



June 14, 2023
House Insurance Committee
H.B. 141 Proponent Testimony
Brandy Spaulding, DC

Chairman Lampton, Vice Chair Barhorst, Ranking Member Miranda, and members of the House Insurance Committee, thank you for the opportunity to provide proponent testimony regarding House Bill 141. My name is Dr. Brandy Spaulding and I have been a chiropractic physician in private practice for 21 years and serve as Executive Director of The Ohio State Chiropractic Association (OSCA). The OSCA is the largest statewide association representing Doctors of Chiropractic and chiropractic students in Ohio.

The OSCA is pleased to support HB 141 and appreciates your consideration of this important legislation. Chiropractic and physical and occupational therapies are used frequently in a patient-centered approach to restore health, improve function, and decrease pain. However, healthcare providers and patients alike have many factors to consider when initiating such care.

When patients consider conservative treatment options, their cost share is often so disproportionate that they frequently bear the majority, and sometimes all, of the financial burden to access care. In many cases, the patient's out of pocket expense in the form of a copay is higher than the contracted allowed amount by the health plan. This is often referred to as "ghost benefits" as the health plans end up paying little to nothing for the services. It is not uncommon for copays to be \$40, \$50, \$60 per visit, or more. Pair these high copays with a treatment plan that is 2-3 times per week for several weeks and this non-pharmaceutical, cost-effective treatment option becomes out of reach for many Ohioans. Patients are often encouraged to stay away from pharmaceutical pain management options like opioids. However, there is a financial incentive to utilize this option. It is often cheaper for the patient as they have just one copay and therefore makes this treatment option more financially attainable.

When looking at cost share legislation to create parity among treatment options like chiropractic and physical therapy, there are several considerations that have a significant impact. These considerations include decreased healthcare costs, opioid use reduction, favorable outcomes and alignment with best practice guidelines and clinical recommendations.

A 2020 study published in the Journal of the American Medical Association (JAMA) looked at 154 conditions which resulted in the greatest healthcare spend in the United States. Low back and neck pain were number one, with an estimated annual spend of \$134.5 billion and "Other musculoskeletal disorders" were second with a cost of \$129.5 billion. Many of these conditions



are commonly treated by chiropractic physicians, physical therapists, and occupational therapists.

Research continues to support that where a patient initiates their treatment matters:

- A 2022 cohort study of almost 3.8 million patients' records examined how the first provider seen by an individual at the initial diagnosis of LBP influences downstream utilization and costs. The frequency of opioid use and total cost of care was lowest when patients started care with a chiropractor compared with other conventional medical treatments.
- Another study in 2022 looked at almost 700,000 patients with newly diagnosed neck pain to better understand their healthcare utilization. Early conservative therapy was independently associated with 25% lower healthcare costs.
- Finally, a 2022 retrospective cohort study evaluated the association between chiropractic utilization and the use of prescription opioids and concluded among older adults with spinal pain, the use of chiropractic care is associated with a 56% lower risk of filling an opioid prescription.

Best practice clinical guidelines published by American College of Physicians, the CDC, and the Ohio's Governor's Insurer Task Force on Opioid Reduction have for years encouraged the use of conservative, non-pharmacological treatment options first. The Opioid Task Force's top recommendation took it one step further and encouraged Ohio's health plans to review and update their policies to encourage and increase the use of conservative care. While many health plans have coverage of conservative treatment, its meaningful use remains financially out of reach for many Ohioans. This has also created a problem for many medical providers tasked with managing acute and chronic pain, with their ability to prescribe opioids appropriately limited, yet access to other effective treatment options being more costly for their patients.

HB 141 is a step in the right direction. It creates parity among healthcare options for patients and better aligns health plan coverage with best practice recommendations to reduce opioid use, lower health care costs and improve patient outcomes.

Thank you for the opportunity to provide proponent testimony today for H.B. 141. I would be happy to answer any questions from the committee.

