

H.R. 2654

THE CHIROPRACTIC MEDICARE COVERAGE MODERNIZATION ACT

Help Increase Access to Chiropractic Care

For almost 50 years, your chiropractor has been forced by antiquated Medicare laws and regulations to care for you with one hand tied behind their back.

Despite being allowed by Michigan's chiropractic scope of practice to provide other beneficial, medically necessary services, like x-rays, examinations, and physical medicine procedures, Medicare restricts your access to the full range of chiropractic services. This restriction forces patients to pay out of pocket, see another health care provider (adding time and cost to your care), or to go without needed care.

The Chiropractic Medicare Coverage Modernization Act (H.R. 2654), is a bill introduced in the U.S. House of Representatives that will allow Medicare beneficiaries to fully access the chiropractic profession's broad-based, non-drug care. The bill increases access and coverage for Medicare beneficiaries, but it does not add any new services or remove services currently covered under Medicare. It is vital that your U.S. representative hears from patients about the importance of increased access to chiropractic care. Urge him or her to co-sponsor H.R. 2654 and thank them for their support of Medicare patients.

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H.R. 2654 • The Chiropractic Medicare Coverage Modernization Act

Urge your U.S. Representative to support increased access to chiropractic for Medicare patients.

To contact your representative, please visit:
www.chiromi.com/legislative-action-center
to ask them to co-sponsor H.R. 2654!



THE CHIROPRACTIC MEDICARE COVERAGE MODERNIZATION ACT

H.R. 2654 would allow Medicare beneficiaries access to the chiropractic profession's broad-based, non-drug approach to pain management, which includes manual manipulation of the spine and extremities, evaluation and management services, diagnostic imaging, and utilization of other non-drug approaches that have become an important strategy in national efforts to stem the epidemic of prescription opioid overuse and abuse.

The Current Situation

- Musculoskeletal pain, led by spinal disorders, costs the U.S. health care system \$874 billion per year and is the most common cause of severe long-term pain and disability.
- Medicare currently limits the services Doctors of Chiropractic (DCs) are allowed to provide or order for their patients and be covered under Medicare, even though many other provider types are paid for the same services.
- This discriminatory payment policy forces patients like you to pay out of pocket for common services, such as exams, x-rays, and most therapies.
- Medicare pays for these services when provided by many different provider types, such as MDs, DOs, podiatrists, and PTs.
- When Medicare beneficiaries are forced to go to another provider for care their chiropractor can legally provide, just because of Medicare payment policy, they face delays in care and higher health care costs.
- And, providers who do not adhere to the drug- and surgery-free principles behind chiropractic often employ more costly, higher-risk procedures that are often unnecessary, including the use of pharmaceuticals, spinal injections, or surgery for a range of spinal conditions.
- Numerous scientific research papers and studies have shown chiropractic to be the least costly spinal health care available. By effectively discouraging the use of chiropractic care, the Medicare system is unnecessarily adding to the skyrocketing costs of health care.

How Will H.R. 2654 Change This?

- H.R. 2654 is bipartisan legislation, introduced by Reps. Brian Higgins (D-NY) and Tom Reed (R-NY).
- H.R. 2654 ends discrimination against chiropractors and their patients by providing access to all Medicare-covered benefits allowable under a chiropractor's state scope of practice.
- H.R. 2654 also fully defines a Doctor of Chiropractic (DC) as a "physician" in the Medicare program.
- This bill does not add any new services to Medicare.

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