



Leaders in Multidisciplinary Care Since 1988

April 9, 2018

Representative Kevin Engler, Chair
Committee on Insurance Policy
Missouri House of Representatives
Jefferson City, Missouri

RE: Support SB 597

Dear Representative Engler and Members of the Committee:

I am writing on behalf of the Academy of Integrative Pain Management (formerly American Academy of Pain Management) to strongly support SB 597, an act that would expand MO HealthNet payments to include up to twenty (20) visits per year for services limited to examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned articulations and structures of the body provided by licensed chiropractic physicians practicing within their scope of practice.

We applaud you for recognizing the importance of ensuring access to quality and affordable health care, as well as to a full range of licensed health care professionals. As the largest pain management organization in the nation, AIPM represents nearly 4,000 clinicians across the country who treat pain. We embrace, as part of our mission statement, an integrative model of care that is patient-centered; considers the whole person; encourages healthful lifestyle changes as part of the first line of treatment to restore wellness; is evidence-based; brings together all appropriate therapeutic approaches to reduce pain and achieve optimal health and healing; and, encourages a team approach. Further, because effective, high-quality pain care often requires multiple providers and multiple interventions to help people with pain achieve optimal wellness, our highest policy priority is to ensure access to, and adequate insurance coverage for, integrative pain care.

Similar to other chronic conditions like diabetes and high blood pressure, chronic pain isn't typically cured, but is managed with a combination of therapies and approaches specific to the individual. However, this kind of interdisciplinary integrative pain care is uncommon, in part because services other than traditional allopathic medical care are often poorly reimbursed and in part because these services are often in short supply in rural and other underserved areas. **If we are to optimally treat the 100 million Americans living with pain while reducing the prescription drug overdose epidemic, we must increase access to alternative forms of treatment, including chiropractic care, physical therapy, massage therapy, and more.**

Support for integrative pain care has been growing in recent years. The Department of Veterans Affairs and Department of Defense support this approach to treatment, their own guidelines stating that there is sufficient evidence on physical manipulative therapy (osteopathic and chiropractic), acupuncture, massage, biofeedback, and yoga to deem them effective treatments for pain. The Centers for Disease Control and Prevention has stated that nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain and has recommended that when opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate. Despite the wider recognition and adoption of integrative medicine, group health plans and health insurers have discriminated against complementary and alternative service providers when it comes to reimbursement, compared to reimbursement of conventional medical providers—ensuring coverage for chiropractic care will help to make this nonpharmacologic option truly accessible to people living with pain.

I respectfully urge you to vote to pass SB 597. I am happy to discuss this issue with you or your staff if necessary. Please feel free to contact me by email at kduensing@aapainmanage.org, or by telephone at 209-288-2214.

Sincerely yours,

A handwritten signature in cursive script that reads "Katie Duensing".

Katie Duensing, J.D.
Director of Legislative and Regulatory Affairs
Academy of Integrative Pain Management

cc: Senator Jeanie Riddle