropractic Physicians: A Low Cost Solution to High Cost Health care (1 page)
 - B. Doctors of Chiropractic Can Improve the U.S. Primary Care Workforce Challenge (2 pages)
 - C. Doctors of Chiropractic Serving as Prevention and Wellness Providers (1 page)
 - D. Patient Protection and Affordable Care Act (PPACA) Non-Discrimination Provision (1 page)
 - E. Talking Points: Why Provider Non-Discrimination in Health Care is Essential (1 page)
3. Health Insurance Exchange Activity Checklist (1 page)
4. White House Workgroup on Health Care Reform (3 pages)

Document 1 is the central piece of this "presentation package." This document, created to be used as a presentation tool, includes the critical issues that need to be addressed in discussions with policy-makers.

Document 1, The Case for Full and Non-Discriminatory Inclusion of Doctors of Chiropractic in America's Health System, was prepared so that it can be provided as a leave-behind document for policy makers.

This resource will be instrumental in communicating the role that doctors of chiropractic can play with regard to primary care. This effort is both timely and critical. In the *Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans Proposed Rule*, made public on July 11, 2011 the Department of Health and Human Services (HHS) urges state legislative bodies and health insurers to broadly define the providers eligible to perform primary care services. HHS indicates, "Consistent with the goals and policies of the Affordable Care Act in supporting primary care, in establishing provider networks that ensure broad access to care, we encourage States, Exchanges and health insurance issuers to consider broadly defining the types of providers that furnish primary care services."¹

Using the enclosed resources, the over-arching message to convey to policy makers is that we believe the core services provided by chiropractic physicians fit into the categories of Essential Minimum Benefits established and outlined by PPACA. With respect to essential benefits, it is critical to note that doctors of chiropractic provide many health services to the public. Among those are evaluation and management services, diagnostic imaging services, chiropractic adjustment/chiropractic manipulative treatment services, prevention and wellness services, and many services included under the Current

¹ <http://www.gpo.gov/fdsys/pkg/FR-2011-07-15/pdf/2011-17610.pdf> page 29

Procedural Terminology (CPT) category of physical medicine and rehabilitation. These health services are consistent with a Doctor of Chiropractic's education and training. This is further coupled with the anti-discrimination language in Sec. 2706 of PPACA, guaranteeing that services provided by DCs should not be singled out and excluded as "non-essential" from State Exchanges or the Essential Minimum Benefits.

Documents 2 A, B, C, D and E were prepared to support specific points that need to be stressed with policy-makers. These Talking Points and Issue Briefs have been carefully reviewed and referenced and should be studied prior to making presentations. This information will prepare all presenters to offer "one message" from the chiropractic profession, using similar wording and information. These documents can also be used as "leave-behinds" if the policy-maker has a special interest in the information contained in one or more of them. Note: It is usually not advisable to load the policy-maker up with too many pages of documents. Since Document 1 summarizes all of these issues briefs into one presentation tool, that Document may be the only one that you choose to leave with policy-makers in most cases.

These documents equip you with the major arguments and issues that need to be communicated to ensure that doctors of chiropractic are fully engaged in the changes occurring in the health care delivery system pursuant to the passage of the Patient Protection and Affordable Care Act (PPACA). As you know, PPACA contains the very important non-discrimination language that will help us level the health care playing field, but we must work together to ensure the full intent of that historic language is implemented as intended (Documents 2 D and 2 E included this non-discrimination language).

Document 3, the Health Insurance Exchange Activity Checklist, also provides you with direct steps that should be taken in your state regarding the development of state health insurance exchanges. It is critical that each state make a concerted and persistent effort to have significant input in the creation and actions of these Exchanges. Chiropractic voices must be heard.

Document 4 is a listing of members of the White House Working Group on Health Care Reform. This list identifies some of the critical policy-makers from each state. These people should have input from the chiropractic profession in their state. We must make certain they are all knowledgeable about the chiropractic profession, the health benefits and the potential cost savings associated with chiropractic care. The "Case for Full Inclusion" Document (1) will prepare us to communicate this information across the country... "one message" and "one voice" for chiropractic.

A united effort across the country is essential to ensuring the success of doctors of chiropractic in the coming years. Please join us in this important effort.

Updated: August 2011



The Case for Full and Non-Discriminatory Inclusion of Doctors of Chiropractic in America's Health System

Over 70,000, doctors of chiropractic (DC), also referred to as chiropractic physicians, practice across the nation, providing care for tens of millions of the US population annually. Doctors of chiropractic are defined as physicians by the Federal Employee Health Benefit Program, Medicare, and the Federal Workers' Compensation program.

