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Proponent Testimony – Sub. House Bill 102
June 18th, 2019

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health Committee, thank you for the opportunity to present proponent testimony on Substitute House Bill 102.

Sub. HB 102 seeks to improve access for Medicaid patients to a conservative treatment option that has been recommended as a best practice, first line, treatment for acute and chronic musculoskeletal pain – specifically, chiropractic.

In 2016, the National Academy for State Health Policy (NASHP) conducted a survey of all Medicaid agencies. Their study determined that Medicaid populations are prescribed opioids at a disproportionately higher rate than non-Medicaid populations and are also more likely to experience an overdose. Further, though most Medicaid agencies cover services that can be used as alternatives to opioids for pain management, significantly fewer states have policies and procedures in place to encourage their use.

This is the case in Ohio. Although the chiropractic adjustment is a covered service in Medicaid, the way it is covered creates a road block for many of those insured by Medicaid to actually receive the treatment. The initial visit (E/M service) is a required component in standards of care. This service requires a thorough history, examination and diagnosis in order to establish a treatment plan and expected outcomes; however, it is not a covered service when performed by the chiropractic physician in Ohio Medicaid. This is a covered service within Medicaid when provided by other provider types. This service is usually the longest appointment with the DC, and requires the highest level of clinical decision making.

Because this is not a covered service, the doctor and potential patients have three options.

- The doctor must write off the visit. However, this is not a sustainable business model for our small health care business owners.
- The patient is informed that it is a non-covered service and they must therefore pay for the non-covered service out of pocket. Unfortunately, there are many patients within the Medicaid system that will not be able to pay the fee out of pocket and therefore would not be able to access treatment.
- They go somewhere else for treatment where evaluation and treatment will be exponentially more expensive.

This bill does not seek to add services that are not already covered by Medicaid when performed by other healthcare professionals. Instead, it would require Medicaid to cover the E/M service when performed by the chiropractic physician. This is a service already covered by other provider types within Medicaid.



Additionally, Ohio Medicaid currently allows 15 chiropractic visits and this bill would ensure a patient's ability to access those visits without prior authorization limitations. Sub. HB 102 would also ensure chiropractic physicians are reimbursed consistently with other healthcare professionals who provide the same service.

The OSCA supports this bill as an appropriate step in the right direction to improve access to chiropractic care and conservative treatment options for those covered by Ohio Medicaid.

Thank you, Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health Committee for the opportunity to testify today and I would be happy to answer questions at this time.