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**Statement of the Honorable Brian Higgins Submitted for the Record for the House
Committee on Energy and Commerce Member Day Hearing**

July 13, 2021

Chairman Pallone, Ranking Member McMorris Rodgers, I write today in support of my bill, HR 2654, the Chiropractic Medicare Coverage Modernization Act. The bill has been referred to the Committee on Energy and Commerce for consideration.

There has been a limited chiropractic benefit in Medicare since 1972. Per statute, Medicare beneficiaries are only able to access a single service in a chiropractic clinic: manual manipulation of the spine. This limitation has persisted for nearly 50 years, and as a result, chiropractors are currently not allowed to furnish existing covered Medicare services that fall within their scope of practice to their patients. This artificial limitation restricts chiropractors from providing their patients continuity of care as they age into Medicare, putting beneficiaries at a distinct health disadvantage.

Beneficiaries seeking to obtain chiropractic care must first obtain certain services from another provider in order to have them covered by Medicare, which can be burdensome to patients and lead to the delay of necessary care. In addition, if a doctor of chiropractic (DC) determines that the beneficiary needs an x-ray, laboratory test, or other diagnostic procedure, current policy does not allow DCs to order those covered services.

According to the American Chiropractic Association, musculoskeletal pain, led by spinal disorders, costs the U.S. health care system \$874 billion per year and is the most common cause of severe long-term pain and disability. DCs are licensed in all 50 states as providers who treat the whole body and whose scope of practice, as defined by state law, allows for the provisioning of a broad range of services. A typical state scope of practice recognizes the ability and training of DCs to examine, diagnose, treat, and refer patients. Most private insurance plans allow beneficiaries access to all services allowed under state licensure, but under Medicare, beneficiaries are prevented from doing so. As Congress continues to work to address drug abuse and opioid addiction, chiropractors are poised to assist in these efforts by providing treatment alternatives, especially in cases related to spinal-related pain.

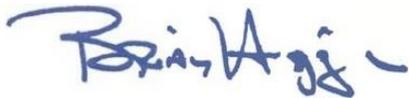
My bill, H.R. 2654, the Chiropractic Medicare Coverage Modernization Act, would address this issue by updating the existing statute to ensure that DCs are allowed to furnish and order existing covered Medicare services within their scope of practice. This legislation would not add any new

reimbursable services to Medicare that are not already covered services and delivered by existing providers.

In my view, H.R. 2654 is simply a technical corrections bill. Medicare beneficiaries should not have to endure delays in service or be denied coverage simply by the type of provider they choose. In addition, twice in the statute chiropractors are defined by the pronoun "he." Today, one-third of chiropractors are women, and I believe it is past time to update the statute to both reflect the modern realities of the chiropractic workforce and allow beneficiaries full access to the services they are entitled to and that chiropractors under their state licensure are allowed to provide.

HR 2654 is supported by the American Chiropractic Association and the Association of Chiropractic Colleges, including D'Youville College in my district which operates a doctor of chiropractic discipline within the school. The bill is also supported by more than 70 of our colleagues, including several on this committee.

Chairman Pallone, Ranking Member McMorris Rodgers, thank you for your attention to this issue, and I look forward to working with you to pass this important measure.

A handwritten signature in blue ink that reads "Brian Higgins". The signature is written in a cursive, slightly slanted style.

Brian Higgins
Member of Congress