Doctors of chiropractic can help to address the looming provider shortage. As physicians who are educated and licensed to diagnose, treat, co-manage conditions and refer to other providers, when necessary, doctors of chiropractic can help America fill the workforce gap. Doctors of chiropractic are well trained in the cost-effective care of common conditions impacting the health of Americans. For example, studies show that low back problems are the most prevalent pain complaint affecting the general population, with up to 75 percent of Americans experiencing low back pain in their lifetime. The cost of treating spinal pain has made it the sixth most expensive medical condition in America at \$86 billion in 2005--a 65 percent increase since 1997. Doctors of chiropractic provide unparalleled expertise in the care of neuromuscular and musculoskeletal disorders and their services are a cost-effective care option for these conditions. A 2010 study at the University of British Columbia found that care provided by chiropractic physicians is significantly more effective than "usual care" provided by medical physicians for patients with acute and sub-acute low back pain.¹ Further studies have shown that spinal manipulative care for both chronic and acute lower back pain was more effective and provided more short-term relief than many other types of care, including prescription drugs, physical therapy and home exercise.² Doctors of chiropractic are also trained to provide wellness and prevention services.

There is no dispute that the leading causes of sickness and death in America are chronic diseases that can be prevented or mitigated by adopting a healthier life style. The incidence of conditions such as heart disease, stroke, Type II diabetes, arthritis, and certain cancers can be reduced by eliminating smoking, eating properly, getting regular exercise, managing stress, and partnering with health care providers to take an active role in maintaining a healthy and balanced life style. A recent survey showed that doctors of chiropractic commonly utilize the following interventions: ergonomic/postural advice, physical fitness/exercise promotion, changing risky/unhealthy behaviors, nutritional/dietary recommendations, relaxation/stress reduction and self-care strategies. Shifting patients from illness/ injury-based model to a wellness model is one of the goals of PPACA and is consistent with foundations of a chiropractic practice. Chiropractic health care enjoys high patient satisfaction and quality outcomes.³ The full inclusion of chiropractic services will ensure patient access to services that may lower costs by preventing emergency room visits, preventing the onset of chronic disease by enabling and encouraging healthy lifestyles and shifting health-care expense to less costly interventions.

The services provided by doctors of chiropractic are cost effective. The Patient Protection and Affordable Care Act strives to shift the focus from very costly illness and injury care to the more cost effective health promotion, prevention and wellness model of care. Chiropractic physicians have an important role to play in this imperative transition. Recent research reveals that utilizing doctors of chiropractic may lead to lower health care costs. A 2010 study of patients with low back pain who initiated care with a Doctor of Chiropractic resulted in 40% lower health care costs when compared with care initiated through a medical doctor.⁴ Another study

¹ Bishop PB, Quon JA, Fisher CG, Dvorak MF. The Chiropractic Hospital-based Interventions Research Outcomes study: a randomized controlled trial on the effectiveness of clinical practice guidelines in the medical and chiropractic management of patients with acute mechanical low back pain. *Spine Journal*, 2010

² Bronfort G, Haas M, Evans R, Bouter L. Efficacy of Spinal Manipulation and Mobilization for Low Back Pain and Neck Pain: A Systematic Review and Best Evidence Synthesis. *Spine Journal*, 2004

³ Niyendo J, Haas M, Goodwin P. Patient characteristics, practice activities, and one month outcomes for chronic, recurrent low-back pain treated by chiropractors and family medicine physicians: a practice-based feasibility study. *Journal of Manipulative and Physiological Therapeutics* 2000; 23: 239-45.

⁴ 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 (JMPT)*, 2010.

found that patients using chiropractic physicians as their primary care providers had significant decreases in hospital admissions (43%), pharmaceutical costs (52%) and outpatient surgeries and procedures (43%).⁵ These findings were confirmed in a follow up study of the same population.⁶ A study published in the *British Medical Journal* found that patients receiving manipulation and exercise had lower relative care costs and experienced more benefits than those treated with general medical care.⁷

Exchanges and essential benefits: DC's are physicians whose services should be fully included as Essential Benefits. Chiropractic colleges and universities are fully accredited by the Council on Chiropractic Education (CCE) under the authority of the US Department of Education with the stated mission of educating doctors of chiropractic as primary care providers. As such, doctors of chiropractic should be fully included as physician providers of all minimum Essential Benefit services for which they are educated and licensed to provide under state law. Section 2706 of PPACA on non-discrimination directs this inclusiveness. Doctors of chiropractic provide physician services: consultation, examination, patient diagnosis and management. Doctors of chiropractic provide the vast majority of spinal adjustments/manipulation services and are well trained in providing Physical Medicine and Rehabilitation (PMR) services. Doctors of chiropractic order and interpret diagnostic imaging, laboratory and other testing.⁸ Doctors of chiropractic establish clinical care plans and offer conservative care options for patient management. Doctors of chiropractic co-manage patients of all ages with other providers and refer as needed. These varied services clearly fall within multiple categories of the minimum Essential Benefits delineated in the PPACA statute. Patients must be given a real choice of recognized health care providers, to the full extent of state licensure. True competition and a level playing field are necessary to improve the quality of health care delivery and lower costs. Using conservatively-focused chiropractic physicians as fully as possible is a sensible and logical way to encourage the use of more conservative and less costly testing and treatment interventions where appropriate.

