



To: Maine Legislature - Committee on Health & Human Services

Date: April 18, 2023

Re: Testimony on LD 592

To Senator Baldacci, Representative Meyer and Members of the Health & Human Services Committee thank you for allowing my testimony on LD 592. My name is Robert Reed, and I am the Executive Director of the Maine Chiropractic Association. My testimony today is in support of the bill before you.

LD 592 provides equality to chiropractic providers. Currently Medicaid only covers the manipulation, examination & x-rays, but for those chiropractic doctors who also provide therapeutic treatment we are not able to provide those services to a Medicaid patient, while commercial insurance carriers do reimburse for those services.

At present, a Doctor of Chiropractic would be required to send a patient to a licensed Physical Therapist or other healthcare provider for therapeutic modalities, an event not leading to the best outcomes given therapies are integral to a chiropractic visit and allow a better overall treatment when combined with the manipulation. The service provided and the billing codes used by a chiropractor are the same as those used by other healthcare professionals for these services, and those other professionals are reimbursed by Mainecare for their care.

To answer some questions asked in speaking with legislators.

First, this bill is the same as LD 1553 of the 130th Maine Legislature. That bill received a unanimous “ought to pass” vote from this committee but Appropriations was not able to provide funding due to limited monies and an overwhelming number of other bills.

Secondly, as these services have not been covered in the past, they were not part of the efforts following the 130th 1st session to improve reimbursement to Mainecare providers.

It is my belief that the fiscal note for this bill may be overstated for two reasons. As there are only 36 licensed chiropractic acupuncturists in Maine, the volume of visits estimated for reimbursement would seem to be inaccurate as indicated in prior conversations with those completing the fiscal note.

The fiscal note by its nature does not consider sending a chiropractic patient to a separate healthcare provider for some needed services that could be provided in the single visit will result in separate exams and re-exams as well as added transportation costs to the system. Because of these reasons we believe the final cost of providing these changes would be less than currently anticipated.

Lastly, as offered in previous years submissions, the bill is written so these services would only be covered if you are able to get the required waiver from CMS/Medicare allowing federal reimbursement share. This is the process followed in the 129th Legislature (LD 154) and approved by CMS in 2020 when our exam charges were approved for payment by Mainecare.

I am happy to answer any questions you may have at this time.

Respectfully Submitted,

Robert A. Reed, Executive Director

Maine Chiropractic Association



What Research Tells Us About Chiropractic

For Acute and Chronic Pain

“Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatment with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence). If pharmacologic treatment is desired, clinicians and patients should select nonsteroidal anti-inflammatory drugs or skeletal muscle relaxants (moderate-quality evidence).”

American College of Physicians (2017)

“For patients with chronic low back pain, clinicians and patients should initially select nonpharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence).”

American College of Physicians (2017)

“Many treatments are available for low back pain. Often exercises and physical therapy can help. Some people benefit from chiropractic therapy or acupuncture.”

Goodman et al. (2013), Journal of the American Medical Association

“Chiropractic Manipulative Therapy in conjunction with standard medical care offers a significant advantage for decreasing pain and improving physical functioning when compared with only standard care, for men and women between 18 and 35 years of age with acute low back pain.”

Goertz et al. (2013), Spine

In Comparison to Other Treatments

Chiropractic users had 64% lower odds of receiving an opioid prescription than non users. Corcoran et al. (2019) Pain Medicine

The results of a clinical trial showed that chiropractic care combined with usual medical care for low back pain provides greater pain relief and a greater reduction in disability than medical care alone. The study, which featured 750 active-duty members of the military, is one of the largest comparative effectiveness trials between usual medical care and chiropractic care ever conducted. Goertz et al. (2018) JAMA Open Network

“Manual-thrust manipulation provides greater short-term reductions in self-reported disability and pain compared with usual medical care. 94% of the manual-thrust manipulation group achieved greater than 30% reduction in pain compared with 69% of usual medical care.” Schneider et al (2015), Spine

“Reduced odds of surgery were observed for...those whose first provider was a chiropractor. 42.7% of workers with back injuries who first saw a surgeon had surgery, in contrast to only 1.5% of those who saw a chiropractor.” Keeney et al (2012), Spine

For Headaches

“Six to eight sessions of upper cervical and upper thoracic manipulation were shown to be more effective than mobilization and exercise in patients with cervicogenic headache, and the effects were maintained at 3 months.” Dunning et al. (2016) BMC Musculoskeletal Disorders

“There was a linear dose-response relationship between spinal manipulative therapy (SMT) visits and days with cervicogenic headache (CGH). For the highest and most effective dose of 18 SMT visits, CGH days were reduced by half and about 3 more days per month than for the light-massage control.” Haas et al. (2018) Spine

“On average, spinal manipulative therapy plus home exercise and advice (HEA) resulted in better clinical outcomes and lower total societal costs relative to supervised rehabilitative exercise plus HEA and HEA alone... ” Leininger et. al. (2016) Spine

