American Chiropractic Association

March 28, 2016

Office of Information and Regulatory Affairs
Attn: OMB Desk Officer for DOL-EBSA
Office of Management and Budget
Room 10235
725 17th Street, N.W.
Washington, DC 20503

U.S. Department of Labor-OASAM
Office of the Chief Information Officer
Attn: Departmental Information Compliance Management Program
Room N1301
200 Constitution Avenue N.W.
Washington, DC 20210

Re: OMB Control Number 1210-0147 – Comment Request; Summary of Benefits and Coverage and Uniform Glossary Required Under the Affordable Care Act

The American Chiropractic Association (ACA) is the largest professional association in the United States representing over 130,000 doctors of chiropractic (DCs), chiropractic assistants (CAs) and chiropractic students. ACA promotes the highest standards of ethics and patient care, contributing to the health and well-being of over an estimated 27 million individuals across the United States. The ACA appreciates the opportunity to provide comments on proposed *Uniform Glossary of Health Coverage and Medical Terms* document published for public comment on February 26, 2016.

The ACA recognizes and appreciates the usefulness of having a uniform Summary of Benefits & Coverage (SBC) document. SBCs helps the public better understand the benefits and financial structure of health insurance plans and gives consumers a standard format for comparing/contrasting health plans available through insurance exchanges across the nation. We note that SBCs have been used by insurers to synopsize federal health plans for many years. The ACA also recognizes the benefit of having a standardized glossary to give meaning to common insurance-related constructs and medical terms inherent to all health insurance plans. However, it is essential that any standardized '**federal**' glossary respect the various state-statutory and regulatory definitions that actually lawfully define these terms. A federal glossary must be broad enough to encapsulate the variables and differences among the states' provider scopes and insurance tenets.

In reviewing the proposed *Glossary of Health Coverage and Medical Terms* (Federal Glossary), the ACA identified some general definitions that have raised some concerns. It is our belief that the definitions are too narrowly constructed and prescriptive and exclude certain appropriate provider-types in various states from being included within a particular federal definition. Therefore, we ask that the following suggested revisions to five (5) federal glossary definitions be considered prior to this document being finalized. These recommended changes better encompass the diversity of health consumers, providers and insurers on a national level. The suggested insertions to the draft definitions are in **bold** and deletions are ~~crossed out~~. Comments are also provided for proper context.

- Primary Care Physician:
  A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.
  Comment: The Centers for Medicare and Medicaid Services (CMS) identifies five (5) disciplines of 'physicians' within federal statutes. Listing medical and osteopathic doctors as examples of primary care physicians within the Federal Glossary makes sense where it reflects the long-standing (national) standard which consumers have been accustomed.

- Primary Care Provider:
  A physician, ~~including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine)~~, nurse practitioner, ~~clinical nurse specialist, or~~ physician assistant, **or other licensed health care provider** as allowed under state law and the terms of the plan, who provides, coordinates or helps you access a range of health care services.
  Comment: Of all the terms contained within the proposed Federal Glossary, "Primary Care Provider" is the most significant because it represents a new construct for the health insurance industry. The repetitive insertion of (Medical Doctor) and (Doctor of Osteopathic Medicine) into every definition that describes a classification of health provider is unnecessary since the association of medical and an osteopathic doctors as 'physicians' was already established in the first definition.

  A 'clinical nurse specialist' is not a common term nor does it describe an independent licensed professional in most United States jurisdictions. The necessity to include the word "specialist" in delineating these nursing professionals adds to the degree of confusion where the term 'Specialist' is itself defined in the Federal Glossary to describe providers associated with delivering specialized therapeutic interventions. It seems more logical and less confusing to consider these nursing professionals within the known genre of nurse practitioner, or under the broad, non-descript term of 'other qualified health care professional'.

  We note that 'other licensed health care provider' already appears within the Federal Glossary. The condition that these 'other' professionals must be 'allowed under state law (statutory scope) and terms of the plan (to perform primary care functions)' is what's of vital importance. We would expect there to be licensed provider types in some states, but not in others, who will fit within this open-ended primary care provider definition - well beyond the prescriptive few listed in the proposed definition's initial draft.

