



MICHIGAN ASSOCIATION OF CHIROPRACTORS

Testimony Before the House Insurance Committee
HB 4449
April 18, 2019

Good afternoon, Madam Chair and members of the Insurance Committee. Thank you for this opportunity to come before you and testify today.

I'm Dr. Chris Dolecki and I am a chiropractor with a practice in Lake Orion, MI. I am the Chairman of the Board of the Michigan Association of Chiropractors (MAC) and I am currently a member of the MAC's Government Relations Committee. On behalf of the MAC's statewide membership, I'm here to express our strong support of House Bill 4449.

Section 3107b of the Michigan Automobile No-Fault Act currently allows insurers to refuse to reimburse licensed chiropractic physicians for *lawfully* delivered services that the same insurers cover and reimburse to other providers. This inequity forces patients to either pay out of pocket, go without the needed service, or seek riskier and more expensive care from another provider. This bill serves to eliminate this inequity.

The bill does *not* change anything in the scope of practice for a chiropractic physician in Michigan. The bill does *not* change what services are payable under the No-Fault Act. The bill does *nothing* to change the structures that are in place to determine if a treatment is necessary. The bill simply allows patients who wish to treat with a chiropractor to do so, without penalty.

By not reimbursing chiropractic physicians for necessary services that are *already* in the chiropractic scope of practice, patients are forced to pay out of pocket or to go to another provider to receive necessary treatment.

Allow me to briefly provide you with an example so that you can see how simple, and frankly, how inappropriate the current policy is. A patient, who was hurt in an automobile accident and due to the nature of his/her injuries, fell under the umbrella of No-Fault insurance system. During examination and subsequent treatment, it was determined that he/she would benefit from cryotherapy, to combat inflammation and pain, and therapeutic massage to reduce muscle spasms, inflammation and control pain. If I provide either of these treatments, I will not be reimbursed for them – even though these are two examples of treatments that *currently* fall under the scope of chiropractic in Michigan and have since 2009. If my patient was to have those same two treatments performed by any number of other providers, such as a physical therapist, occupational therapist, an MD, a DO, etc., the treatment would be covered, and the provider would be reimbursed.

Just to be clear – we are talking about treatments that the state has *already* determined will be covered under this insurance structure if the treatments meet the necessity to treat standards *and already* fall under the scope of practice for chiropractors in Michigan. But, today, the treatments are only covered when they're *not* provided by a chiropractic physician.

This is unfair to patients who choose drug and surgery free chiropractic care, and the State of Michigan has effectively created an economic boycott against chiropractors and their patients through these policies. We don't believe that is the State of Michigan's proper role, and this legislation will rectify the situation.

This is especially true as Michigan continues to struggle with the opioid crisis. Why would the state discourage treatment that helps prevent opioid use and the use of other pain treating pharmaceuticals? A recent study showed that patients who received chiropractic treatment fill 55% fewer opioid prescriptions.

By removing the costly and uncompetitive language in section 3107b of the No-Fault Act, legislators will promote patient choice, fair competition, and help control costs in the Auto No-Fault system.

Opponents of this legislation will claim it will raise costs: that assumption is false. HB 4449 does not allow for *any* services that are not being covered today, and will not allow chiropractic physicians to do anything that is not *already* in their scope of practice. This bill will allow patients the choice of provider they wish to see, without being economically penalized. If a patient needs these treatments, ensuring they are able to seek these treatments from all providers who are legally allowed to provide such treatments, will simply not increase utilization cost.

In fact, numerous studies have proven that chiropractic physicians providing drug and surgery free care are *the* low-cost providers of healthcare. A study published in June 2014 in the Journal of Occupational and Environmental Medicine, demonstrated that compared to other popular treatments, such as PT, medical care, surgery, and even what was called "doing nothing," chiropractic was the consistent cost saver to the fund. When compared to the cost of these other modalities, chiropractic actually had a negative cost! What a great outcome for both the patient and the insurance fund that actually made money compared to the other approaches.

Another study published in the Journal of Manipulative and Physiological Therapeutics, showed that based on a health care insurer data in Tennessee, patients who first sought chiropractic care, as opposed to medical care first, had a 20% reduction in cost, after the data was adjusted for risk factors, and 40% savings before the risk adjustment.

Finally, you may hear that legislation that put this unfair policy into place was part of a "deal" struck between the MAC and insurers during the debate on the expansion of chiropractic scope of practice a decade ago. Once again, that is not accurate. The legislation in question was passed following the legislation to expand chiropractic scope, and was done so despite the strong objection of the MAC.

Once again, thank you for your time and consideration of this very important legislation. We will be glad to answer any questions you may have.