February 16, 2018

The Honorable Orrin Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of the National Association of Specialty Health Organization (NASHO) and the Physical Medicine Management Alliance (PMMA), please accept these comments in response to the committee's request for feedback on policy options to help ease the opioid crisis. Our solutions focus on non-pharmacologic options to pain management for musculoskeletal disorders (MSDs). PMMA provides support through evidence and advocacy for non-pharmacologic approaches such as acupuncture, chiropractic care, physical therapy, massage therapy, and exercise therapy. These options play an important yet underutilized role in pain management and are a safer alternative to opioids or other higher risk medical procedures

Limited access to integrative healthcare (IH) providers who specialize in physical medicine and musculoskeletal care inhibits the ability of Medicare and Medicaid beneficiaries to seek alternatives beyond opioids. There are evidence-based guidelines and best practice IH approaches inclusive of the Medicare and Medicaid population coupled with a growing body of evidence that supports the efficacy and effectiveness of these types of conservative treatment approaches. Musculoskeletal disorders affect one in two adults and costs billions each year. Increased access to IH can help address those costs and help with the opioid crisis.

The Centers for Disease Control and Prevention, the National Institutes of Health, the Joint Commission, and American College of Physicians all support primary conservative care incorporating exercise and movement, chiropractic, physical therapy, and acupuncture which have all been proven effective at mitigating pain and treating musculoskeletal conditions without the risks and expense associated with prescription drugs and invasive procedures. In September 2017, 37 Attorneys General were unified in signing a letter to industry trade groups and major insurance providers nationwide that urges insurers to review their coverage and payment policies on non-opioid alternatives.[1]

Allowing primary-based musculoskeletal providers as the patient point-of-entry for back pain management can eliminate or reduce risk of prescription drug abuse/addiction and other co-morbidities, increase speed to evaluation, minimize fragmentation, avoid unnecessary surgery, and lower total episode costs. Thousands of Americans suffering from MSDs have been caught

[1] http://www.oag.state.va.us/files/Final-NAAG-Opioid-Letter-to-AHIP.pdf

up in the nation's opioid epidemic because they were not offered non-pharmacologic treatment options as first-line therapy. PMMA supports changes to Medicare and Medicaid that can help achieve these goals.

Traditional Medicare plans limit access to IH providers by only providing coverage for chiropractic physicians. This is further constrained by limiting the diagnoses (spine-related only) and scope of services (manipulation only) included in this benefit leaving much of what a chiropractor can typically offer patients within their licensure and typical scope of practice. This is in contrast to medical and osteopathic physicians who provide similar services to a patient population with musculoskeletal conditions also commonly seen by chiropractic physicians. Medical and osteopathic physicians are also allowed to opt out of Medicare if they so choose in contrast to chiropractic physicians who may not opt out. PMMA supports giving Medicare beneficiaries greater access to a variety of IH providers which would provide greater choice, could result in lower health care costs, and can lessen the number of opioid prescriptions.

Additionally, PMMA supports expanding the Medicaid benefit to require the inclusion of evidence-based IH services at the state level. Eliminating the barrier to reimbursement for those on Medicaid would help beneficiaries to access conservative, evidence-based, non-pharmacologic pain management services. Specific to the Medicaid population, in 2016, the Oregon Health Plan instituted coverage for non-pharmacologic interventions such as spinal manipulation, acupuncture, massage therapy, yoga, etc. for lower back pain.[2] These interventions had been supported by the Oregon Health Authority since 2012. A three-year study through Patient-Centered Outcomes Research Institute (PCORI) has been funded to further evaluate the impact of the availability of IH treatments and elimination of payment for chronic opioid therapy and injections compared to outcomes where services are restricted to more conventional care for patients with low back pain. Data suggest that Medicaid beneficiaries are prescribed opioids at higher rates than non-Medicaid patients and have a higher risk of overdose.[3] Alternative treatments for those with MSD can improve care and help state Medicaid programs address the opioid epidemic.

This is an option the committee could consider for the Medicare program. The Centers for Medicare & Medicaid Services could implement a demonstration based on the Oregon Health Plan model which ended coverage for opioids for lower back pain in lieu of non-pharmacologic interventions. Medicare should also experiment with coverage for alternative treatments beyond spinal manipulation for those with MSD to determine the value and savings of these inventions which PMMA strongly believes will improve care and help Medicare address the opioid epidemic.