- The services delivered by chiropractic physicians fall into several categories of essential benefits that have been outlined, but not yet fully defined, in the PPACA. “Ambulatory Patient Services,” “Rehabilitation and Habilitation Services,” and “Preventive and Wellness Services and Chronic Disease Management,” are just several sections already cited in the PPACA (sec. 1302) where the services delivered by a Doctor of Chiropractic should be included.
- All patient protections currently in place at the state level should be included in any essential benefit package in an exchange.

Health Insurance Exchanges As the definition of minimum essential benefits and the formation of health insurance exchanges intersect in 2014, it is imperative that a variety of stakeholders have representation on committees or task forces charged with overseeing health insurance exchange actions and their regulation of coverage for minimum essential benefits. The broad intent of this legislation is to lower costs while providing for increased competition and freedom of choice. This cannot be achieved without ensuring increased access to a variety of health care providers as intended. Insurance exchange responsibilities should not be left to one individual, but rather a panel of individuals who represent a variety of citizen interests, including the health care provider community.

⁵ Sarnat, R.; Winterstein, J. Clinical and Cost Outcomes of an Integrative Medicine IPA. JMPT, 2004.

⁶ Sarnat, R.; Winterstein, J; Cambron JA. Clinical and Cost Outcomes of an Integrative Medicine IPA; an additional 3-year update. JMPT, 2007.

⁷ United Kingdom Back Pain, Exercise and Manipulation Randomized Trial: Cost Effectiveness of Physical Treatments for Back Pain In Primary Care. BMJ. 2004 Dec 11;329(7479):1381. Epub 2004 Nov 19.

⁸ Practice Analysis of Chiropractic. National Board of Chiropractic Examiners. http://www.nbce.org/pdfs/practice-analysis/chapter_01.pdf 2010.



Doctors of Chiropractic: A Low Cost Solution to High Cost Health Care

Numerous studies have shown that services delivered by doctors of chiropractic (DC) are cost effective and safe. The following are excerpts from several of these studies. By examining the research which demonstrates the cost savings associated with the services delivered by doctors of chiropractic, you will find that these services offer tremendous potential in meeting today's health care challenges. The results suggest that insurance companies that restrict access to doctors of chiropractic may, inadvertently, be paying more for care than if they removed these restrictions.

- ✓ A 2010 study by Blue Cross Blue Shield of Tennessee for low back pain care initiated with a Doctor of Chiropractic saves 40 percent on health care costs when compared with care initiated through a medical doctor.¹
- ✓ A 2010 study at the University of British Columbia found that for lower back pain of less than 16 weeks guidelines-based care provided by chiropractic physicians is significantly more effective than "usual care" provided by medical physicians.²
- ✓ In a 2009 report by Arnold Milstein, MD, MPH of Mercer Health Benefits, and Niteesh Choudhry, MD, PhD, of Harvard Medical School found "...when considering effectiveness and cost together, chiropractic physician care for low back and neck pain is *highly cost effective*, [and] represents a good value in comparison to medical physician care..."³
- ✓ A 2004 study showed patients who went to chiropractic physicians as their primary care providers had 43% decreased in hospital admissions, 52% reductions in pharmaceutical costs and 43% fewer outpatient surgeries and procedures.⁴
- ✓ In a follow-up 2007 study to the one above, patients enrolled in a DC network experienced fewer hospital visits, spent less time in a hospital for care, underwent fewer surgeries and used far fewer pharmaceuticals than other HMO patients who received traditional medical care.⁵
- ✓ A 2004 study published in the British Medical Journal found spinal manipulation would be "a cost-effective addition to 'best care' for back pain in general practice."⁶
- ✓ According to a 2004 article in the journal *Spine*: Spinal manipulative care for both chronic and acute lower back pain was more effective and provided more short-term relief than many other types of care, including prescription drugs, physical therapy and home exercise.⁷

¹ 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* (JMPT), 2010.

² Bishop PB, Quon JA, Fisher CG, Dvorak MF. The Chiropractic Hospital-based Interventions Research Outcomes study: a randomized controlled trial on the effectiveness of clinical practice guidelines in the medical and chiropractic management of patients with acute mechanical low back pain. *Spine Journal*, 2010

³ Choudhry N, Milstein A. Do chiropractic physician services for treatment of low-back and neck pain improve the value of health benefit plans? An evidence-based assessment of incremental impact on population health and total health care spending. San Francisco: Mercer Health and Benefits; 2009.

⁴ Sarnat, R.; Winterstein, J. Clinical and Cost Outcomes of an Integrative Medicine IPA. *JMPT*, 2004.

