

The National Association of Specialty Health Organizations (NASHO) is one of **the nation's only organizations solely focused on fully integrating specialty health into the healthcare reimbursement model**. For carriers and networks focused on dental, vision, hearing, physical medicine and integrative medicine to other ancillary service organizations, it has served as a successful advocate for our industry now for more than 15 years.

Founded in 2002, NASHO provided a unified, integrated voice for members through:

- Federal and state advocacy
- Educational marketing
- A collaborative process for identifying specialty health best practices and guidelines

#### **PHYSICAL MEDICINE**

Those initiatives are bolstered through our affiliate organization – Physical Medicine Management Alliance (PMMA). PMMA's mission is to promote the value physical medicine can and should play in generating quality outcomes by advocating for increased access, facilitating collaboration with specialty providers and enhancing patient choice.

NASHO and PMMA both actively work to position their respective business priorities among key stakeholder audiences. For example, both organizations submitted comments in response to a Request for Information from the Centers for Medicare & Medicaid Services (CMS) on ways to create a more patient-centered health care system, increase consumer choice, and help stabilize the markets. Our comments highlighted the improved health that comes with offering individuals the option to purchase benefits they desire.

NASHO's PMMA is currently strategically focused on positioning physical medicine as front-line therapy in combination or instead of opioid pain management at both the federal and state levels.

#### **AAPAN AFFILIATION**

NASHO's affiliation with the American Association of Payers, Administrators and Networks (AAPAN) further strengthens our positioning as a successful industry advocate. NASHO members enjoy frequent opportunities to interact and collaborate with some of the nation's leading healthcare organizations who make up AAPAN membership.

## **PMMA URGES THE USE AND COVERAGE OF NON-OPIOID TREATMENTS AS FIRST-LINE THERAPY FOR INDIVIDUALS TO MANAGE PAIN**

### **DID YOU KNOW?**

A 2017 analysis of 26 studies involving more than 3,000 patients with low-back pain lasting six weeks or less published in the Journal of the American Medical Association "finds that spinal manipulation can ease your backache and get you moving again without the risk of medication side effects."<sup>3</sup>

By facilitating access to primary-based MSD providers at the patient point-of-entry for managing MSDs through value-based benefit design, legislation (e.g. co-pay parity), regulation (e.g. expanding essential health benefits to specifically include non-opioid therapies) and patient education, treatment outcomes can be improved

- Eliminate/reduce risk of prescription drug abuse/addiction and other co-morbidities
- Increase speed to evaluation
- Minimize fragmentation
- Improve outcomes and increase patient satisfaction
- Lower total episode costs

#### **NASHO/PMMA**

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<sup>1</sup><https://www.sciencedaily.com/releases/2016/03/160301114116.htm>

<sup>2</sup>Qaseem A, Wilt TJ, McLean RM, Forcica MA, for the Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2017;166:514-530. doi: 10.7326/M16-2367

<sup>3</sup><http://www.consumerreports.org/back-pain/spinal-manipulation-can-ease-your-aching-back/>

## PMMA Supports Congressional Efforts to Reduce Opioid Use

National Association of Specialty Health Organization's (NASHO) Physical Medicine Management Alliance (PMMA) supports efforts by Congress to address the opioid epidemic. Non-pharmacologic approaches such as acupuncture, chiropractic care, physical therapy, massage therapy, and exercise therapy play an important yet underutilized role in pain management and are a safer alternative to opioids or other higher risk medical procedures.

Eliminating barriers in Medicare and Medicaid to such treatments would provide better and earlier access to physical medicine services and networks and aid in addressing the opioid epidemic. Limited access to integrative healthcare (IH) providers who specialize in physical medicine and the treatment of musculoskeletal disorders (MSD) inhibits the ability of beneficiaries to seek alternatives beyond opioids.

### PMMA Supports the Following Medicare and Medicaid Changes:

- **Provide beneficiaries information on alternative pain management treatments**

There are bills in the House and Senate that would direct the Centers for Medicare & Medicaid Services (CMS) to provide educational materials the availability and coverage of alternative pain management therapies. The Energy and Commerce Health Subcommittee approved the Medicare Opioid Safety Education Act (HR 5685/ S 2707) which would include information on alternative pain treatments in the "Medicare and You" Handbook and the Medicare Clear Health Options in Care for Enrollees (CHOICE) Act (HR 5686) which would require Part D plans to provide information on nonpharmacologic, nonopioid treatments. PMMA supports these bills and encourages Congress to include them in the final opioid package.

- **Allow musculoskeletal providers as the patient point-of-entry for back pain management**

Currently, Medicare only provides chiropractic care that is deemed medically necessary and formally prescribed. Chiropractic physicians' services are limited to manipulation of the spine. CMS should reexamine policies related to chiropractic reimbursement and follow the lead of private insurance plans which reimburse chiropractors for a range of services. Allowing chiropractors to perform initial evaluations can:

- » Eliminate or reduce risk of prescription drug abuse/addiction.
- » Increase speed to evaluation.
- » Minimize fragmentation.
- » Lower total episode costs.

Thousands of Americans suffering from MSDs have been caught up in the nation's opioid epidemic because they were not offered non-pharmaceutical options as first-line therapy. PMMA urges Congress to request the administration review payment policies for chiropractic care.

- **Increase demonstrations and experimentation in Medicare and Medicaid to increase coverage of non-pharmacologic pain management services**

PMMA believes that CMS should use its existing authority to support innovative approaches with respect to covering IH services. In 2016, the Oregon Health Plan instituted coverage for spinal manipulation, acupuncture, massage therapy, yoga, etc. for lower back pain. Expanding similar policies to other states would eliminate the barrier to reimbursement for those on Medicaid.

PMMA encourages CMS to approve Medicaid waiver applications that increase coverage for non-pharmacologic pain management services. We also would like the Center for Medicare & Medicaid Innovation (CMMI) to implement a Medicare demonstration program that focuses on non-pharmacologic interventions instead of opioids for lower back pain, similar to the Oregon plan.