NASHO was founded to advance and evolve specialty health care delivery in the United States. Its mission is to enhance and promote the value proposition of specialty health organizations. PMMA consists of organizations representing care management companies who specialize in physical medicine/musculoskeletal care and wellness. PMMA members partner with provider specialists to facilitate care delivered via specialty services that include, but are not limited to,

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[2] http://www.oregon.gov/oha/HSD/OHP/Tools/Fee-for-service%20options%20for%20back%20and%20spine%20pain.pdf

[3] Health Affairs Blog; Medicaid Responds to the Opioid Epidemic: Regulating Prescribing and Finding Ways to Expand Treatment Access; https://www.healthaffairs.org/do/10.1377/hblog20170411.059567/full/

Physical and Occupational Therapy, Chiropractic Care, Acupuncture, and Complementary and Integrative Health.

PMMA believes eliminating barriers in Medicare and Medicaid would provide better and earlier access to physical medicine services and networks. This in turn would improve access for beneficiaries and help in the addressing the opioid epidemic.

Sincerely,

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Enclosures

PMMA
Physical Medicine Management Alliance

National Association of Specialty Health Organizations
An AAPPO Partner Association

ISSUE BRIEF: NON-OPIOID PAIN MANAGEMENT THERAPIES

Conservative Care and Non-opioid Therapies Are Safe and Effective for Treating Pain and Musculoskeletal Conditions

THE FACTS:

- An estimated 126.6 million Americans (one in two adults) are affected by a musculoskeletal disorder (MSD) – **comparable to the total percentage of Americans living with a chronic lung or heart condition** – costing an estimated $213 billion in annual treatment, care and lost wages.[1]
- Musculoskeletal pain affects the bones, muscles, ligaments, tendons, and nerves. **It can be acute (having a rapid onset with severe symptoms) or chronic (long-lasting).** Musculoskeletal pain can be localized in one area, or widespread.
- The Occupational Safety and Health Administration estimates work-related MSDs account for over 600,000 injuries and illnesses, representing **34 percent of all lost workdays.**
- Thousands of Americans suffering from MSDs have been caught up in the nation's opioid epidemic because they were **not offered non-pharmaceutical treatment options as first-line therapy.**
- Effective, evidence-based low-risk modalities for managing pain include movement and exercise, manipulative and manual therapy, functional restoration and acupuncture.
- As published in the Annals of Internal Medicine (Feb. 2017), the American College of Physicians recommendations include:
  - » Physicians and patients should **treat acute or subacute low-back pain with non-drug therapies such as superficial heat, massage, acupuncture, or spinal manipulation and for chronic back pain, initially select non-drug therapy with exercise, multidisciplinary rehabilitation, acupuncture, etc.**
  - » Physicians should consider opioids **as a last option for treatment and only in patients who have failed other therapies**, as they are associated with substantial harms, including the risk of addiction or accidental overdose.[2]

PMMA URGES THE USE AND COVERAGE OF NON-OPIOID TREATMENTS AS FIRST-LINE THERAPY FOR INDIVIDUALS TO MANAGE PAIN

DID YOU KNOW?

A 2017 analysis of 26 studies involving more than 3,000 patients with low-back pain lasting six weeks or less published in the Journal of the American Medical Association "finds that spinal manipulation can ease your backache and get you moving again **without** the risk of medication side effects."[3]

By facilitating access to primary-based MSD providers at the patient point-of-entry for managing MSDs through value-based benefit design, legislation (e.g. co-pay parity), regulation (e.g. expanding essential health benefits to specifically include non-opioid therapies) and patient education, treatment outcomes can be improved

- Eliminate/reduce risk of prescription drug abuse/addiction and other co-morbidities
- Increase speed to evaluation
- Minimize fragmentation
- Improve outcomes and increase patient satisfaction
- Lower total episode costs

ABOUT PMMA

The Physical Medicine Management Alliance (PMMA) consists of organizations representing care management companies who specialize in physical medicine/musculoskeletal care and wellness. PMMA members partner with providers to facilitate care delivered via specialty health services that include, but are not limited to, physical and occupational therapy, chiropractic care, acupuncture, and complementary and integrative health.

