



John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT

Co-Chair, Joint Committee on Finance

Assembly Bill 648 – physical health services and acupuncture under Medical Assistance program.

**Assembly Committee on Health
Testimony by State Rep. John Nygren
January 7, 2020**

Chairman Sanfelippo and members of the Assembly Committee on Health, thank you for allowing me the opportunity to testify on Assembly Bill 648.

Expanding access to non-addictive pain treatment is one of the best things we can do to prevent opioid addiction.

In the budget, Republicans included \$500,000 GPR and \$730,000 FED in each year of the biennium for physical health service provider reimbursement. The funding was placed in the Joint Committee on Finance supplemental account with the intention of having the Department of Health Services meet with various physical health providers like Physical Therapists and Chiropractors to determine how best to utilize the funding.

The increased funding was intended to improve access to alternative methods of pain relief without the prescription of addictive opioids. These methods may provide similar levels of treatment and pain relief without the risk of substance abuse.

This bill accomplishes what was passed by Republicans in the state budget and places \$500,000 GPR each year of the biennium in the Joint Committee on Finance supplemental account. Upon passage, we hope DHS will meet with providers and stakeholders to address the best strategy to increase reimbursement rates.

Additionally, this bill includes acupuncture provided by a certified acupuncturist as a reimbursable benefit under the Medicaid Assistance program.

Nonpharmacologic treatments, including acupuncture, are underutilized in the treatment of chronic pain. By increasing the availability of safe, effective nonpharmacologic treatments for chronic pain, patient exposure to opioids can be reduced.

A substantial body of evidence demonstrates that acupuncture is effective for chronic pain. The World Health Organization, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Institutes of Medicine recognize the effectiveness of acupuncture based on data from controlled clinical trials and systematic reviews of the evidence for the management of numerous types of pain.

The Department of Health Services, in an April 2018 Report on Physical Medicine Alternatives to Pharmacological Treatment of Low Back Pain, included a recommendation that acupuncture be added as a covered benefit in the Medicaid program to allow the program to develop and implement appropriate parameters to cover medically necessary acupuncture for chronic pain.



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As the providers after me will testify, physical health treatments can play a major role in initially preventing opioid addiction and providing reimbursement for these treatments will help incentivize them as an alternative to opioids.

Thank you for your time and consideration of this bill. At this time I welcome any questions you may have.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

TO: Members of the Assembly Committee on Health

FROM: Lisa Olson, Legislative Director & Dr. Steve Tyska, Chief Medical Officer, Division of Medicaid Services

DATE: January 7, 2019

RE: 2019 Assembly Bill 648, relating to: physical health services and acupuncture under the Medical Assistance program

Good morning, Chairman Sanfelippo and members of the Assembly Health Committee. My name is Lisa Olson and I am the Legislative Director at the Department of Health Services (DHS). I am joined today by our Chief Medical Officer within the Division of Medicaid Services, Dr. Steve Tyska. We appreciate the opportunity to provide testimony in support of Assembly Bill 648, which would add acupuncture as a covered benefit within the Medicaid program and set aside funds to increase reimbursement rates for physical health services.

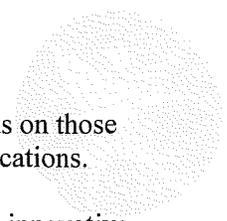
The 2017-19 biennial budget required DHS to study best practices for physical health services and the impact that these services have on prescription and over-the-counter drug usage by individuals within the Medicaid program. The results of this study were submitted to the legislature in the spring of 2018 and concluded that acupuncture was one of the only services which could be used for chronic pain but was not otherwise covered by Medicaid. The report noted that acupuncture could present an opportunity to pilot a new coverage benefit within Medicaid.

Several other states, including Minnesota and Ohio in the Midwest, have passed legislation allowing Medicaid members to access non-pharmacologic pain treatment therapies such as acupuncture. In some instances, the benefit is limited to certain conditions such as back and neck pain, persistent chronic pain, and post-traumatic stress disorder. Additionally, other states have added physicians, osteopaths, and chiropractors who have obtained acupuncture specialties as eligible provider types.

