

TESTIMONY OF DR. JASON BROWN, PRESIDENT OF THE NEW YORK STATE
CHIROPRACTIC ASSOCIATION, TO THE JOINT SENATE TASK FORCE ON OPIOIDS,
ADDICTION AND OVERDOES PREVENTION

Senators Harckham, Rivera and Carlucci and other members of the Joint Senate Task Force on Opioids, Addiction and Overdoes Prevention, I want to thank you for this opportunity to submit testimony for your consideration as you hold these hearings around the State to hear from stakeholders on strategies for reducing overdoses, improving individual and community health and address the harmful consequences of drug use.

I am Dr. Jason Brown, and I am the President of the New York State Chiropractic Association (NYSCA). I practice here in the Albany area, and I want to thank the Task Force for looking into this important issue. NYSCA believes that doctors of chiropractic, and other conservative care providers, can play a key and vital role in combatting the opioid epidemic in the country. At its heart, chiropractic treatment is a drug-free, surgery-free way to treat pain. We believe that with increased awareness and patient access to chiropractic, and other conservative care providers, the instances of an opioid being prescribed in the first place would be greatly diminished. Conservative care therapies, like acupuncture, chiropractic, massage, occupational therapy and physical therapy, have been shown to alleviate the pain of the underlying condition thus obviating the need for a pain medication. Treatment from a conservative care provider doesn't simply mask the pain, it treats the pain at its root cause. For patients that received chiropractic services, their likelihood of filing a prescription for opioids was 55% lower and the average annual per-person charges for opioid prescription fills were 78% lower for as compared to non-recipients.¹ This

¹ Whedon J. Association between Utilization of Chiropractic Services and Use of Prescription Opioids among Patients with Low Back Pain. Presented ahead of print at the National Press Club in Washington D.C., on March 14,

means that chiropractic treatment isn't just better for the patient, it is better for the overall costs to the system.

Chiropractic's origins date to 1895, treating neuromusculoskeletal conditions without the use of drugs. For over a century, doctors of chiropractic have studied the relationship between structure (primarily the spine) and function and how this interrelationship impacts health and wellbeing. Doctors of chiropractic are the quintessential example of non-pharmacologic providers of health care, with expertise in neuromusculoskeletal conditions. In other words, every day we successfully treat pain without the use of addictive drugs.

As you know, the opioid and heroin epidemic has hit many of our communities, both in New York and nationally. In 2017, there were 3,224 overdose deaths involving opioids in New York. 16.1 deaths per 100,000 persons compared to the average national rate of 14.6 deaths per 100,000 persons. Nationally, opioid overdoses are the leading cause of death for people under 50 years of age (70,237, 2017). The statistics are staggering to comprehend, but behind these charts and numbers are human suffering, families torn apart, disrupted communities, and loss of precious life.

An estimated 1 out of 5 patients with non-cancer pain or pain-related diagnoses are prescribed opioids in office-based settings.² Opioid prescriptions are common for neuromusculoskeletal complaints; with one of the most common being low back pain. For example, a large population study found that prescription of opioids was common among patients

2017. Accessed online from

http://c.ymcdn.com/sites/www.cocsa.org/resource/resmgr/docs/NH_Opioids_Whedon.pdf

² Daubresse M, Chang H, Yu Y, Viswanathan S, et al. Ambulatory diagnosis and treatment of nonmalignant pain in the United States, 2000 – 2010. *Medical Care* 2013; 51(10): 870-878.