NASHO/PMMA, Julian Roberts, Executive Director, (404) 634-8911, 601 13th St NW , Washington, DC 20005

[1]https://www.sciencedaily.com/releases/2016/03/160301114116.htm
[2]Qaseem A, Wilt TJ, McLean RM, Forciea MA, for the Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. Ann Intern Med. 2017;166:514-530. doi: 10.7326/M16-2367
[3]http://www.consumerreports.org/back-pain/spinal-manipulation-can-ease-your-aching-back/

PMMA
Physical Medicine Management Alliance

National Association of Specialty Health Organizations
An AAPPO Partner Association

Lower Costs and Risks with Non-Pharmacologic, Conservative Care for MSDs

Musculoskeletal Disorders (MSDs) Affect 1 in 2 Adults; Cost BILLIONS: In 2012, **126.6 million** Americans reported a musculoskeletal injury or condition,[1] costing **over $200 BILLION annually** in treatment and lost wages.[2]

The Occupational Safety and Health Administration estimates work-related MSDs account for over 600,000 injuries and illnesses, representing 34 percent of all lost workdays. These disorders account for one out of every three dollars spent on workers' compensation, costing employers as much as $20 billion a year on direct costs for workers' compensation, and up to fivefold for indirect costs, such as those associated with hiring and training replacement workers.[3]

Non-Pharmacologic, Conservative Treatment Rendered Early in the Care Continuum Aligns with Current Guidelines: As published in the Annals of Internal Medicine, the American College of Physicians and the American Pain Society recommendations include: **1)** Eschewing diagnostic imaging (MRIs, CT scans, etc.) for patients with non-specific low back pain; and **2)** Consideration of NON-drug treatments such as rehabilitation, spinal manipulation, exercise therapy and acupuncture for patients who do not respond to self-care.[4] Similarly, the Joint Commission has long held that non-pharmacologic approaches play a role in pain management, recently clarifying its position to add the latter may include: acupuncture, chiropractic care, physical therapy, massage therapy, exercise therapy and cognitive behavioral care to avoid drug abuse, dependency and addiction.[5]

- A 2008 meta-analysis of 40 randomized controlled trials between 1975 and 2007 found *spinal manipulation for low back pain outperformed medical treatment*;
- Physical therapy has been shown to be *as effective as surgery* in treating spinal stenosis[6]; and
- *The incidence of adverse effects is substantially lower with acupuncture* than that of many drugs or other accepted medical procedures traditionally used for musculoskeletal conditions.[7]

PMMA Call to Action for Treatment of MSDs: Facilitate access to and position primary-based musculoskeletal providers as the patient point-of-entry for back pain management through legislation (e.g. co-pay parity), regulation and patient education to:

- Eliminate/reduce risk of prescription drug abuse/addiction and other co-morbidities;
- Increase speed to evaluation;
- Minimize fragmentation; and
- Lower total episode costs.

About PMMA: The Physical Medicine Management Alliance (PMMA) consists of organizations representing care management companies who specialize in physical medicine/musculoskeletal care and wellness. PMMA members partner with provider specialists to facilitate care delivered via specialty services that include, but are not limited to, Physical and Occupational Therapy, Chiropractic Care, Acupuncture, and Complementary and Integrative Health.

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[1] Global Burden of Diseases, Injuries, and Risk Factors Study 2013. *The Lancet*, July 22, 2014. Available at: http://www.thelancet.com/themed/global-burden-of-disease Accessed June 30, 2014.

[2] The Burden of Musculoskeletal Diseases in the United States. "The Big Picture: Health Care Utilization and Economic Cost." http://www.boneandjointburden.org/2014-report/if0/health-care-utilization-and-economic-cost Accessed June 9, 2015.

[3] U.S. Department of Labor Occupational Safety and Health Administration Fall 2015 Unified Agenda. "Prevention of Work-Related Musculoskeletal Disorders." Available at: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=UNIFIED_AGENDA&p_id=4481 Accessed May 5, 2016.

[4] Chou R, Qaseem A, Snow V, Casey D, Cross JT, Shekelle P, et al. Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. Ann Intern Med. 2007;147:478-491. doi:10.7326/0003-4819-147-7-200710020-00006

[5] Joint Commission Perspectives®, November 2014, Volume 34, Issue 11

[6] Annals of Internal Medicine, 7 April 2015, Volume 162, No. 7. Available at: http://annals.org/issue.aspx?journalid=90&issueid=933698

[7] U.S. Department of Health and Human Services National Institutes of Health Consensus Development Conference Statement, November 3-5, 1997. Available at: https://consensus.nih.gov/1997/1997acupuncture107html.htm Accessed May 6, 2016.