Further, in early 2019, CMS issued an informational bulletin that outlines state approaches and effective practices for addressing the opioid epidemic within the Medicaid program. Of the non-opioid & non-pharmacological therapies, acupuncture was specifically named as an intervention, with additional information from the Agency for Healthcare Research and Quality (AHRQ), which found that acupuncture treatment was associated with improvements in pain and functioning for at least one month for patients with chronic low back pain, chronic neck pain, and fibromyalgia.

While AB 648 does not mandate conditions that must be covered by the Medicaid program it does require that the acupuncture services are provided by a certified acupuncturist, which the Department supports.

While there is still a great deal to be done, the state is seeing progress related to the opioid epidemic as evidenced by the declining number of opioid prescriptions being written by providers as well a



decrease in the number of opioid deaths. The Department believes that this legislation builds on those successes and will give Medicaid patients additional treatment options outside of pain medications.

We appreciate the engagement of the bill authors on AB 648 and thank them for supporting innovative treatment alternatives for chronic pain. With that, we'd be happy to answer any questions from the committee.



To: Assembly Committee on Health
From: Kelly Hora, MS, MAc, Dipl.Ac, CAc
Wisconsin Society of Acupuncturists (WISCA)
Date: January 7, 2020
Re: Assembly Bill 648

Chairman Sanfelippo and members of the Committee, thank you for the opportunity to testify in support of Assembly Bill 648. And thank you to Representative John Nygren and Senator Kathy Bernier for authoring this important piece of legislation.

My name is Kelly Hora and I am an acupuncturist practicing in Madison; I see patients through the UW Department of Integrative Health at UW Hospital and Clinics and am in private practice. I am past president and current legislative chair of the Wisconsin Society of Acupuncturists, our state's professional association and one of two Wisconsin delegates to the American Society of Acupuncturists, the national federation of acupuncturists and state association members. My involvement with advocacy and public health initiatives coupled with ongoing patient care enable me to see powerful impacts acupuncture can have on an individual's quality of life, their family and in their community.

Confidence in acupuncture has grown rapidly based on data from controlled clinical trials and systematic reviews of the evidence for the management of numerous types of pain. Early in my career as an acupuncturist, many patients were coming to see me as a last resort. Today patients are choosing to use acupuncture as a first step for pain management because they and their providers recognize that acupuncture is an effective non-pharmacological option for pain. As awareness of adverse consequences of opioid use increases, patients and providers are seeking safe, non-addictive alternatives such as acupuncture.

While private insurance coverage for acupuncture is growing, a majority of acupuncture patients in Wisconsin pay out of pocket for treatment. Since the structure of insurance payment and coverage policies exert powerful effects on how pain is managed, those on Medicaid have fewer non-pharmacological pain management options than those who are privately insured or can afford out of pocket care.

The Department of Health Services, in an April 2018 Report on Physical Medicine Alternatives to Pharmacological Treatment of Low Back Pain, included a recommendation that acupuncture be considered as a covered benefit in the Medicaid program to allow the program to develop and implement appropriate parameters to cover medically necessary acupuncture for chronic pain. Several states have already implemented acupuncture as a

covered benefit and Medicare is conducting a review of the use of acupuncture for the treatment of lower back pain.

One of the most visionary and successful public programs utilizing acupuncture is the Department of Defense. Currently all veterans have access to acupuncture coverage for pain management treatment through the VA. Due to greater awareness of the adverse consequences of opioids, many patients are being referred to acupuncture proactively as their physicians reduce longstanding prescriptions for medically assisted pain management. In my practice I have treated veterans with combat and non-combat related pain who have responded so well to treatment that they are able to reduce the amount of pain medication they use while enjoying greater mobility and better quality of life. Acupuncture is used successfully before and after surgery to improve outcomes such as reduced infections and pain medication requirements.

In addition to pain management, acupuncture can also support patients in recovery for drug and alcohol abuse making it a viable option for symptoms of withdrawal or cravings. While an acupuncture student, I volunteered in the Baltimore County Jails treating inmates referred through what was called 'drug court'. We administered acupuncture three times a week in the jail and in a residential recovery center in the community, which was shown to increase clean urines and reduced relapse.

In closing, the Wisconsin Society of Acupuncturists supports Assembly Bill 648 because it is an important first step to open the door for acupuncture coverage for the Medicaid population seeking non-pharmacological options for pain management. Acupuncture is safe, non-addicting and evidence based, safe for use by pregnant women and children.

Thank you for your time and I am available for any questions.



