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To: Senate Public Health and Welfare Committee

From: Travis R. Oller, DC  
Executive Director  
Kansas Chiropractic Association

Date: February 27, 2020

Subject: SB 252; Expanding medical assistance eligibility and implementing a health insurance plan reinsurance program

### **Neutral Testimony**

Chairman Suellentrop and other members of this committee, I write today with neutral testimony of SB 252.

I am here to provide neutral testimony on SB 252. SB 252 will help to expand Medicaid coverage to approximately 130,000 low income, working poor Kansans. Neither the current Medicaid system, nor the changes to it in this bill, offer coverage of Chiropractic services to Medicaid patients.

Doctors of Chiropractic in Kansas provide high-quality, non-pharmaceutical healthcare to the citizens of Kansas.

Over 30 states currently have coverage of Chiropractic care under their Medicaid system. Chiropractic care has been included in Medicare coverage since 1972 and has been integrated in the Veteran's Affairs medical system, military treatment facilities, as well as hospitals and Federally Qualified Health Centers around the nation.

Research shows that adding Chiropractic care to an existing health plan can lower overall healthcare costs as well as improving patient outcomes and patient satisfaction.

### **Cost Effectiveness Studies**

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

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

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

“Chiropractic care appeared relatively cost-effective for the treatment of chronic low-back pain. Chiropractic and medical care performed comparably for acute patients. Practice-based clinical outcomes were consistent with systematic reviews of spinal manipulative efficacy: manipulation-based therapy is at least as good as and, in some cases, better than other therapeutics.”

Haas et al (2005), 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

“Chiropractic patients were found to be more satisfied with their back care providers after four weeks of treatment than were medical patients. Results from observational studies suggested that back pain patients are more satisfied with chiropractic care than with medical care. Additionally, studies conclude that patients are more satisfied with chiropractic care than they were with physical therapy after six weeks.”

Hertzman-Miller et al (2002), American Journal of Public Health

### **Chiropractic for Acute and Chronic Pain**

"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 a Randomized controlled trial, 183 patients with neck pain were randomly allocated to manual therapy (spinal mobilization), physiotherapy (mainly exercise) or general practitioner care (counseling, education and drugs) in a 52-week study. The clinical outcomes measures showed that manual therapy resulted in faster recovery than physiotherapy and general practitioner care. Moreover, total costs of the manual therapy-treated patients were about one-third of the costs of physiotherapy or general practitioner care.

Korthals-de Bos et al (2003), British Medical Journal

"Patients with chronic low-back pain treated by chiropractors showed greater improvement and satisfaction at one month than patients treated by family physicians. Satisfaction scores were higher for chiropractic patients. A higher proportion of chiropractic patients (56 percent vs. 13 percent) reported that their low-back pain was better or much better, whereas nearly one-third of medical patients reported their low-back pain was worse or much worse."

Nyiendo et al (2000), Journal of Manipulative and Physiological Therapeutics

### **Chiropractic and Opioid Use Disorder**

Opioids are now the most commonly prescribed class of drugs for the treatment of back pain, despite very limited evidence of their safety and long-term effectiveness. More than half of regular opioid users report back pain. One recent study found that patients



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who received services from a Doctor of Chiropractic for back pain were significantly less likely to fill a prescription for an opioid medication than other patients. Another study found that the likelihood of an adverse drug event occurring in an outpatient setting within 12 months was 51% lower among recipients of chiropractic services as compared to nonrecipients.

### **Conclusion**

Coverage of chiropractic services for Kansas Medicaid patients as provided under most other health payment systems will likely result in lower costs to the Kansas Medicaid system for treatment of musculoskeletal conditions.

We ask that the Senate Public Health and Welfare Committee add coverage of chiropractic services to Kansas Medicaid recipients and we support passage of SB 252 with these changes made.

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