

Statement of the Connecticut Chiropractic Association  
Appropriations Committee  
House Bill 6439  
March 3, 2021

Members of the committee:

I am Dr. Mathew DiMond, speaking on behalf of the Connecticut Chiropractic Association who would like to request that you include in House Bill 6439 funds needed to provide recipients in the Medicaid program with full access to Chiropractic services.

Legislation to do this is pending in the Human Services committee. Section 1 of Senate Bill 764, An Act Concerning Medicaid Providers, makes this policy change. I believe the bill will be referred to you soon.

During the February 16 public hearing, Commissioner Diedre Gifford stated, "There is clinical evidence that chiropractic services are effective in addressing acute and chronic back and spinal pain." She added that chiropractic can be used "as an alternative method of treatment to pain medications, including opioids."

The Department of Social Services estimates that taking this step, and adding Chiropractic services to Medicaid, would cost \$160,000 annually. We hope that you can factor those dollars into the budget for fiscal year 2022 and fiscal year 2023.

Evidence-based guidelines regarding the management of chronic pain have been adopted and reinforced by organizations such as the CDC, FDA, and the Joint Commission that aim to diminish the \$87.6 billion in healthcare spending associated with low back and neck complaints (JAMA).

In 2010 the National Academy of Sciences estimated that 100+ million Americans experienced chronic unrelieved pain at a cost of between \$560 - \$635 billion per year (Over half a trillion!). The expenses incurred include direct health care costs (\$261 billion to \$300 billion), days of work missed (\$11.6 billion to \$12.7 billion), hours of work missed (\$95.2 billion to \$96.5 billion), and lower wages (\$190.6 billion to \$226.3 billion). In total, the USA's expenditure on pain is more than that of heart disease and cancer treatments.

When considering costs relative to effects, care administered by the general practitioner/medical doctor alone may not be cost-effective in managing sub-acute or chronic LBP. Studies show that the cost-effectiveness of allopathic care can be improved by referring patients to receive additional services such as education, exercise, occupational rehabilitation,

acupuncture, and spinal manipulation (Physiotherapy, Volume 108). These provided services are recognized in Connecticut as the full scope of Chiropractic care.

To this point, a 2010 study by Liliedahl et al, found that low back pain initiated with a doctor of chiropractic (MD) saves 20 to 40 percent on health care costs when compared with care initiated through a medical doctor (MD), according to analyzed data from 85,000 Blue Cross Blue Shield (BCBS) beneficiaries in Tennessee over a two-year span. Researchers estimated that allowing DC-initiated episodes of care would have led to an annual cost savings of \$2.3 million for BCBS recipients of Tennessee. They also concluded that insurance companies that restrict access to chiropractic care for low back pain treatment may inadvertently pay more for care than they would if they removed such restrictions (Liliedahl JMPT, 2010). Other states, including Missouri and New Hampshire, passed similar legislation and found that adding these services would not add any cost to state budgets and had the potential to save millions of dollars in decreased hospitalization and addiction services.

Based on this data, at the national level, pain management initiated through chiropractic care could save between \$112 - \$250 billion per annum.

The estimated \$160,000 annual dollars is an important step to improve outcomes for Connecticut residents and help mitigate other extraneous health care expenditures associated with the management of pain.

Thank you.

Mathew E. DiMond, DC, DACRB  
Assistant Professor Clinical Services  
University of Bridgeport  
Vice President Connecticut Chiropractic Association