Wisconsin Physical Therapy Association

A CHAPTER OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

3510 East Washington Avenue • Madison, WI 53704

Telephone 608/221-9191 • Fax 608/221-9697 • wpta@wpta.org • www.wpta.org

TO: Chairman Sanfelippo and Members of the Assembly Committee on Health

FROM: Dennis Kaster PT,
President, Wisconsin Physical Therapy Association

DATE: January 7, 2020

RE: Support of Assembly Bill 648, relating to: physical health services and acupuncture under Medical Assistance

Chairman Sanfelippo and members of the Assembly Committee on Health, my name is Dennis Kaster and I am the President of the Wisconsin Physical Therapy Association (WPTA). I appreciate the opportunity to submit testimony in support of Assembly Bill 648 (AB 648).

We would first like to thank Representative Nygren and Senator Bernier for their work on this important legislation.

Current reimbursement rates do not come close to covering the cost of providing physical therapy treatment and creates a significant barrier for Medical Assistance patients to receive physical therapy, which in turn causes MA patients to suffer worse outcomes. In addition to insufficient reimbursement rates, there is additional administrative burden in obtaining authorization to see these patients.

In a physical therapy setting specifically, clinics lose a significant amount of money when they treat MA patients. Many practices, both small private ones, and large hospital systems, avoid seeing Medical Assistance patients due to the financial losses of doing so. We have seen some recent changes to the Medical Assistance program that has helped to streamline the authorization process, which has helped, but more change is needed. This bill would add additional funding to improve the reimbursement for providing physical therapy to MA Patients.

There is a great deal of research showing that physical therapy for musculoskeletal problems reduces the overall cost of care, decreases medical imaging, and the use of opioids, while at the same time improving patient outcomes. On the other hand, there is research showing that as little as 7%-15% of all patients who would benefit from physical therapy actually get it.

Physical therapy helps to reduce pain, increase appropriate strength, range-of-motion, function and exercise. Physical therapy also empowers patients through education, helping them to understand the causes of their pain or dysfunction, take control of their issues and treat their problems conservatively instead of using passive treatments such as opioids to just mask and ignore the root of their pain.

Decreasing barriers to physical therapy for Medical Assistance patients will decrease the overall cost of care within the MA program and facilitate improved outcomes for the patients.

This bill is an investment in higher quality healthcare and improved outcomes, and is the direction we would like to see health care move. Thank you for the opportunity to submit testimony in favor of Assembly Bill 648.

Any questions please feel free to contact our lobbyist Annie Early (414) 405-1050 or Jeremy Shepherd (608) 516-7715.



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TO: Members of the Assembly Committee on Health

FROM: Lynn Steffes, PT, DPT, CHC, Payment Specialist, WPTA

DATE: January 7, 2020

RE: Support of 2019 Assembly Bill 648, relating to: physical health services and acupuncture under MA

Good morning Chairman Sanfelippo and members of the Assembly Committee on Health. My name is Lynn Steffes and I am the Payment Specialist at the Wisconsin Physical Therapy Association (WPTA). I appreciate the opportunity to provide testimony in support of Assembly Bill 648 (AB 648).

Our Association represents over 2,700 Physical Therapists and Physical Therapist Assistants in our state. In my role as the Payment Specialist, I work with small rural clinics such as Core Physical Therapy in Evansville, WI, who only employs one Physical Therapist and as large as Advocate/Aurora and Mayo Clinic. In my travels around the state, I hear about so many challenges our providers have in trying to serve Wisconsin residents who want to return to active, independent, pain-free-lifestyles without relying on drugs – especially opioids!

Physical Therapists are dedicated professionals who can be the first choice along-side our other conservative healthcare providers for treating both acute and chronic musculoskeletal pain. We look to provide hands on, active care that both treats the underlying condition and addresses pain. We know that the quicker a patient has access to physical therapy, the less likely they are to rely on opioids for pain relief.

In Wisconsin, our Medicaid population is among the most vulnerable to problems with addiction. Physical therapy providers who want to be part of the solution for non-pharmacological treatment of pain have had two primary barriers. First and foremost, the barrier of needing both a physician referral and a cumbersome prior authorization prior to delivering treatment. Both of these administrative barriers create delays in accessing care. I am however happy to report that the current and past Department of Health Services (DHS) leadership have been actively working with our association on reducing those barriers, although referral challenges continue.

