

October 30, 2020

Dr. Mark Ghaly  
Chair, Healthy CA for All Commission  
1600 Ninth Street, Room 460  
Sacramento, CA 95814

**RE: Environmental Analysis of Health Care Delivery, Coverage, and Financing in CA**

Dear Chair Ghaly:

The California Chiropractic Association appreciates this opportunity to provide the following comments in response to the *Environmental Analysis of Health Care, Coverage, and Financing in California* released by the Healthy California for All Commission. The California Chiropractic Association (CalChiro) is a Sacramento-based statewide, nonprofit organization of doctors of chiropractic and allied industries representing the chiropractic profession. Established in 1928, CalChiro's mission is positioning doctors of chiropractic to improve the quality of life of all Californians.

**General Comments**

In general, the United States, and California specifically face challenges related to the delivery of health care services and has seen an increase in a variety of health conditions experienced by greater members of the population. The growing disparities in access to health care services, availability and assurance to adequate services and providers, and health care costs makes the work that the Healthy California for All Commission (Commission) is doing that much more important. CalChiro would like to commend the dedication and focus that is being given to this topic and would like to lend its resources and expertise to the Commission.

**CA Healthcare Workforce**

The Analysis rightfully describes the growing shortage of health workers to meet the needs of a growing, aging and increasingly diverse population and the array of causes impacting this shortage--financial incentives to transition to specialty care, low Medi-Cal reimbursement rates for primary care doctors (which further drives doctors away from serving in disadvantaged communities), and lack of diversity among physicians. As stated in the Analysis "Although physicians play an essential and visible role in health care delivery, they make up a small share of California's total health care workforce. Registered nurses, nurse practitioners and other advanced practice nurses, licensed vocational and practical nurses, nurse's aides – and many others – play crucial roles in delivering health care services." Doctors of Chiropractic (DCs) are certainly a part of these health care providers that play a crucial role in delivering health care services and we urge the Commission to keep in mind of the benefits that non-physicians, like DCs, bring to the table in addressing health care workforce shortages.

The chiropractic profession is the largest non-drug, non-surgical profession in California. The scope of chiropractic practice in California allows patients to directly access doctors of chiropractic for examination and treatment of virtually all conditions/illnesses experienced by Californian's. The profession is best known for the conservative management of neck and back pain and headaches, and numerous studies support the benefits of this form of treatment intervention. Several studies demonstrate that conservative management provided by a doctor of chiropractic report reduced radiographic and advanced diagnostic imaging, reduced surgical and hospitalization days, and is the preferred intervention in most neck and back conditions, particularly with today's opioid crisis.

Many studies agree that approximately 12-15% of the population seek care from doctors of chiropractic. In addition to the manipulation procedures and other physical modalities within the scope of chiropractic practice in California, DCs are required to be trained and examined in non-musculoskeletal diagnosis. While the patient may require medical intervention for conditions such as cardiovascular disease, diabetes or obesity, the services provided by DCs can reduce the physical impairment, or disability experienced by the patient to resume their activities of daily life to mitigate the effects of the cardiovascular condition, diabetic condition, and obesity.

Doctors of chiropractic currently practice within medical groups, corporate health centers, rural health centers, and other evolving practice settings. These health care delivery systems understand the partnership role doctors of chiropractic play in addressing the health care needs of their populations as a complementary care practitioner.

### **Medi-Cal**

The expansion of Medi-Cal over the recent years is clearly spelled out in the Analysis and the fact that more individuals during the economic recession induced by the COVID-19 pandemic would become eligible and enrolled in Medi-Cal is touched upon. Medi-Cal is a vital coverage component in the healthcare system as it assists our most vulnerable populations but there is a decreasing number of providers willing to accept new Medi-Cal patients and Medi-Cal patients might have to wait weeks, if not months, before getting the adequate care they need. Timely delivery of care for Medi-Cal patients is grave concern and this is an area DCs find challenging as well. Like physicians, many DCs are discouraged from accepting Medi-Cal patients due to the low reimbursement rates. Additionally, DCs are limited to treating Medi-Cal patients only twice a month. The combination of the two-month visit cap and reimbursement rates are detrimental to the care of patients, and we encourage this Commission to holistically look at the multitude of challenges health providers face in Medi-Cal and the cost benefits associated with eliminating or expanding Medi-Cal coverage within the complementary care providers.

### **Workers' Compensation**

Workers' compensation was only briefly mentioned in the Analysis, but it is worth mentioning given the role it plays in the delivery of healthcare for injured workers. Doctors of chiropractic have been treating injured workers through the workers' compensation system since the 1940s. Throughout the years, we have seen how the "reinvention" of the work comp system has led to unintended consequences. For example, under current law injured workers are capped at 24 visits for chiropractors and physical therapists. This arbitrary cap is oftentimes insufficient to fully treat the injured worker and get them to a healthy and stable condition. Unfortunately, we see injured workers turning to what is often seen as a more convenient route of taking opioids.

The California Health Care Foundation's (CHCF) *Changing Course: The Role of Health Plans in Curbing the Opioid Epidemic* states that alternative treatments to opioids, including chiropractic care, have been found to play an important role in the delivery of cost-effective, non-drug services in both acute and chronic stages, as complementary to traditional treatments. The CHCF study notes that some health plans now authorize non-opioid treatment services for select diagnoses and that the cost of these services is offset by savings in opioid prescriptions.

## **Conclusion**

DCs are uniquely qualified and available to participate in public policy decision-making related to the health improvement of California residents. Given the studies that demonstrate the benefit with the inclusion of doctors of chiropractic, it is reasonable to conclude that the Commission should include doctors of chiropractic as a category of provider as they deliberate their objective of the next health care delivery system in California.

CalChiro again appreciates the opportunity to provide comments and would like to acknowledge the time and effort of Commission staff and members involved in producing the Analysis. We look forward to the future Commission convenings.

Please do not hesitate to reach out if there are any questions or to further discuss any of the comments provided in this letter. You can reach me at [dbenton@calchiro.org](mailto:dbenton@calchiro.org).

Sincerely,

Dawn M. Benton, MBA  
Executive Vice President and CEO