⁵ Sarnat, R.; Winterstein, J; Cambron JA. Clinical and Cost Outcomes of an Integrative Medicine IPA; an additional 3-year update. *JMPT*, 2007.

⁶ UK BEAM Trial Team. United Kingdom back pain exercise and manipulation (UK BEAM) randomized trial: cost-effectiveness of physical treatments for back pain in primary care. *BMJ Online First*, 2004.

⁷ Bronfort G, Haas M, Evans R, Bouter L. Efficacy of Spinal Manipulation and Mobilization for Low Back Pain and Neck Pain: A Systematic Review and Best Evidence Synthesis. *Spine Journal*, 2004



Doctors of Chiropractic Can Improve the U.S. Primary Care Workforce Challenge

Expanding Doctors of Chiropractic's (DC's) role in this nation's health care work force would contribute to an improvement in access to and a reduction in the cost of primary health care. DC's, along with many other non-MD/DO physician professions, should be more fully utilized to respond to the U.S. primary care crises.

The primary care crises results largely from a shortfall in the supply of MD/DO's, uneven distribution of the existing supply, and a cost per care episode that is unnecessarily high. This shortfall will be considerably worse if many of the 50 million Americans who are currently uninsured obtain some level of health coverage under the Patient Protection and Affordable Care Act.

This growing burden on the MD/DO supply, its mal-distribution, and its high cost per unit of care could be lessened, starting today, through the utilization of the 70,000 doctors of chiropractic. DC's are educated and licensed in all 50 states as primary care providers who can examine, diagnose, and deliver care or refer patients to an appropriate specialist. Doctors of chiropractic (DC) offer safe, conservative (non-drug, non-surgical) approaches for acute and chronic conditions. DCs can help our nation accomplish many of the objectives of health care reform, including helping to fill the looming primary care workforce gap.

Chiropractic Care is Cost-Effective with High Patient Satisfaction

Using Chiropractic Physicians as First Providers Saves Costs

- Total insurance payments were substantially greater for episodes with a medical first-contact provider.⁽²⁾
- The mean total payment when DCs were the first providers was \$518, whereas the mean payment for cases in which an MD was the first provider was \$1,020.⁽²⁾
- Paid costs for episodes of DC initiated care were almost 40 percent less than MD initiated episodes; when the data were risk adjusted, episodes of care initiated with a DC were still 20 percent less expensive.⁽⁸⁾

DC Care is Not an Add-On, it is a Direct Substitution for Other Care

- Patients use chiropractic care as a direct substitution for medical care.⁽¹⁾
- Having a chiropractic benefit rider did not increase the number of patients seeking care for neuromusculoskeletal complaints.⁽¹⁾

Better Functional Improvement Outcomes and Higher Satisfaction with DC Care

- After one month of care, DC patients averaged higher improvement across all outcome measurements compared to other family medicine doctors.⁽³⁾
- The differences between provider groups were most marked for the question involving satisfaction with overall care (DC care 90%; MD/DO care 52%).⁽³⁾
- Chiropractic patients also reported greater improvement in pain severity and functional disability.⁽³⁾
- Chronic back pain disability scores still reduced after 10 months with regular DC care.⁽⁹⁾

Reduction in Hospital Admissions, Hospital Days, Pharmaceuticals and Surgeries with Chiropractic Care

- Patients enrolled in a DC network experienced fewer hospital visits, spent less time in a hospital for care, underwent fewer surgeries and used far fewer pharmaceuticals than other HMO patients who received traditional medical care.⁽⁴⁾
- Patients who went to DCs as their primary care providers had: 43% decreased in hospital admissions, 52% reductions in pharmaceutical costs, and 43% fewer outpatient surgeries and procedures.⁽⁵⁾

Lower Overall Total Annual Health Care Costs with Inclusion of Chiropractic Benefit

- 4-year retrospective review of claims from 1.7 million health plan members determined the cost effects of the inclusion of a chiropractic benefit in an HMO insurance plan resulted in members had lower total annual health care costs.⁽⁶⁾
- Back pain patients with chiropractic coverage also realized lower utilization of plain radiographs, low back surgery, hospitalizations and MRI's.⁽⁶⁾
- Back pain episode-related costs were 25 % lower with chiropractic coverage (\$289 vs. \$399).⁽⁶⁾

Chiropractic Care More Effective for Treating Neck and Low Back Pain & Lowers Annual Spending

- Chiropractic care is more effective than other modalities for treating low back and neck pain. For neck pain, DC care reduces total annual per patient spending by \$302 compared to MD/DO care.⁽⁷⁾

Chiropractic Care Is Distributed Where Primary Care is Needed

The 70,000 doctors of chiropractic practice on “main street” USA:

- Often in medically underserved areas acting as usual source providers delivering portal of entry care.
- Frequently in relatively low overhead, “retail” settings.