However, the second major barrier that remains is the poor payment provided to providers for these services. The last time Wisconsin Physical Therapists had an increase in fee schedule was well over a decade ago! Each time a Medicaid patient is served by a Physical Therapist, there is a financial loss. Depending on the setting it could be as much as over \$50/visit. Unfortunately, this creates a disincentive to promptly schedule these patients and provide the comprehensive services they need to overcome their musculoskeletal problems and pain.

We are so hopeful that this bill provides some much overdue relief to our providers as they try to serve our most vulnerable population, Medicaid beneficiaries with musculoskeletal pain. Thank you for your consideration and support of this legislation.

PHYSICAL THERAPY: A SAFE ALTERNATIVE TO OPIOIDS FOR PAIN MANAGEMENT



No one wants to live in pain. But no one should put their health at risk in an effort to be pain free.

Doctor-prescribed opioids are appropriate in some cases, but they just mask the pain—and opioid risks include depression, overdose, and addiction, plus withdrawal symptoms when stopping use. That’s why the CDC recommends safer alternatives like physical therapy to manage pain.

Physical therapists treat pain through movement, hands-on care, and patient education¹—and by increasing physical activity you can also reduce your risk of other chronic diseases.

WHY PHYSICAL THERAPY FOR PAIN MANAGEMENT?

Physical therapists treat pain through movement.	Opioids only mask the sensation of pain.
Physical therapy “side effects” include improved mobility, increased independence, decreased pain, and prevention of other health problems through movement and exercise.	Opioid side effects include depression, overdose, addiction, and withdrawal symptoms.
Physical therapy is effective for numerous conditions, and the CDC cited “high quality evidence” supporting exercise as part of physical therapist treatment for familiar conditions like low back pain, hip and knee osteoarthritis, and fibromyalgia.	Opioid effectiveness for long-term pain management is inconclusive in many cases.

OTHER REASONS TO #CHOOSEPT

Alternative to surgery: Physical therapy has been found to be as effective as surgery for conditions including meniscal tears and knee osteoarthritis², and rotator cuff tears³.

Individualized treatment: Physical therapist treatment plans are tailored to each person’s needs and goals, taking preexisting conditions into account.

Identification of potential risks: Physical therapists can identify additional health issues, beyond what the patient initially reports, thereby improving a person’s overall health and quality of life.

REFERENCES

- 1 Rundell SD, Davenport TE. Patient education based on principles of cognitive behavioral therapy for a patient with persistent low back pain: a case report. *J Orthop Sports Phys Ther.* 2010;40:494–501.
- 2 Katz JN, Brophy RH, Chaisson CE, et al. Surgery versus physical therapy for a meniscal tear and osteoarthritis [erratum in: *N Engl J Med.* 2013;369:683]. *N Engl J Med.* 2013;368:1675–1684.
- 3 Longo UG, Franceschi F, Berton A, et al. Conservative treatment and rotator cuff tear progression. *Med Sport Sci.* 2012;57:90–99.



To: Assembly Health Committee members
From: Chiropractic Society of Wisconsin
RE: Support of AB 648

The chiropractic society of Wisconsin is registering in support of AB 648.

The damaging ramifications of the opioid crisis continues to be an issue not only in Wisconsin, but worldwide.

The Chiropractic Society of Wisconsin continues to be a leader in the education of Wisconsin citizens on the opioid crisis, but more importantly for the last 8 years we have been providing education on safe and effective options available for pain management through chiropractic care.

The CSW testified at the Milwaukee taskforce hearing chaired by Representative Nygren and then Lt. Governor Kleefisch on the statistics primarily from United Healthcare that fully demonstrate not only the effectiveness of chiropractic services, but when chiropractic is chosen as one of the first health service options for pain management that the overall costs to the entire healthcare system is dramatically reduced.

The current Medicaid system is not favorable to chiropractic care. The reimbursement is historically low, but more importantly there are unfair and unnecessary barriers to chiropractic care including a mandatory "break" in care based not on patient needs, but an arbitrary department policy.

AB 648 provides new funding for "non-pharmacologic interventions used for the treatment of mitigation of pain including chiropractic methods and physical therapy.

The CSW fully supports AB 648 and hopes it is the first step in a path to allow Medicaid beneficiaries the ability to receive chiropractic care.

