



June 12, 2024  
Senate Insurance Committee  
H.B. 141 Proponent Testimony  
Brandy Spaulding, DC

Chairman Hackett, Vice Chair Lang, Ranking Member Craig, and members of the Senate 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 22 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, 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 \$50, \$60 per visit, or more. Pair this 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.

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.

When looking at cost share legislation to create parity among treatment options like chiropractic and physical therapy, there are a 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.

Research continues to support that where a patient initiates their treatment matters. A meta-analysis study published earlier this year included a review of 44 studies published through 2022. It concluded that patients with spine-related musculoskeletal pain who consulted a chiropractor as their initial provider incurred substantially decreased downstream healthcare services and associated costs, resulting in lower overall healthcare costs. Spinal pain patients who consulted chiropractors as first providers needed:

- fewer opioid prescriptions
- surgeries
- hospitalizations
- emergency department visits
- specialist referrals, and
- injection procedures

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.