Doctors of Chiropractic Well Trained for Primary Care

Like other primary health care doctors, DC's training includes subjects related to evaluating and caring for patients as well as completion of a minimum of a one-year clinic-based program dealing with front line patient care. In total, the curriculum includes a minimum of 4,200 hours of classroom, laboratory and clinical experience. DC's training is approved by an accrediting agency recognized by the USDOE. Before initiating practice, DC's must pass national board examinations and become state-licensed.

References:

1. Metz D, Nelson C, LaBrot T, Pelletier K. Chiropractic Care: Is It Substitution Care Or Add-On Care In Corporate Medical Plans? *Journal of Occupational and Environmental Medicine* 2004; 46: 847-855.
2. Stano M, Smith M. Chiropractic And Medical Costs Of Low Back Care. *Medical Care* 1996; 34(3): 191-204.
3. Nyiendo J, Haas M, Goodwin P. Patient characteristics, practice activities, and one month outcomes for chronic, recurrent low-back pain treated by chiropractors and family medicine physicians: a practice-based feasibility study. *Journal of Manipulative and Physiological Therapeutics* 2000; 23: 239-45.
4. Sarnat RL, Winterstein J, Cambron JA. Clinical utilization and cost outcomes from an integrative medicine independent physician association: an additional 3-year update. *Journal of Manipulative and Physiological Therapeutics*, May 2007.
5. Clinical and Cost Outcomes Of An Integrative Medicine IPA. Sarnat, Richard; Winterstein, James. *Journal of Manipulative and Physiological Therapeutics*, 2004; 27: 336-347.
6. Comparative Analysis Of Individuals With And Without Chiropractic Coverage. Legorreta A, Metz D, Nelson C, Ray S, Chernicoff H, DiNubile N. *Archives of Internal Medicine* 2004; 164: 1985-1992.
7. Choudhry N, Milstein A. Do Chiropractic Physician Services for Treatment of Low-Back and Neck Pain Improve the Value of Health Benefit Plans? An Evidence-Based Assessment of Incremental Impact on Population Health and Total Health Care Spending. San Francisco: Mercer Health and Benefits;2009.
8. Liliedahl RL, Finch MD, Axene DV, Goertz CM. 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. *J Manipulative Physiol Ther*. November - December 2010;33(9):640-643.
9. Senna MK, Machaly SA. Does maintained Spinal manipulation therapy for chronic non-specific low back pain result in better long term outcome? *Spine (Phila Pa 1976)*. 2011 Jan 17.



Doctors of Chiropractic Serving as Prevention and Wellness Providers

Prevention and wellness has been a cornerstone of chiropractic education and practice since the profession's inception more than one hundred years ago. Long before these subjects received serious attention in the health care community, chiropractic colleges offered students courses in nutrition and exercise, and consistently taught sensible, scientifically valid non-drug alternatives to regaining and maintaining good health.

There is no dispute that the leading causes of sickness and death in America are degenerative illnesses that can be mitigated by adopting a healthier lifestyle. The incidence of conditions such as heart disease, stroke, Type II diabetes, arthritis and certain cancers can be reduced by simply eliminating smoking, eating properly, getting regular exercise and maintaining the integrity of the neurologic control mechanisms that monitor and regulate virtually all body functions. These recommendations are the foundation of chiropractic practice.

Doctors of chiropractic (DCs) are fully licensed in all 50 states as portal-of-entry providers and routinely perform thorough examinations, take X-rays, perform or order laboratory tests, consult, refer if necessary, counsel and care for a wide and comprehensive variety of conditions--all with an eye toward restoring health and preventing future problems. Additionally, there are many other services routinely offered by DCs such as risk avoidance and prevention strategies, stress reduction counseling and healthful lifestyle coaching.

At this most critical time, when legislators are responding to a presidential mandate and taking a serious look at health care reform, the focus must be not only on the economics of our current system of crisis management and heroic intervention, but also on whether that system makes sense in respect to creating a healthier America as we move forward. Common sense dictates that doing the same thing in the same way, and expecting different results, dooms us to fail. How opportune then, as we as a country attempt to provide health insurance benefits to as many Americans as possible, that we strive to reduce the rampant costs associated with treating chronic illnesses by incorporating strategies that enhance overall health and wellness.

Over the years, there have been many campaigns designed to foster healthier lifestyles. However, few have yielded long-term successful outcomes. The chiropractic profession, like the United States Preventive Services Task Force, encourages wellness and prevention services that demonstrate consistent outcomes and provide measurable changes in the lifestyle of an individual and the overall health of a community. We believe incentives for participation should be created and reinforced at all levels of society, as well as in health professionals' offices, schools, and businesses. The prevention message must be repeated, and healthy actions must be rewarded.

No one questions the importance of medical physicians taking on this role and addressing wellness and prevention with their patients. However, given the shortage of primary care medical physicians, it's not reasonable to add the burden of wellness and prevention coaching to their duties and expect it to supersede their current surplus of disease care management. Who better to partner with them in promoting a healthy lifestyle and an intelligent approach to disease prevention and long-term wellness than the chiropractic profession? Our core philosophy has espoused these concepts in America for more than a century.

