

October 13, 2023

Honorable Rep. Dr. Michael Burgess
U.S. House of Representatives
Committee on the Budget
Health Care Task Force
Washington, D.C. 20515-6065
Email: hbcr.health@mail.house.gov

KEY TAKEAWAYS

- The International Association of Yoga Therapists strongly suggests that yoga therapy be included in efforts to improve outcomes and lower healthcare spending.
- Yoga therapy is a whole-person discipline that can be implemented at the individual, family, community, and population levels.
- The cost-effective, fully individualized practices of yoga therapy integrate with whole-health models and fulfill aims of patient-centered care, empowerment, and choice.
- A growing evidence base of research on specific conditions supports the use of yoga therapy to promote health and well-being.
- Yoga therapists are a viable option to help address the health workforce shortages identified by the 2023 *Achieving Whole Health* report.

Dear Representative Burgess and Esteemed Members of the House Budget Committee Health Care Task Force,

We are writing in response to your call for feedback on actions congress could take to improve outcomes and lower healthcare spending. We strongly suggest that yoga therapy be included in the solution.

Yoga Therapy

Yoga is a holistic multi-dimensional system of health and well-being, with multi-component mind-body practices in four main categories: (1) physical postures and movement, (2) breathing exercises, (3) relaxation, and (4) mindfulness and meditation (de Manincor et al., 2015).

Yoga therapy is a whole-person discipline that can be implemented at the individual, family, community, and population levels. The practices of yoga therapy, co-created between therapist and client, place the individual at the center of care, addressing their unique needs, goals, and priorities within a biopsychosocial-spiritual context. Yoga

therapy is low risk, holistic, and prevention-oriented, focusing on the root causes of poor health. Practices include the integration of personalized health planning, coaching, peer-led support, well-being programs, and complementary, integrative, and behavioral practices.

Yoga therapy is an emerging healthcare profession with established standards, accreditation, and credentialing processes for both yoga therapy schools and practitioners. The International Association of Yoga Therapists (IAYT), which leads these efforts and produces scholarship and professional development in the field, defines yoga therapy as “the professional application of the principles and practices of yoga to promote health and well-being within a therapeutic relationship that includes personalized assessment, goal setting, lifestyle management, and yoga practices for individuals or small groups.”

IAYT’s more than 5,000 professional members can contribute meaningfully and cost-effectively to the implementation of lifestyle medicine, increasingly considered best practice for managing chronic conditions. The whole health-oriented practices of yoga therapy embody principles of reflection, self-soothing, mindfulness, simplicity, healthy living, improved relationships, and self-actualization—cornerstones of promoting patient self-management and overall well-being.

Key Change Initiatives

1. In 2021, the National Academy of Medicine’s Leadership Consortium, in collaboration with the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine, held a 3-day workshop series titled *Financing that Rewards Better Health and Well-Being*. The workshop focused on developing “a model that incentivizes payment approaches that are person centered, integrative, and holistic in advancing individual, community, and population health.”

A special publication, *Valuing America’s Health: Aligning Financing to Award Better Health and Well-Being* (2023), elaborates on this work and calls for “a bottom-up movement to influence the nation writ large” and “health transformation through disruptive change.” The report identified two key approaches that prevent disease and reduce morbidity and prevalence: (1) value-based care; and (2) upstream social, environmental, and community factors.

Valuing America’s Health calls for “increasing by 50 percent public and private expenditures on social interventions that have been proven to improve health.” The report further suggests that “community-based organizations and nontraditional service providers . . . are often better suited to operationalize and implement whole health interventions than traditional health care providers,” citing as examples of such providers “professionals who offer complementary and integrative therapies (e.g., acupuncture, yoga, meditation).”

2. The National Academies of Sciences, Engineering, and Medicine Committee on Transforming Health Care to Create Whole Health: Strategies to Assess, Scale, and Spread the Whole Person Approach to Health was tasked with examining the potential for improving health outcomes through whole-health care and recommending future directions and priorities for the VA and other health systems interested in implementing whole-person care. A 2023 consensus report, *Achieving Whole Health—A New Approach for Veterans and the Nation*, highlights the inadequacy of our current healthcare system, which predominantly focuses on disease treatment and operates under a fee-for-service model. This report calls for a shift toward person-centered, comprehensive, holistic, upstream-focused, equitable, and accountable care.

Evidence Base for Cost Effectiveness

Research from the MGH Benson-Henry Institute suggests the cost-saving potential of relaxation practices such as yoga postures, breathing exercises, and meditation. This study revealed a remarkable 43% reduction in the need for medical care, translating to significant cost savings ranging from \$640 to \$60,200 per patient per year, depending on the context (Stahl, et al., 2015).

Strikingly, the authors note that because the intervention of yoga “has minimal risk, minimal cost and yields substantial benefits for patients with a wide variety of illnesses...data suggests that mind body interventions should perhaps be instituted as a form of preventative care *similar to vaccinations or driver education*” (emphasis added).

Projections from the Centers for Medicare & Medicaid Services indicate that national health expenditures will rise significantly, reaching \$7.2 trillion in 2031 (CMS, 2023). Yoga therapy offers a unique advantage in this context. Unlike many healthcare interventions, it does not require significant administrative infrastructure, expensive equipment, or an abundance of staff. It can be offered in various settings including community centers, waiting rooms, work sites, schools, federally qualified health centers, and hospitals, with minimal overhead costs. When delivered in group settings, the direct costs become even lower. From a lifestyle medicine and prevention perspective, yoga therapy has the potential to yield substantial returns on investment, with prevention yielding \$5.60 per dollar invested (Levi et al., 2008).