<http://dx.doi.org/10.1097/MLR.0b013e3182a95d86>

with back pain; 61% of back pain patients received at least one opioid prescription.³ The challenge with this treatment approach is the risk for addiction and other unintended impacts, including death. With 40-50% of these prescriptions originating from primary care, patient's suffering with back pain and neuromusculoskeletal conditions could benefit from other early treatment options. Pain medication is aimed at alleviating the painful portion of the condition; however, for back pain, and most neuromusculoskeletal concerns, there is often a way to resolve the cause of the symptoms rather than just provide temporary pain relief. In fact, "healthcare plans that formally incorporate chiropractic typically realize a 2 to 1 return for every dollar spent."⁴ In a study published in *The Journal of Manipulative and Physiological Therapeutics*, the researchers found that "paid costs for episodes of care initiated with a DC were almost 40% less than episodes initiated with an MD. Even after risk adjusting each patient's costs, we found that episodes of care initiated with a DC are 20% less expensive than episodes initiative with an MD."⁵

Many entities and organizations recognize the important role of chiropractic, and the other conservative care therapies, in combatting the opioid epidemic. The Joint Commission, a respected, independent, not-for-profit organization which accredits and certifies nearly 21,000 health care organizations and programs in the United States, has stated that "Nonpharmacologic strategies, including chiropractic, have a role."⁶ In May 2017, the Food and Drug Administration

³ Deyo R, Smith D, Johnson E, Donovan M, Tillotson C, Yang X, Petrik A, Dobscha S. *Journal of the American Board of Family Medicine*. Nov-Dec 2011 vol. 24 no. 6 717-727 <http://www.jabfm.org/content/24/6/717.full>

⁴ Feldman V, Return on investment analysis of Optum offerings — assumes Network/UM/Claims services; Optum Book of Business Analytics 2013. Analysis as of December 8, 2014.

⁵ Liliedahl, R. L., Finch, M. D., Axene, D. V., & Goertz, C. M. (2010). Cost of care for common back pain conditions initiated with chiropractic doctor vs medical doctor/doctor of osteopathy as first physician: experience of one Tennessee-based general health insurer. *Journal of Manipulative and Physiological Therapeutics*, 33(9), 640–643. <https://doi.org/10.1016/j.jmpt.2010.08.018>

⁶ The Official Newsletter of The Joint Commission. Joint Commission Enhances Pain Assessment and Management Requirements for Accredited Hospitals. July 2017 Vol. 37 No. 7. Ahead of print in 2018 Comprehensive Accreditation Manual for Hospitals. Retrieved from https://www.jointcommission.org/assets/1/18/Joint_Commission_Enhances_Pain_Assessment_and_Management_R_equirements_for_Accredited_Hospitals1.PDF

also released proposed changes to its blueprint on educating health care providers about treating pain. The guidelines now recommend that medical doctors get information about chiropractic care and acupuncture as therapies that may help patients avoid prescription opioids.⁷ The CDC also recognizes that the conservative care providers have an important role. They stated that “(e)xtensive evidence suggests some benefits of nonpharmacologic and nonopioid pharmacologic treatments compared with long-term opioid therapy, with less harm.”⁸ This is an important start.

Several studies have also found that chiropractic treatment is associated with decreased opioid use in patients. In the *Journal of Alternative and Complementary Medicine* (2018), an analysis of a study in New Hampshire found the adjusted likelihood of filling an opioid prescription decreased 55% in chiropractic patients compared to patients without chiropractic care for low back pain. The study population was comprised of 13,384 subjects with ages ranging from 18-99 and with at least two treatments within 90 days.⁹ Another 2019 study in the *British Medical Journal*, indicated that opioid use in patients that first saw chiropractors or physical therapists had decreased odds of short and long-term opioid use compared to initial treatment from a primary care physician.¹⁰ This study further found that patients who saw a chiropractor as their initial provider for low back pain had 90% decreased odds of both early and long-term opioid use.¹¹

⁷ Food and Drug Administration. FDA Education Blueprint for Health Care Providers Involved in the Management or Support of Patients with Pain. May 2017. <https://www.fda.gov/drugs/news-events-human-drugs/fda-education-blueprint-health-care-providers-involved-management-or-support-patients-pain>

⁸ Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC Guideline for Prescribing Opioids for Chronic Pain--United States, 2016. *JAMA*, 315(15), 1624–1645. <https://doi.org/10.1001/jama.2016.1464>

⁹ Whedon, James M. Association Between Utilization of Chiropractic Services for Treatment of Low-Back Pain and Use of Prescription Opioids. *Journal of Alternative and Complementary Medicine* Volume 24, Number 6, 2018.