Talking Points:

- The leading causes of disease and death in the United States are lifestyle related and preventable.
- ALL chiropractic colleges teach nutrition, exercise, and prevention and wellness strategies as part of their core curriculum.
- Doctors of chiropractic are fully licensed in all 50 states as primary contact, portal-of entry providers.
- Chiropractic services are essential and already mandated by law as core benefits for Medicare, Medicaid, active military personnel and veterans.
- Chiropractic physicians routinely perform comprehensive physical examinations, take X-rays, perform or order lab tests, and treat, counsel and refer, when appropriate, for the widest variety of health conditions.
- The United States Preventive Services Task Force encourages evidenced-based lifestyle changes for improving individual and community health. More than 80% of insurance benefits are paid in the final years of life on expensive interventions for conditions that could have been prevented.
- The work force gap resulting from the shortage of primary care physicians mandates that the 70,000 doctors of chiropractic in the United States be fully included as physicians under any new health care reform legislation and immediately pressed into service for the general public.



Patient Protection and Affordable Care Act

SEC. 2706. NON-DISCRIMINATION IN HEALTH CARE.

“(a) PROVIDERS.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider’s license or certification under applicable State law. This section shall not require that a group health plan or health insurance issuer contract with any health care provider willing to abide by the terms and conditions for participation established by the plan or issuer. Nothing in this section shall be construed as preventing a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures.

“(b) INDIVIDUALS.—The provisions of section 1558 of the Patient Protection and Affordable Care Act (relating to non-discrimination) shall apply with respect to a group health plan or health insurance issuer offering group or individual health insurance coverage.

TALKING POINTS

Why Provider Non-Discrimination in Health Care is Essential

Sec. 2706 of the Patient Protection and Affordable Care Act (PPACA) is a non-discrimination provision that would prevent insurance companies and health plans from arbitrarily excluding the participation of doctors of chiropractic, and the services they provide, in their health plans. Discrimination against the chiropractic profession is harmful to patients and restricts the patient's ability to select the provider of their choice. In Sec. 2706, Congress guaranteed that the availability of *essential* services provided by a Doctor of Chiropractic is equal to the availability of traditional medical care. Sec. 2706 is a federal protection applicable to ERISA and other plans established or regulated under the bill. Just as the HIPAA protections now apply across the board, the non-discrimination provision will be applicable to all health benefit plans both insured and self-insured. The PPACA is designed to eventually cover 32 million additional, uninsured, Americans. The non-discrimination provision will, over time, apply to those individuals. However, that number pales in comparison to the approximately 55% of workers currently covered by self-insured plans that will be affected by Sec. 2706.

The case for Sec. 2706 of PPACA:

- **Cost**
 - ✓ Doctors of chiropractic provide examinations, rehabilitative care, manipulative services, wellness and preventive services, and all of these services should be accessible, or listed as "essential." With this perspective, the conservative, cost-effective services doctors of chiropractic offer should receive a more positive reception -- for example, a recent study report, published in the *Journal of Manipulative and Physiological Therapeutics*, reports low back pain care initiated with a Doctor of Chiropractic is 40 percent less costly than care initiated through a medical doctor. We are trusting that when the regulations on this issue are being developed, HHS will understand that to restrict access to the services delivered by a Doctor of Chiropractic may, inadvertently, *increase* cost of care.
- **Quality**
 - ✓ Health plan discrimination is not only wrong in principle, but is without justification based on the quality of health care provided by non-MD/DO providers.
 - ✓ Doctors of chiropractic consistently receive very high patient satisfaction reports in the research. As recently as May 2009, America's largest independent consumer product testing, service evaluation, and reporting organization published findings regarding a recently conducted national survey of over 14,000 individuals and their favored provider choice for the treatment of back pain, an estimated \$50 billion dollar a year problem, were chiropractic physicians. The findings revealed that by a significant percentage of patients favored the treatment received by doctors of chiropractic versus that received by other providers including medical doctors.
- **Access**
 - ✓ In today's delivery system, health plans routinely discriminate against whole classes of healthcare providers based solely on their type of licensure or certification. Discrimination against the inclusion of non-MD providers in health plans is clearly anti-competitive in nature, widens the provider workforce gap, and denies patient choice and access to a range of qualified providers.
 - ✓ Limiting the types of health care providers included in health plans results in a restrictive delivery system that is less than optimal in that the number of treatment options (conservative wellness care versus traditional "sick" care) are often minimal or eliminated entirely. This has occurred with respect to the availability of the services provided under Medicare, where access to the conservative care approach of chiropractic physicians is extremely limited.
 - ✓ **What is important to understand is that Section 2706 and its assurance of non-discrimination in terms of participation and coverage effectively requires that doctors of chiropractic not be discriminated against in the provision of any "essential benefit" that is within their scope of practice.**



Health Insurance Exchange Activity Checklist

Health insurance exchanges are being developed on the state level. Many states have already passed legislation outlining how exchanges will be operated and who will oversee the actions of the exchange. It is critical that the chiropractic profession be involved in the actions of the exchanges. Exchanges should not be exclusively monitored by those from the insurance industry. The health care providers' voice must be heard. Below is a list of actions that state organizations should take to become involved in the development and roll out of state health insurance exchanges.