For Neck Pain

In a study funded by NIH's National Center for Complementary and Alternative Medicine to test the effectiveness of different approaches for treating mechanical neck pain, 272 participants were divided into three groups that received either spinal manipulative therapy (SMT) from a doctor of chiropractic (DC), pain medication (over-the-counter pain relievers, narcotics and muscle relaxants) or exercise recommendations. After 12 weeks, about 57 percent of those who met with DCs and 48 percent who exercised reported at least a 75 percent reduction in pain, compared to 33 percent of the people in the medication group. After one year, approximately 53 percent of the drug-free groups continued to report at least a 75 percent reduction in pain; compared to just 38 percent pain reduction among those who took medication. *Bronfort et al. (2012), Annals of Internal Medicine*

Care for Seniors

Older Medicare patients with chronic low back pain and other medical problems who received spinal manipulation from a chiropractic physician had lower costs of care and shorter episodes of back pain than patients in other treatment groups. Patients who received a combination of chiropractic and medical care had the next lowest Medicare costs, and patients who received medical care only incurred the highest costs. *Weeks et al (2016), Journal of Manipulative and Physiological Therapeutics*

"This study provides evidence of a protective effect of chiropractic care against 1-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." *Weigel et. al. (2014) Journal of Manipulative and Physiological Therapeutics*

Cost Effectiveness

Findings from a study utilizing data from the North Carolina State Health Plan collected between 2000-2009 show that care by a doctor of chiropractic (DC) alone or DC care in conjunction with care by a medical doctor (MD) incurred "appreciably fewer charges" for uncomplicated lower back pain than MD care with or without care by a physical therapist. *Hurwitz et al. (2016), Journal of Manipulative and Physiological Therapeutics*

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Low back pain initiated with a doctor of chiropractic (DC) saves 20 to 40 percent on health care 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.Liliedahl et al (2010), Journal of Manipulative and Physiological Therapeutics

Patient Satisfaction

Researchers analyzing the prevalence, patterns and predictors of chiropractic utilization in the U.S. general population found that, "Back pain and neck pain were the most prevalent health problems for chiropractic consultations and the majority of users reported chiropractic helping a great deal with their health problem and improving overall health or well-being."Adams et al (2017) Spine



Does less



Chiropractic care for pain relief

February 15, 2021

Spinal manipulation primary therapy, but treatment options are expanding

Chiropractic is a system of therapy focused on the structure of the body, particularly the spine. Chiropractors manipulate the body's alignment to relieve pain and improve function and to help the body heal itself.

While the mainstay of chiropractic is spinal manipulation, chiropractic care may also include other treatments, including manual or manipulative therapies, postural and exercise education, and ergonomic training (how to walk, sit, and stand to limit back strain). Chiropractors today often work in conjunction with primary care doctors, pain experts, and surgeons to treat patients with pain.



Most positive research on chiropractic therapy has focused on spinal manipulation for neck pain. As one of the alternatives to pain-relieving drugs, the [American College of](#)

Physicians low back pain guideline recommends spinal manipulation along with heat, massage, and acupuncture.

Chiropractic treatment may also help people with other musculoskeletal-related pains.

There have been reports of serious complications, including stroke, following spinal manipulation of the neck, although this is very rare.

"Spinal manipulation" is a generic term used for any kind of therapeutic movement of the spine. Most often it involves the application of quick but strong pressure on a joint between two vertebrae of the spine.

In addition to spinal manipulation, a chiropractor may advise you about changing your biomechanics and posture and suggest other treatments and techniques. The ultimate goal of chiropractic is to help relieve pain and help patients better manage their condition at home.

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**The Cost-Efficiency and Effectiveness of Including Doctors of
Chiropractic (DCs) to Offer Treatment Under Missouri Medicaid**

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The Cost-Efficiency and Effectiveness of Including Doctors of

Chiropractic (DCs) to Offer Treatment Under Missouri Medicaid

Executive Summary

The benefits of care provided by doctors of chiropractic continue to be demonstrated by research throughout the U.S. health care system. Moreover, reimbursement for such care is now provided by Medicare in all 50 states, and by Medicaid, in the majority of states. The decision to provide coverage in each state is based on policymakers' perceptions of both benefits and cost. The cost of including doctors of chiropractic as covered physicians is often misunderstood. Policymakers often rely on flawed assumptions and data to conclude that adding another provider is more expensive and less effective than current care. The reality is that doctors of chiropractic deliver care that is both more effective and less costly than the current model.

This study first brings to light the extensive research showing the cost savings for patients who seek pain relief from doctors of chiropractic. Based on this research, I compute and show that there is a cost savings to the state of between \$9.8 and \$21 million with the inclusion of doctors of chiropractic as a covered profession. Second, the Missouri Health Division (MHD) has utilized both flawed methodology and flawed data in their calculations for the fiscal note regarding the cost of including care from doctors of chiropractic under Missouri Medicaid. To their credit, Oversight acknowledged in their FY 15 note that visits to physicians' offices would decrease with the availability of chiropractic physicians under Medicaid. However, they did not make any attempt to calculate the offset. Thirdly, the research supports the proposition that treatment by DCs for neck and lower back pain reduces the use and abuse of opioid prescription drugs.