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House Medicare Resolutions Introduced to Protect Chiropractic Turf and Increase Scope of Practice

By Editorial Staff

As reported in previous issues of *Dynamic Chiropractic*, the American Chiropractic Association (ACA) has warned that the new Medicare+ Choice regulations of the Health Care Finance Administration (HCFA) threaten to curtail or eliminate chiropractic services by sending patients to PTs or MDs for adjustments. And because the new Medicare regulations are in essence the government's managed care plan for seniors, the ACA further warns that managed care plans across the country will follow the federal example.

While the ACA has filed suit against the Health Care Finance Administration to combat the new Medicare regulations, the association has also developed a legislative strategy to protect chiropractic patients in Medicare+ Choice and increase the scope of practice for chiropractors in the Medicare Part B program. The crux of this strategy is founded in two resolutions introduced in the U.S. House of Representatives in March.

House Resolution 1046

In 1972, the Medicare statute defined DCs as physicians, but only for the purpose of "manual manipulation of the spine to correct a subluxation" (sec. 1861(r)(5) of the Social Security Act). This limited definition of chiropractic care has severely limited Medicare beneficiaries from seeking many services that DCs are licensed to perform.

On March 10, Representative Wes Watkins (R-OK) introduced the Chiropractic Patient's Freedom of Choice Act (HR 1046) on the floor of the U.S. House of Representatives. The act would amend Title XVIII of the Social Security Act to provide reimbursement for all physician services for doctors of chiropractic within the scope of their license under the Medicare program.

"I am a believer in chiropractic," said Watkins, a member of the House Ways and Means Committee. "It has been an important component of good health for myself and millions of Americans, and it ought to be more widely available to Medicare beneficiaries. I am proud to introduce this legislation which will allow doctors of chiropractic to receive Medicare reimbursement for those services which they are licensed to perform."

The language of HR 1046 reads:

"(5) a doctor of chiropractic who is licensed as such by the State and who meets uniform minimum standards promulgated by the Secretary, with respects to treatment by means of manual manipulation of the spine to correct a subluxation, and related diagnostic and therapeutic services as identified in subsection (s), but only with the respect to functions which he or she is legally authorized to perform by the State in which he or she performs such functions."

The ACA noted that the proposed legislation would not add or require coverage of a single new service under the Medicare program, but would simply provide beneficiaries access to currently covered Medicare services when performed by doctors of chiropractic.

For example, Medicare currently covers diagnostic x-ray services when performed by a medical radiologist, but these services are not covered when performed by a chiropractor. If H.R. 1046 is passed, since the performance of x-rays falls within a DC's scope of practice, patients would receive coverage for that same service when it is furnished by a chiropractor.

House Concurrent Resolution 62

At the ACA's recent national legislative conference, Rep. Barbara Cubin (R-WY) told an audience of hundreds of chiropractors that she believes HCFA's interpretation of the new Medicare+ Choice regulations is "absolutely contrary to Congress's intent."

To prove the point, on March 18, Rep. Cubin introduced into Congress what is referred to as a "concurrent resolution," a nonbinding piece of legislation which simply states for the Congressional Record "congressional intent."

Resolution 62 proclaims:

"It is the sense of Congress that treatment by means of manual manipulation of the spine to correct a subluxation is a uniquely chiropractic service which Congress recognized in 1972 as a Medicare Part B benefit. It is the unequivocal intent of Congress to ensure that every Medicare+ Choice beneficiary has access to all services covered under the original Part B Medicare fee-for-service program."

Your Action Is Needed

Medicare beneficiaries should have the ability to choose treatment by a doctor of chiropractic over an adjustment by a PT or MD; they should also have access to all care within the scope of chiropractic.

Members of Congress are being encouraged to co-sponsor both resolutions submitted by Representatives Watkins and Cuban. It is imperative that doctors of chiropractic and their patients contact their respective representatives in Washington to see that this important legislation is passed.

For more information, contact the ACA by phone at (800) 986-4636, or write to:

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