- ✓ Determine if your state is planning to develop an exchange, or if they are deferring to the federal government to develop the exchange.
- ✓ If your state is developing the exchange, determine if legislation has been passed regarding the creation and monitoring of the state exchange.
- ✓ If legislation has not yet been passed, meet with legislators in your state to gather more information about where the legislature may be going with regard to exchange development. Communicate the chiropractic profession's desire to be involved in exchange development (Refer to Case for Full Inclusion for Talking Points for meeting with policy makers)
- ✓ If legislation is pending, review the legislation. One major issue to look for in draft legislation is whether the opportunity exists for health care provider involvement in any board or committee that oversees the actions of the exchange.
- ✓ If legislation is pending, meet with key contacts to communicate the chiropractic profession's desire to be involved in exchange development (Refer to Case for Full Inclusion for Talking Points for meeting with policy makers)
- ✓ Determine if any of your state representatives participate on the White House Work Group on Health Care Reform. (List of Work Group Participants Enclosed) If a Work Group participant is active in your state, consider meeting with them to discuss exchange development in your state. These individuals are key players in health care reform.
- ✓ If legislation has passed regarding the development and operation of the exchange in your state, review the legislation, determine any inroads to become involved in exchange activities and oversight. If health care provider representation on any boards or committees has been delegated to one specific provider organization or specific individuals or groups, reach out to those individuals to discuss issues of mutual interest regarding exchange development and oversight.
- ✓ Ensure that your state organization is represented at any public meetings regarding exchanges.

WHITE HOUSE WORKGROUP ON HEALTH CARE REFORM

Active/Inactive	First Name	Last Name	Title	Mailing City	Mailing State
Legislator	Bettye	Davis	Senator	Juneau	AK
Legislator	Merika	Coleman	Representative	Montgomery	AL
Legislator	Joyce	Elliott	Senator	Little Rock	AR
Legislator	Jim	Nickels	Representative	Little Rock	AR
Legislator	Linda	Tyler	Representative	Little Rock	AR
Legislator	Kathy	Webb	Representative	Little Rock	AR
Legislator	Kyrsten	Sinema	Senator	Phoenix	AZ
Legislator	Morgan	Carroll	Senator	Aurora	CO
Legislator	Christopher	Donovan	Speaker	Hartford	CT
Legislator	Elizabeth	Ritter	Representative	Hartford	CT
Legislator	Robert	Brown	Senator	Atlanta	GA
Legislator	Gloria	Butler	Senator	Atlanta	GA
Legislator	Vincent	Fort	Senator	Atlanta	GA
Legislator	Gloria	Frazier	Representative	Atlanta	GA
Legislator	Pat	Gardner	Representative	Atlanta	GA
Legislator	Emanuel	Jones	Senator	Atlanta	GA
Legislator	Nan	Orrock	Senator	Atlanta	GA
Legislator	Valencia	Seay	Senator	Atlanta	GA
Legislator	Roy	Takumi	Representative	Honolulu	HI
Legislator	Joe	Bolkcom	Senator	Des Moines	IA
Legislator	Jack	Hatch	Senator	Des Moines	IA
Legislator	Lisa	Heddens	Representative	Des Moines	IA
Legislator	Mark	Smith	Representative	Des Moines	IA
Legislator	Sharon	Steckman	Representative	Mason City	IA
Former Legislator	Elizabeth	Coulson	Representative	Springfield	IL
Legislator	Sara	Feigenholtz	Representative	Springfield	IL
Legislator	Iris	Martinez	Senator	Springfield	IL
Legislator	Susana	Mendoza	Representative	Springfield	IL
Legislator	Barbara	Ballard	Representative	Topeka	KS
Legislator	Louis	Ruiz	Representative	Topeka	KS
Legislator	Karen	Peterson	Senator	Baton Rouge	LA
Former Legislator	Steven	D'Amico	Representative	Boston	MA
Legislator	Richard	Moore	Senator	Boston	MA
Legislator	Ana	Gutierrez	Delegate	Annapolis	MD
Legislator	Tom	Hucker	Delegate	Annapolis	MD
Legislator	Roger	Manno	Senator	Annapolis	MD
Legislator	Heather	Mizeur	Delegate	Annapolis	MD
Legislator	Dan	Morhaim	Delegate	Annapolis	MD
Legislator	Justin	Alfond	Senator	Augusta	ME
Legislator	Anna	Blodgett	Representative	Augusta	ME
Legislator	Joseph	Brannigan	Senator	Augusta	ME
Legislator	Emily	Cain	Representative	Augusta	ME
Legislator	James	Campbell	Representative	Augusta	ME

