



Leaders in Multidisciplinary Care Since 1988

April 10, 2018

Representative William J. Lippert Jr., Chair
House Committee on Health Care
Vermont General Assembly
Montpelier, Vermont

RE: Support S 224

Dear Representative Lippert 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 S 224, an act that would allow health insurers to subject health care services provided by a chiropractic physician to co-payments, but only so long as those co-payments are not greater than the amount of the co-payment applicable to care and services provided by a primary care provider under the plan.

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 S 224. 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 Michael Sirotkin