  In a number of state jurisdictions, doctors of chiropractic have the state statutory scope and are allowed under the terms of a state-chartered health insurance plan to perform primary care functions. ***A more extensive discussion on this topic is included below under separate heading.***

- Provider:
  An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified or accredited as required by state law.
  Comment: Defining doctors of chiropractic (DCs) as merely a "provider" and not associated with primary care functions is viewed as a restriction on the health services DCs are trained and licensed to perform in certain states. As previously mentioned, in a number of state jurisdictions, doctors of chiropractic have the state statutory scope and are allowed under the terms of a state-chartered health insurance plan to perform primary care functions. ***A more extensive discussion on this topic is included below under separate heading.***

- Specialist:
  A provider focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions**, or** a non-physician **licensed health care provider** ~~specialist is a provider~~ who has special training in a specific area of health care.
  Comment: The importance to this definition is in its differentiation from those practitioners who deliver (specialize in) primary care services. A 'specialist' provides specialized medical services linked to a particular condition or ailment. A specialist's services are also limited by his or her statutory scope and professional educational training. On the other hand, the task of a primary care provider/practitioner is predicated on (1) providing comprehensive multi-body-system diagnostic services, (2) delivering basic health services for common health problems, and (3) providing care coordination and management services for a broad variety of health conditions. One of the recognized challenges to having specialists concurrently serve as a patient's primary care physician is the inevitable bias by the specialist who infers that the patient's needs increasingly reside from within the perspective of the specialist's field of training. In best-practice patient-centered relationships, the patient's primary care advocate coordinates specialty care of the patient rather than delivers it.

- Physician Services:
  Health care services a licensed ~~medical~~ physician~~, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine),~~ provides or coordinates.
  Comment: As mentioned in our first comment, there are many physician-disciplines who provide physician services, including primary-portal comprehensive evaluation and management (E/M) services. The proposed Federal Glossary is at odds with prevailing federal and state statutes by limiting physician services to just "medical" doctors and osteopaths.

Chiropractic Primary Care:

Musculoskeletal pain and disease weigh heavily on our health care system, society and industry. According to a report from the Institute of Medicine (IOM) in 2011, an estimated 100 million Americans are affected by chronic pain, with an estimated annual cost to American society of at least $560-$635 billion.[1] This figure represents the monetary impact of providing healthcare to patients experiencing pain and the cost of this health issue in lost productivity; however it does not account for the toll in human suffering underlying these figures.[2] Low back pain (LBP), in particular, is the single leading cause of disability worldwide[3] and a recent systematic review showed that LBP rates sixth in terms of overall disease burden.[4]

The majority of patients in pain will seek treatment from primary care providers (PCPs) to get relief.[5] Low-back pain in particular is the most common neuromusculoskeletal symptom presenting to primary care providers and the fifth most common cause for all physician visits.[6] But current systems of care do not adequately train or support internists, family physicians and pediatricians, and other healthcare providers who provide primary care, in meeting the challenge of treating pain as a chronic illness. Primary care providers often receive little

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[1] Institute of Medicine Report from the Committee on Advancing Pain Research, Care, and Education: *Relieving Pain in America, A Blueprint for Transforming Prevention, Care, Education and Research*. The National Academies Press, 2011. http://books.nap.edu/openbook.php?record_id=13172&page=1

[2] Buckenmaier, C. & Schoomaker, E. (2014). Patients' use of active self-care complementary and integrative medicine in their management of chronic pain symptoms. *Pain Medicine*, 15(S1), S7-S8.

[3] Global Burden of Disease Study 2010. http://www.thelancet.com/global-burden-of-disease. Accessed June 15, 2015.

[4] Hoy D, March L, Brooks P, et al. "The global burden of low back pain: estimates from the Global Burden of Disease 2010 study" Annals of the Rheumatic Disease (2014);73:968-74.

[5] Breuer B, Cruciani R, Portenoy RK. Pain management by primary care physicians, pain physicians, chiropractors, and acupuncturists: a national survey. *South Med J.* 2010 Aug; 103(8):738-47.

