



October 7, 2019

ADM Brett P. Giroir, M.D.
Assistant Secretary for Health
Department of Health and Human Services
Office of the Assistant Secretary for Health
200 Independence Ave., S.W., Room 716G
Washington, DC 20201

Dear Assistant Secretary Giroir:

On behalf of the National Association of Specialty Health Organizations (NASHO) and the Physical Medicine Management Alliance (PMMA) please accept these comments on the Pain Management Best Practices Inter-Agency Task Force Final Report on Best Practices: Updates, Gaps, Inconsistencies, and Recommendations. While we appreciated the attention that the critical issue of adopting best practices for pain management has received, we have concerns that the report did not go further in its recommendations. However, we recognize the report is part of the effort to combat the opioid crisis and the administration's work will be ongoing. PMMA believes the administration could take additional steps to increase access to quality integrative healthcare (IH) providers who specialize in physical medicine and musculoskeletal care and employ non-pharmacologic approaches to managing pain.

NASHO was founded to advance and evolve specialty health care delivery in the United States. Its mission is to enhance and promote the value proposition of specialty health organizations. PMMA consists of organizations representing care management companies who work with thousands of practitioners that specialize in physical medicine/musculoskeletal care and wellness. PMMA members partner with provider specialists to facilitate care delivered via specialty services that include, but are not limited to, physical and occupational therapy, chiropractic care, acupuncture, therapeutic massage and complementary and integrative health. PMMA's focus is on non-pharmacologic, non-surgical options to pain management for musculoskeletal disorders (MSDs).

While PMMA agrees with the report that multi-modal, non-opioid therapies are underutilized; we believe the report puts the entire focus on pharmaceutical management and surgery. Increasing the use of IH providers who specialize in physical medicine and musculoskeletal care can provide a safer and lower cost alternative to both opioids and other higher risk medical procedures, such as surgery. The Centers for Disease Control and Prevention, the National Institutes of Health, the Joint Commission, and American College of Physicians all support primary conservative care incorporating exercise and movement, chiropractic care, physical therapy, massage therapy, and acupuncture which have all been proven effective at

mitigating pain and treating musculoskeletal conditions without the risks and expense associated with prescription drugs and invasive medical procedures. The Joint Commission found that acupuncture was recommended as a first-line treatment in lower back pain by the American College of Physicians.¹ They also found that massage therapy has shown to be effective in adult and pediatric populations with minimal risk of side effects.²

We believe the administration should take steps beyond the recommendations in the report to increase access to IH providers. Allowing primary-based musculoskeletal providers as the patient point-of-entry for back pain management can eliminate or reduce risk of prescription drug abuse/addiction and other comorbidities, increase speed to evaluation, minimize fragmentation, and lower total episode costs. PMMA supports changes to Medicare, Medicaid, and the Affordable Care Act (ACA) exchanges that can help achieve these goals.

Traditional Medicare plans limit access to IH providers by only providing coverage for chiropractic physicians and physical and occupational therapy. Chiropractic coverage is further constrained by limiting the diagnoses (spine-related only) and scope of services (spinal manipulation only) included in this benefit. This is in contrast to medical and osteopathic physicians as well as physical therapists (PTs) and occupational therapists (OTs) who provide similar services to a patient population with musculoskeletal conditions also commonly seen by chiropractic physicians. IH providers are also treated differently in the program because medical and osteopathic physicians are also allowed to opt out of Medicare if they so choose in contrast to chiropractic physicians and physical therapists who may not opt out. Additionally, Medicare does not provide coverage for acupuncture services and has only recently just proposed covering acupuncture for low-back pain for those participating in qualified studies. PMMA believes Medicare beneficiaries should have greater access to a variety of IH providers. This would give beneficiaries greater choice, could result in lower overall health care costs, and can lessen the number of opioid prescriptions. The Centers for Medicare & Medicaid Services could use its demonstration authority to experiment with coverage for alternative treatments to address pain for those with musculoskeletal disorders.

Additionally, PMMA supports expanding the Medicaid benefit to require the inclusion of evidence-based IH services at the state level. Eliminating the barrier to reimbursement for those on Medicaid would help beneficiaries access non-pharmacologic pain management services. Data suggest that Medicaid beneficiaries are prescribed opioids at higher rates than non-Medicaid patients and have a higher risk of overdose.³ Alternative treatments for those with MSD can improve care and help state Medicaid programs address the opioid epidemic.

¹ The Joint Commission; Non-pharmacologic and non-opioid solutions for pain management; Quick Safety; Issue 44; August 2018.

² Ibid

³ Health Affairs Blog; Medicaid Responds to the Opioid Epidemic: Regulating Prescribing and Finding Ways to Expand Treatment Access; <https://www.healthaffairs.org/doi/10.1377/hblog20170411.059567/full/>

Another potential solution would be to expand access to IH providers and services by allowing physical medicine stand-alone plans on the federal exchange. Currently, only medical plans are included on the federal and state exchanges. Increasing access and availability of these plans will give consumers greater choices and opportunities to obtain meaningful care.

PMMA believes eliminating barriers in Medicare, Medicaid, and the ACA exchanges would provide meaningful access to effective physical medicine services and networks. This in turn would improve access for beneficiaries and help aid to address the opioid epidemic.

PMMA supports expanding patient access to IH providers. We believe that any policy discussion on approaches to pain management needs to include a representative sample of IH providers given the key role they play in addressing the opioid epidemic. PMMA would like to be a resource to the Administration as its work on these vital issues continue. If you have any questions regarding our comments, please contact Julian Roberts at jroberts@nasho.org or 404-634-8911.

Sincerely,

A handwritten signature in black ink, appearing to read "Julian Roberts". The signature is fluid and cursive, with a large initial "J" and "R".

Julian Roberts
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