Research suggests that interventions that promote education and healthy lifestyles are among the most effective cost-containment measures (Thornton & Rice, 2008). Yoga therapy empowers people to actively participate in their well-being, offering self-management strategies for better health outcomes. According to Thornton and Rice, “Not only do these actions lead to reductions in health care spending, they also improve the health status of the population, and may help to achieve other important social policy goals.”

Implementation

The scope for implementation of yoga therapy is broad and systemic. Yoga therapists and other professionals with yoga therapy training can be integrated across all health and health-promoting sectors.

The Department of Veterans Affairs Whole Health System approach includes yoga, and the National Academy of Sciences suggests that this model be scaled to the broader U.S. population. Co-locating yoga therapists with primary care providers holds significant promise and aligns with the growing recognition of the importance of integrated care to make healthcare more accessible and comprehensive for patients. Other sites of current yoga therapy practice include prisons, rehabilitation centers, drug and alcohol treatment programs, and senior living centers.

Strategies

Two National Academy reports suggest both bottom-up and top-down implementation strategies for value-based care such as yoga therapy. Bottom-up frameworks would include integrating yoga therapy organizations into community-governed, multi-stakeholder coalitions such as Accountable Communities for Health or Community as Medicine initiatives. Yoga therapists need to be considered integral to health workforce shortages identified by the *Achieving Whole Health* report. Cross-disciplinary training in yoga therapy also stands to strengthen the efficiency and effectiveness of such coalitions.

A global budget payment arrangement that sets a budget for the delivery of care to a population over a specified time period and incorporates financial accountability for the facility or provider is a potential source of funding for community-based yoga therapy initiatives and a way to provide financial incentives for whole-health measures. Apart



from value based care-oriented payment options, IAYT is currently pursuing a Category III CPT code to track the utilization of yoga therapy services in clinical settings.

A key top-down strategy identified by the *Achieving Whole Health* report is the establishment of a national Center for Whole Health Innovation. The report recommends that the Department of Veterans Affairs, in partnership with the Department of Health and Human Services, create this center to “advance the policies and payments for whole health care. The center would be charged with developing the needed policies, practices, and tools required to support scaling and spread of whole health both within VA and, more broadly, across health, community, and social systems nationally.” IAYT, on behalf of its professional yoga therapy practitioner members in the United States, would welcome the opportunity to participate in such work.

Recommendations from the *Valuing America's Health* report include:

- Require a 2% to 5% withholding from current federal grants to state programs to create a flexible federally funded pool for which localities or states could apply to implement community-governed whole-person health-improvement strategies.
- Set goals for an increased amount of community benefit dollars and grants spent on evidence-based services and strategies that strengthen whole-person, whole-population health and well-being.
- Hold health systems accountable to anchor organization practices that will promote whole-person, whole-population health through payer-provider contracts.
- Build alliances with key community partners (e.g., law enforcement, emergency response, criminal justice, schools, and social services providers) that encourage cooperation within the local ecosystem to support outcomes aligned with the Quintuple Aim of improving patient care, outcomes, costs, health equity, and clinician well-being.

Given the practice’s alignment with the above recommendations, its safety, and its patient-centered holistic approach, we at IAYT believe that yoga therapy should be included in a comprehensive plan to reduce healthcare costs and improve patient outcomes. We respectfully urge the House Budget Committee Health Care Task Force to explore avenues for incorporating yoga therapy into the U.S. healthcare system, to the benefit of our citizens' health and the sustainability of our healthcare budget.

We are available to provide further information, participate in discussions, or offer any assistance necessary to support innovative solutions to the problem of healthcare costs.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alyssa Wostrel', written in a cursive style.

Alyssa Wostrel, MBA
Executive Director
International Association of Yoga Therapists

References

Centers for Medicare & Medicaid Services. (2023). National health expenditure data: Projected. Retrieved from www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/projected

de Manincor, M., Bensoussan, A., Smith, C., Fahey, P., & Bouchier, S. (2015). Establishing key components of yoga interventions for reducing depression and anxiety and improving well-being: A delphi method study. *BMC Complementary and Alternative Medicine*, *15*, 85. <https://doi.org/10.1186/s12906-015-0614-7>

Levi, J., Segal, L. M., & Juliano, C. (2008). *Prevention for a healthier America: Investments in disease prevention yield significant savings stronger communities*. Trust for America's Health.

National Academies of Sciences, Engineering, and Medicine. (2023). *Achieving whole health: A new approach for veterans and the nation*. Washington, D.C.: The National Academies Press. <https://doi.org/10.17226/26854>

National Academy of Medicine. (2023). *Valuing America's health: Aligning financing to award better health and well-being*. Washington, D.C.: The National Academies Press. <https://doi.org/10.17226/27141>

Stahl, J. E., Dossett, M. L., LaJoie, A. S., Denninger, J. W., Mehta, D. H., Goldman, R., Fricchione, G. L., & Benson, H. (2015). Relaxation response and resiliency training and its effect on healthcare resource utilization. *PLoS One*, *10*(10), e0140212.

Thornton, J., & Rice, J. (2008). Determinants of healthcare spending: A state level analysis. *Applied Economics*, *40*(22), 2873–2889.