Occupational Therapy and Pain Rehabilitation

Chronic pain is a major public health problem in the United States. One in four Americans, or 116 million people, have some form of persistent pain. Chronic pain causes tremendous human suffering for its victims, their families, and society as a whole. The Institute of Medicine's report (National Academies Press, 2011) estimated that costs of providing medical care and lost productivity due to pain are \$560 to \$625 billion annually. This dollar amount exceeded the combined costs of heart disease, diabetes, and cancer.

Chronic pain can lead to increased dependency on others, loss of worker and family roles, and difficulty participating in everyday activities. Sleep problems, depression, anxiety, social isolation, and overall reduced quality of life are common issues facing people with chronic pain. The pain is often intractable, and resistant to or not relieved by available medical approaches. A biopsychosocial, interdisciplinary approach has the greatest evidence base for efficacy, cost effectiveness, and preventing iatrogenic complications (Schatman, 2012).

Role of Occupational Therapy

Over time, chronic pain leads to a sense of disempowerment, and the loss of control to engage in daily activities. Using a self-management approach, occupational therapy focuses on helping individuals participate in daily activities in adaptive ways. Through the occupational therapy process, specific performance problems in daily living are assessed, valued activities are identified, and evidence-based therapeutic approaches are used to address the client's goals. Occupational therapy is a necessary and core component of any comprehensive pain rehabilitation program.

Intervention Approaches

Education

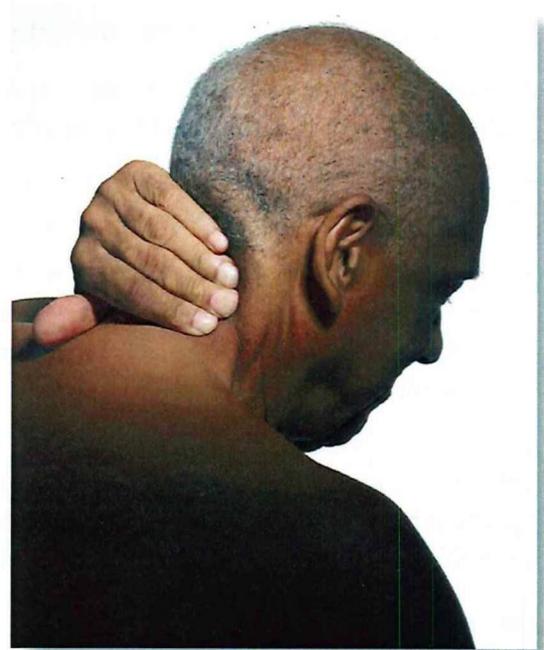
Clients are often uninformed about the neurophysiology of the pain response, their specific pain diagnosis, and non-medical approaches used to manage pain. The process of informing clients about their pain, and clarifying treatment expectations and the self-management approach, prepares them for active participation in the rehabilitation process.

Functional Goal Setting

Clients are involved in identifying and setting goals for their own therapy. This process supports client motivation and participation while improving therapy outcomes.

Training

- **Proactive Pain Control:** Clients are taught to independently and proactively use pain control modalities, such as heat or cold. When used safely and proactively (vs. reactively), increases in baseline pain levels can be avoided throughout the day, enabling participation in daily activities.
- **Safe Body Mechanics and Ergonomics:** Clients often become fearful of pain with movement and subsequently avoid activities. Instruction in safe body mechanics, with opportunities to practice and receive feedback, promotes feelings of self-efficacy. Clients learn to safely perform basic activities of daily living, work, leisure, social, and community activities using techniques that reduce or prevent strain on body structures. Ergonomic assessments identify environmental factors that may be contributing to pain problems and that can be modified to improve function.



- **Neuromuscular Re-education:** Over time, persistent pain leads to abnormal movement patterns and postural deviations. Occupational therapists retrain clients to perform tasks with the appropriate muscle groups using adjunctive modalities, such as electromyographic biofeedback, to prepare them to participate in valued activities.
- **Muscle Tension Reduction Training:** Pain is a stressor on the body and mind. Learning to relax muscles and calm the mind allows the client to feel in control of his or her body while reducing pain levels.
- **Communication Skills Training:** Chronic pain is an invisible disability. Assertive behavior (e.g., saying “no,” explaining needs and desires comfortably) enables clients to manage their disability with less conflict and frustration.
- **Proactive Problem Solving:** Previously avoided activities may be accomplished when clients are taught to be proactive problem solvers. This process involves anticipating potential problems and planning for challenges ahead of time.
- **Pacing Activities:** Many clients with chronic pain have problems in self-regulating their activity levels. This often leads to flare ups whereby they experience higher than baseline levels of pain, for extended periods. Occupational therapists teach clients to pace their activities, such as taking breaks, changing the way an activity is done, or asking for help, as effective coping strategies.