¹⁰ Kazis, LE, et al. Observational retrospective study of the association of initial healthcare provider for new-onset low back pain with early and long-term opioid use. *BMJ Open*. 2019; doi 10.1136/bmjopen-2018-028633

¹¹ Id.

Additional research from the Journal of Manipulative and Physiological Therapeutics revealed that higher per-capita supply of doctors of chiropractic, and increased Medicare spending on chiropractic, actually reduced younger, disabled Medicare beneficiaries from seeking an opioid prescription.¹² The benefits and efficacy of chiropractic are clear: it has the potential to offer a unique solution to resolving both pain and addiction. We would be happy to provide full copies of these studies outlining the benefits of chiropractic treatment at combatting opioid abuse.

The studies are also supported by real world experience. As an example of a recent successful program using alternative treatment methods, you can look to the Rhode Island Communities of Care program. This program was designed to lower demand for ER services and high opioid usage, and found that with the availability of chiropractic, massage and acupuncture services over a 12-month period the average number of 4 opioid scripts was reduced by 86%. Getting these types of results is often assumed to come at a cost, but in this study, for every \$1.00 spent on chiropractic, acupuncture and massage services, there was a resulting savings of \$2.41 over medical expenses.¹³

Now we need to be proactive in ensuring that chiropractic is offered to those suffering pain as an alternative to an addictive drug. Based on this, NYSCA has partnered with our conservative care colleagues, the acupuncturists, the physical therapists, the massage therapists and the occupational therapists to support legislation here in New York that would require a practitioner treating a patient with a neuromusculoskeletal condition causing pain to discuss with the patient

¹² Weeks, William B. Cross-Sectional Analysis of Per Capita Supply of Doctors of Chiropractic and Opioid Use in Younger Medicare Beneficiaries. Journal of Manipulative and Psychological Therapeutics, Volume 39, Issue 4. May 2017. [http://www.jmptonline.org/article/S0161-4754\(16\)00063-4/abstract](http://www.jmptonline.org/article/S0161-4754(16)00063-4/abstract)

¹³ Advanced Medicine Integration Group, L.P. Presentation to Rhode Island Department of Health. November 2016. <https://www.integrativepractitioner.com/practice-management/news/rhode-island-integrative-pain-medicaid-pilot-shows-significant-savings>

the efficacy of non-opioid conservative care treatments. This bill, S5867-A, sponsored by Senator Rivera, is a start in the right direction to getting patients aware of the benefits of the conservative care providers. Some states have passed even stronger language mandating that a patient see a conservative care provider before being prescribed an opioid. We are open to a variety of resolutions to this issue so long as patients can gain greater understanding of, and access to, conservative care providers. At the end of the day, we are most concerned with ensuring that a patient has access to the medically necessary care they need. We understand that this can even mean that for some patients, access to an opioid is still necessary, so we must pass sensible legislation that will best serve patient need.

We would also encourage this Task Force, in consultation with the Senate Health Committee, to explore the issue of Medicaid coverage for the conservative care providers. While we know the state is facing a Medicaid budget deficit, we would encourage you to look at adding coverage for all conservative care in New York. While some of the services of some conservative care providers is covered, chiropractic care is not a covered service under the New York State Medicaid program. Chiropractic care is covered by Medicare at the federal level and by Medicaid in many other states. While it can seem as though adding new providers will cost more money, we would argue that adding coverage for chiropractic will decrease the costs of the Medicaid program in New York given the proven effects and benefits of chiropractic care to treat chronic pain and serve as a viable alternative to opioid prescriptions as was seen in Rhode Island.

We thank you for the opportunity to submit this testimony on behalf of New York's doctors of chiropractic. We also thank this Task Force for convening these hearings and hearing from stakeholders on strategies for reducing overdoses, improving individual and community health and address the harmful consequences of drug use. We are grateful to be a part of this

conversation and look forward to continuing it and discussing with you our thoughts and ideas on combatting the opioid epidemic.

We are happy to answer any questions and provide you with any other information or details you would like.