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Proponent Testimony – House Bill 136
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Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and members of the House Health Committee, thank you for the opportunity to present proponent testimony on House Bill 136.

HB 136 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.

A study of all Medicaid agencies, conducted by The National Academy for State Health Policy (NASHP), 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 – instead of encouraging the use of conservative care, insurer policy creates barriers to its use.

Although the chiropractic adjustment is a covered service in Ohio Medicaid, the initial visit, or Evaluation & Management (E/M) service is not covered when rendered by a chiropractic physician, creating a roadblock that prevents many of those insured by Medicaid from being able to actually receive the treatment. Performing an E/M service is not only necessary before initiating treatment it is also consistent with standards of care.

Because it is not a covered service, the doctor and potential patient have three options.

- The doctor must write off the visit. However, this is not a sustainable business model for chiropractic physicians who are more often than not, small 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 the visit will be covered. This is often urgent care or the emergency room, where the visit will be exponentially more expensive, and they are much less likely to receive conservative, non-pharmacological treatment.

Multiple state and national guidelines recommend the use of conservative care first. These recommendations are supported by research that recognize two important facts. Patients who seek

chiropractic care for musculoskeletal pain are less likely to receive or fill an opioid prescription, and secondly, the cost for their episode of care, as well as overall healthcare costs, are lower.

HB 136 bill does not seek to add services that are not already covered by Medicaid. Instead, it would require Medicaid to cover the E/M service when performed by the chiropractic physician. This is a service already covered by Medicaid when performed by other provider types.

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

The OSCA, as the largest association representing Doctors of Chiropractic in the State of Ohio, 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. Conservative treatment like chiropractic offers 2 major benefits - it saves lives by reducing opioid use and abuse, and it saves money by offsetting more expensive and invasive treatments.

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