Home Exercise Program

Self-management includes actively maintaining a healthy lifestyle, including home exercise programs. These programs are specifically tailored to meet the needs of individual clients and include physical movement, daily relaxation or meditation practice, proactive use of pain control modalities, etc.

Screening for Additional Referrals

Chronic pain can be accompanied by psychological, cognitive, emotional, and/or physical difficulties. When appropriate, therapists may refer clients for additional services to facilitate best practice and optimal therapy outcomes.

How and Where to Refer a Patient for Occupational Therapy Services

Occupational therapy to address chronic pain is best provided by therapists skilled in pain management and as part of an interdisciplinary team. Comprehensive pain management programs can be found in outpatient centers, although there are a few inpatient programs available in the United States. Additionally, occupational therapists may provide pain management services as part of palliative or hospice care or home health services. Early referral for services leads to better outcomes (i.e., before the pain leads to increasing levels of physical deconditioning, psychological distress, and overutilization of health care).

Conclusion

When pain becomes chronic, it leads to pain-related disability, human suffering, and tremendous economic costs. Evidence-based practice supports interdisciplinary and biopsychosocial approaches as the gold standard for managing chronic pain. Occupational therapy, focused on client-centered care and promoting optimal independence and satisfaction with performance, is an essential part of any comprehensive pain management program.

References

National Academies Press. (2011). *Relieving pain in America*. Washington, DC: Author.

Schatman, M. (2012). Interdisciplinary chronic pain management: International perspectives. *IASP Clinical Updates*, 20(7), 1–5.

January 7, 2020

Wisconsin Legislators,

A growing number of options are becoming available for non-pharmacological pain relief treatments. Occupational Therapists play a key role in pain management. We ask that you include Occupational Therapists in Assembly Bill 648.

Occupational Therapists provide pain management services to patients in several different capacities.

- **Dry needling:** This is a physical treatment, like manual therapy, that has been proven to reduce and manage musculoskeletal pain. In Wisconsin, Occupational Therapists provide dry needling to patients. It is different from Acupuncture, and provides pain relief without medication.
- **Activity Modification:** OTs train clients on safe body mechanics and ergonomics. OTs help clients assess their activities and occupations, adjust their movements, and employ tools or other resources in order to reduce pain.
- **Modality Application:** OTs are trained to recognize and utilize heat and cold modalities to reduce a client's pain perception. In addition, OT's are trained on biofeedback and various forms of electrical stimulation have been shown to reduce pain thresholds, reduce inflammation which results in pain, and impact transmission of the pain response to the brain.
- **Pacing Activities:** Often patients struggle with recognizing the appropriate pace for specific activities. OTs can help patients identify proper pacing of activities, in order to reduce strain.
- **Manual Therapy**
- **Cognitive based approach:** This can include training and education in mindfulness, guided imagery, cognitive behavioral education, progressive relaxation training, and pain neuroscience education.
- **Exercise:** training and education in specific exercises to reduce and eliminate pain perceptions.

The Wisconsin Occupational Therapy Association believes that OTs and OT assistants play an important role in pain management. OT services employ non-pharmacological solutions to pain, and should be recognized as part of AB648.

Included with this letter is a letter from the American Occupational Therapy Association, which specifically outlines the OT's role in pain management.

Thank you in advance for your thoughtful consideration and support.

Sincerely,



Dr. Jennifer Labonte, OTD, OTR/L, MS, RAC-T, LSVT BIG, CKTP OTD
Wisconsin Occupational Therapy Association



Testimony of Dr. Gene Yellen Shiring, President of the Wisconsin Chiropractic Association

Assembly Bill 648/SB 600 relating to physical health services and acupuncture under Medical Assistance.

Thank you Mr. Chair and members of the committee for the opportunity to appear today and provide comments on AB 648/SB 600.