[6] Deyo RA, Weinstein JN: Low back pain. *N Engl J Med* 344:363, 2001.

training in the assessment and treatment of complex chronic pain condition.[7] In one interview study, primary care providers perceived back pain as a low clinical priority and uninteresting in comparison to the major chronic illnesses such as heart disease, or diabetes that they must manage for their patients.[8] In the same study, shifting this population of patients to a non-physician provider was perceived by PCPs as a positive step towards alleviating their burden of work.

To date, deficiencies in the training of primary care providers in pain management as well as the failure to adequately educate consumers about the benefits of conservative health care options has resulted in unnecessary suffering, exacerbation of other medical conditions, enormous loss of human potential, and massive financial and personal costs. However, we are now faced with the opportunity for reform to promote the integration of healthcare professionals, including doctors of chiropractic, into care coordination teams to offer holistic, evidence-based and patient-centered services to those healthcare consumers that choose to receive it.

Additionally, doctors of chiropractic contribute to this nation's health care work force by improving access to and a reduction in the cost of primary health care. DC's, along with many other non-MD/DO physician professions, must be more fully recognized to respond to the U.S. primary care crises. The primary care crisis results largely from a shortfall in the supply of MD/DO's, uneven distribution of the existing supply, and a cost per care episode that is unnecessarily high.

This growing burden on the MD/DO supply, its mal-distribution, and its high cost per unit of care can be lessened through the recognition of the 70,000 doctors of chiropractic. DC's are educated and licensed in all 50 states as primary care providers who can examine, diagnose, and deliver care or refer patients to an appropriate specialist. The accrediting agency for all chiropractic educational programs in the United States, the Council of Chiropractic Education (CCE), requires all graduates from a CCE-accredited chiropractic program must be competent, patient-centered primary health care professionals and qualified to practice as "primary care chiropractic physicians". Chiropractic principles and practice has long-included a holistic perspective for managing the totality of a patient in addition to particular condition the patient may happen to present.

Since the late 1990's, Alternative Medicine Incorporated - an Independent Practitioner's Association (HMO) affiliated with Illinois Blue Cross and Blue Shield, has granted full primary care and first contact privileges to licensed Illinois chiropractors to serve as primary care physicians to tens of thousands of Chicago-area beneficiaries and their families. Unfortunately, this novel multidisciplinary HMO model and the extraordinary documented cost benefits and patient wellness this arrangement has brought to this Blue Cross and Blue Shield affiliate is not the norm. Most insurance entities still do not allow chiropractic professionals, who so choose to focus on primary care functions and settings, rather than spinal therapeutics, the opportunity to enroll as primary care providers within their provider networks. Medicare, for example, limits a chiropractic physician's participation within the federal program to a single therapeutic procedure. As a result, doctors of chiropractic have been essentially delegated to the role of specialist – regardless of how chiropractors are trained or to the extent that a state scope of licensure may permit. Doctors of chiropractic should have the ability to practice to the full extent of their state scope of license. Even though we believe a large majority of chiropractors would likely choose to serve as neuromusculoskeletal spinal specialists, to be denied any possibility in their respective state is unacceptable. The Illinois HMO program proves that each state presents its own opportunities.

At a time when the need to reform health care delivery is so critical, all effective, efficient, justified, and coordinated treatment options must be accessible to healthcare consumers. DCs offer safe, conservative (non-

[7] The Mayday Fund. A Call To Revolutionize Chronic Pain Care in America: An Opportunity for Health Care Reform
[8] Sanders et al. "Perceptions of general practitioners towards the use of a new system for treating back pain: a qualitative interview study" BMC Medicint (2011); 9:49.

drug, non-surgical) approaches for acute and chronic conditions and can help our nation accomplish many of the objectives of health care reform, including helping to fill the looming primary care workforce gap. The ACA appreciates the opportunity to comment on the evolving implementation of the Patient Protection and Affordable Care Act. We respectfully ask that the amendments, as specifically described in this letter, be made to the proposed *Glossary of Health Coverage and Medical Terms*. If you should have any questions, please feel free to contact Meghann Dugan-Haas, Senior Director of Federal and Regulatory Affairs, at (703) 812-0242. Thank you.

Respectfully,

David A. Herd, DC

David A. Herd, DC
President