

## **Proposal for Essential Health Benefit Task Committee:**

### Proposal #1:

We are charged with determining what should constitute an essential health benefit, based on what services in our community are deemed essential needs. Currently, Oregon communities have an essential need for both acute and chronic non-pharmacologic pain management. Oregonians generally have minimal access to common physical medicine services provided by chiropractors, acupuncturists and/or massage therapists. As a result, health insurers and health plans are arbitrarily limiting or completely eliminating access to non-pharmacological treatments offered by these providers. We should be advocating for a reduction and elimination of opiates when warranted for the treatment of acute and chronic musculoskeletal pain.

The opiate crisis continues in Oregon and throughout the country. The opiate crisis has increased primarily because of a need for effective non-pharmacologic pain management that denies adequate access to chiropractic, acupuncture and massage therapy services. When applicable, opiates can provide effective pain management in many cases, however it comes at a heavy price as opiate use can often lead to significant side effects and addiction.

Individuals experiencing unmanaged acute and/or chronic pain tend to have more visits to emergency rooms, additional surgeries, increased medications and a higher rate of mental health emergencies. Unmanaged, acute and chronic pain also keep individuals mired in economic hardship through interfering with employment as well as the ability to care for themselves and their families. Collectively, these factors place further burdens our communities, our social safety nets and the services provided by our local and state governments.

In order to reduce the incidences of the opiate crisis and address an essential need for all Oregon residents, we are proposing an increase to covered non-pharmacologic related physical medicine therapies and techniques provided by state licensed chiropractors, acupuncturists and massage therapists.

For the above to occur, the following steps would need to be taken:

1. Ready and expanded access to non-pharmacologic physical medicine therapies provided by a DCs, LAc, LMTs to be deemed as essential services.
2. The establishment of 60 visits per patient per year to access a comprehensive set of non-pharmacologic physical medicine (DC, LAc, LMT) interventions covered under respective licensure (within each license's scope of practice).
3. Combining the requested 60 visits for all physical medicine licenses, there are already 30 approved visits for PT, will provide 60 visits for non-pharmacologic related therapies that can be provided by a chiropractor, acupuncturist or massage therapist. Putting all the benefits into one bucket would subsequently allow the patient to access the physical medicine interventions necessary for their particular case and condition. This approach would also help prevent the "double dipping" of benefits currently seen in many health plans. For example, if a patient seeks treatment from their Chiropractor and he/she performs any technique beyond spinal manipulation, the PT/Rehab benefits and Chiropractic benefits are each charged one visit, even though it was one provider, one

DOS and one session. Pooling the visits would ensure patients would be billed per visit, not per physical medicine intervention, especially as many of these interventions are covered under multiple scopes of practice.

Ultimately, the plan as outlined above would mean approximately approving up to \$1,350 dollars per year (based on an average of compensation from eight insurers), per patient and would drastically reduce opiate usage, emergency room visits, surgeries and associated procedures. We anticipate most patients will not utilize the full 60 visits. For example, Medicaid/Oregon Health Plan (OHP) allowed 90 visits for PT, LAc, DC for two years. During this timeframe, most patients being treated for pain were accessing 30-45 visits per year for chronic pain management. Occasionally, however, a patient would start with one modality and it would not be sufficient to address the issue and would need to utilize another modality. This scenario was the most common reason for utilizing 60 visits and patients with severe medical concerns would access more than 60 (extremely rare) or if there were multiple non-injury claim based injuries in one year (also rare).

At a minimum, the essential health benefits list should appropriately meet the standards set by OHP, as well as Medicare and Medicaid. OHP allows 30 visits for non-pharmacologic therapies (LMT excluded) for pain management and additional visits for smoking cessation. In contrast, Medicare allows for unlimited PT, unlimited for DC, 20 visits for LAc and no coverage for LMT.