My name is Dr. Gene Yellen Shiring and I am President of the Wisconsin Chiropractic Association. I am graduate of Palmer College of Chiropractic and hold a certification in sports and extremities. I have been in practice for 28 years with LSM Chiropractic and live in Madison.

The Wisconsin Chiropractic Association has a singular focus of expanding access to chiropractic care in Wisconsin. We fully support AB 648 and SB 600 and applaud your efforts to maintain and potentially increase the ability of Medicaid patients to access chiropractic care to treat musculoskeletal conditions and improve the overall health of Wisconsin residents.

Numerous studies show that chiropractic care is effective in reducing the likelihood of back surgeries and can reduce opioid usage in the treatment of musculoskeletal conditions (www.acatoday.org/Research/What-Research-Shows).

I will just quickly draw your attention to very recent study that was published in 2019 in the prestigious British Medical Journal Open. The study is entitled: **Observational retrospective study of the association of initial healthcare provider for new-onset low back pain with early and long-term opioid use.** And I have provided a link to the study in my printed comments (<https://bmjopen.bmj.com/content/9/9/e028633>). The broad study returned a conclusion which very clearly supports the intent of this legislation. Reading from the abstract summary:

Conclusions Initial visits to chiropractors or physical therapists is associated with substantially decreased early and long-term use of opioids. Incentivising use of conservative therapists may be a strategy to reduce risks of early and long-term opioid use.

In 2017, the American College of Physicians issued guidelines recommending that “physicians and patients should treat acute or subacute low back pain with non-drug therapies such as superficial heat, massage, acupuncture, or spinal manipulation.”

Having treated Medicaid patients for all of my career, what I want to emphasize today is how reimbursement rates influence the patient experience and how this affects quality of care.

The current reimbursement rates for treating Medicaid patients makes it challenging to provide them with a quality health care experience. First, we are limited in what services we can

provide (exam, adjustment and X rays when indicated). Highly effective treatments such as laser therapy, exercise rehab and extremity manipulation are not covered by Medicaid and patients do not have the financial resources to pay for them out of pocket. Secondly, the reimbursement rates offered for the services we can provide barely compensate our clinics at a level that allows us to provide a safe, comfortable office environment, well lit and safe parking areas, trained staff to help patients navigate program benefits and the clinical equipment required to provide effective treatment.

Anyone who has received care with LSM knows we take great pride in providing a quality health care experience to our patients. Our clinics are nice but far from lavish.

Medicaid patients have their own unique set of challenges. Gaining the trust of a patient and getting them to stick to a treatment plan involves many factors. With Medicaid patients, simple things like being able to receive care outside of normal business hours can make a world of difference. Many of these patients have to manage child care and transportation issues that make evening and weekend hours necessary. A safe, well lit parking lot that has been plowed and salted (we love Wisconsin winters) is a necessity in serving these patients. These services and many other costs contribute to the overhead expenses associated with running a clinic.

Those that say low Medicaid reimbursements only affect the compensation of chiropractors clearly do not understand the economics of running a chiropractic clinic. We have 16 clinics and in many cases barely break even or lose money treating Medicaid patients. We continue to provide care for this population because we value them as members of our community and believe it is the right thing to do as Doctors of Chiropractic. For many clinics, the economics of treating Medicaid patients do not make sense. If reimbursement rates continue to remain flat or decline further, the State Medicaid program runs the risk of reducing access to chiropractic care.

At a time when the opioid crisis is still the largest public health threat facing our country and surgical costs continue to rise, we should be looking to increase access to chiropractic care.

AB 648/SB 600 provides a very modest increase in Medicaid reimbursements for chiropractors and other physical medicine providers. This increase will help maintain access to chiropractic care and allow patients to receive the type of quality health care that avoids opioids, reduces surgeries and contributes to better overall health.

As a final comment I will just note that today I received the WI Forward Health advisory announcing a 6% increase for physicians and affiliated health care providers, which is a direct result of funding included in the 2019-21 state budget. There was budget language, similar to AB 648 that would have provided increases for physical medicine as well but the provision was ultimately subject to a veto. Without passage of this bill, the physical medicine providers who are best positioned to address pain without drugs or surgery will continue to fall further behind other providers in Medicaid reimbursement rates.

I urge you to support this legislation and thank you for your time today.