Active/Inactive	First Name	Last Name	Title	Mailing City	Mailing State
Former Legislator	Michael	Carey	Representative	Augusta	ME
Legislator	Gary	Connor	Representative	Augusta	ME
Legislator	Margaret	Craven	Senator	Augusta	ME
Legislator	Mark	Eves	Representative	Augusta	ME
Legislator	Adam	Goode	Representative	Augusta	ME
Former Legislator	Anne	Graham	Representative	Portland	ME
Legislator	Elizabeth	Miller	Representative	Augusta	ME
Former Legislator	Terry	Morrison	Representative	Augusta	ME
Legislator	Hannah	Pingree	Speaker	Augusta	ME
Legislator	Charles	Priest	Representative	Augusta	ME
Legislator	Megan	Rochelo	Representative	Augusta	ME
Legislator	Linda	Sanborn	Representative	Augusta	ME
Legislator	Sharon	Treat	Representative	Augusta	ME
Legislator	Jolie	Justus	Senator	Jefferson City	MO
Legislator	Jake	Zimmerman	Representative	Jefferson City	MO
Legislator	Linda	Berglin	Senator	St. Paul	MN
Former Legislator	Thomas	Huntley	Representative	St. Paul	MN
Legislator	Margaret	Kelliher	Speaker	St. Paul	MN
Legislator	Erin	Murphy	Representative	St. Paul	MN
Legislator	Kathy	Sheran	Senator	St. Paul	MN
Legislator	Diane	Sands	Representative	Helena	MT
Legislator	Jonathan	Windy Boy	Senator	Helena	MT
Former Legislator	Rosa	Gill	Representative	Raleigh	NC
Legislator	Steve	Goss	Senator	Raleigh	NC
Legislator	Pricey	Harrison	Representative	Raleigh	NC
Legislator	Verla	Insko	Representative	Raleigh	NC
Legislator	Tim	Mathern	Senator	Bismarck	ND
Legislator	Jeremiah	Nordquist	Senator	Lincoln	NE
Former Legislator	Danielle	Conrad	Senator	Lincoln	NE
Former Legislator	David	Borden	Representative	Concord	NH
Former Legislator	Edward	Butler	Representative	Concord	NH
Legislator	Margaret	Hassan	Senator	Concord	NH
Legislator	Sylvia	Larsen	Senator	Concord	NH
Legislator	Cindy	Rosenwald	Representative	Concord	NH
Legislator	Herb	Conaway	Assembly Member	Trenton	NJ
Legislator	Dede	Feldman	Senator	Santa Fe	NM
Legislator	Margaret	Carlton	Assembly Member	Carson City	NV
Legislator	Richard	Gottfried	Assembly Member	Albany	NY
Legislator	Felix	Ortiz	Assembly Member	Albany	NY
Legislator	Michael	Skindell	Senator	Columbus	OH
Legislator	Tracy	Maxwell Heard	Representative	Columbus	OH
Legislator	Laurie	Monnes- Anderson	Senator	Salem	OR
Former Legislator	Mark	Cohen	Representative	Harrisburg	PA
Former Legislator	Todd	Eachus	Representative	Harrisburg	PA

Active/Inactive	First Name	Last Name	Title	Mailing City	Mailing State
Legislator	Keith	McCall	Speaker	Lansford	PA
Legislator	Josh	Shapiro	Representative	Harrisburg	PA
Former Legislator	Rosita	Youngblood	Representative	Harrisburg	PA
Legislator	Luz	Arce	Senator	San Juan	PR
Former Legislator	Frank	Ferri	Representative	Warwick	RI
Former Legislator	Amy	Rice	Representative	Providence	RI
Legislator	Anton	Gunn	Representative	Columbia	SC
Legislator	Joseph	Armstrong	Representative	Nashville	TN
Legislator	Garnet	Coleman	Representative	Austin	TX
Legislator	Elliott	Naishtat	Representative	Austin	TX
Legislator	Leticia	Van de Putte	Senator	Austin	TX
Legislator	Hubert	Vo	Representative	Austin	TX
Legislator	David	Litvack	Representative	Salt Lake City	UT
Legislator	Eileen	Cody	Representative	Olympia	WA
Legislator	Steven	Conway	Senator	Olympia	WA
Legislator	Bob	Hasegawa	Representative	Olympia	WA
Former Legislator	Karen	Keiser	Senator	Olympia	WA
Legislator	Brendan	Williams	Representative	Olympia	WA
Legislator	Jon	Erpenbach	Senator	Madison	WI
Legislator	Daniel	Foster	Senator	Charleston	WV