



February 3, 2017

The Honorable Ann Rivers
Chairwoman
Washington State Senate Health Care Committee
466 J.A. Cherberg Building
PO Box 40466
Olympia, Washington 98504

Dear Chairwoman Rivers:

The American Osteopathic Association (AOA) and the Washington Osteopathic Medical Association (WOMA) are writing to encourage you to oppose SB 5518. This bill would require insurers to pay chiropractors the same rate for a procedure identified under a particular spinal manipulation code as it pays osteopathic (DO) or allopathic (MD) physicians for an “equivalent” code. The AOA and WOMA oppose this rate increase as it circumvents evidence-based rate setting procedures followed by all health care professionals and will likely result in a substantial increase in health care costs, as well as incentivize other health care professionals to seek legislative increases in reimbursement rates.

The AOA represents nearly 130,000 DOs and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. WOMA is a professional organization that represents over 1,400 DOs providing patient care in Washington.

The AOA supports the “team” approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. We recognize the role of chiropractors in the US health care system and agree that they are valuable members of the patient-centered health care team. However, chiropractors do not possess the level of education, training and certification that osteopathic and allopathic physicians are required to achieve. This high level of training for physicians naturally makes services provided by physicians more expensive than those provided by chiropractors.

Osteopathic physicians complete four years of osteopathic medical school, which includes two years of didactic study and two years of clinical rotations. Clinical rotations in the third and fourth years are done in community hospitals, major medical centers and physicians’ offices. This is followed by three to seven years of postgraduate medical education, i.e. residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions. By the time DOs complete their training, they have received between 12,000-16,000 hours of patient care

experience. This allows physicians to provide comprehensive medical care to their patients. Chiropractors are not required to undergo the same amount of training as a DO and as a result, are limited in their scope of practice to chiropractic treatments. These services are not within the practice of medicine and can therefore not be compared with those provided by physicians.

Payment for medical codes is determined by the Centers for Medicare and Medicaid services, based upon the recommendations of a committee comprised of medical specialty societies and health care professional organizations, including chiropractors. Each specialty makes recommendations based on the results of surveys completed by their members. If a specialty believes that its codes are misvalued, it may present evidence from member surveys to the committee, which meets regularly. Code values are determined by the resource costs needed to provide the associated service, which account for the time it takes to perform the service, the technical skill and physical effort, the required mental effort and judgment and stress due to the potential risk to the patient. Practice expenses and professional liability insurance costs are also considered. Chiropractic spinal manipulation is much more limited than osteopathic manipulative treatment (OMT), which may be performed on any of the ten body regions exclusively by a physician. Based upon the above factors, the code value set for OMT and other physician codes is higher.

Increased reimbursement rates for chiropractors may set a dangerous precedent by suggesting to other health care professionals that they should seek similar rate increases, resulting in even greater health care costs across the board. In the interest of public health, safety and access to affordable care, health professionals' roles and reimbursement must continue to be based on their level of training, education, experience and examination. **We urge you to protect affordable health care for Washington's patients by opposing SB 5518.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, Associate Vice President, State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,



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President, AOA



Michael J. Scott III, DO
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