

April 21, 2025

The Honorable Mike Crapo
Chairman
Senate Committee on Finance
239 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Brett Guthrie
Chairman
House Committee on Energy and Commerce
2161 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
House Committee on Energy and Commerce
2107 Rayburn House Office Building
Washington, DC 20515

The Honorable Jason Smith
Chairman
House Committee on Ways and Means
1011 Longworth House Office Building
Washington, DC 20515

The Honorable Richard Neal
Ranking Member
House Committee on Ways and Means
372 Cannon House Office Building
Washington, DC 20515

Dear Chairman Smith and Ranking Member Neal:

On behalf of the American Osteopathic Association (AOA), alongside the 55 undersigned osteopathic specialty and state associations collectively representing more than 197,000 osteopathic physicians (DOs) and osteopathic medical students, we write to express our substantial concerns with, and opposition to, the *Chiropractic Medicare Coverage Modernization Act (S.106/H.R.539)*

We understand the important role chiropractors play in the U.S. healthcare system and agree that they are valuable members of the physician-led healthcare team. However, chiropractors do not possess the level of education, training, and competency demonstration requirements that osteopathic (DO) and allopathic (MD) physicians are required to achieve before they are granted physician licensure, which allows them to independently practice medicine. These requirements are in place to ensure that all patients receive safe, effective, high-quality medical care regardless of their location or ability to pay.

The undersigned organizations oppose the legislation as currently drafted, as it would circumvent evidence-based rate setting procedures followed by all health care professionals, and potentially put patient safety at risk. If enacted, this legislation would authorize chiropractors to use the title “physician” under the Medicare Part B program, which could mislead patients into thinking that they are being seen by someone who has completed medical school, when they are not. Further, the legislation would allow chiropractors to receive the same payment for manual manipulation of the spine - and for any other medical service they are licensed to perform - as DO and MD physicians, despite less education and training.

Currently, Medicare coverage for chiropractic services is specifically limited to treatment by means of manual manipulation, i.e., by use of the hands. This coverage limitation is reasonable when considering that the American Chiropractic Association states that chiropractic services “are used most often to treat common musculoskeletal complaints, including but not limited to back pain, neck pain, pain in the joints

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of the arms or legs, and headaches.”¹ However, as currently written, the legislation would authorize the Centers for Medicare & Medicaid Services (CMS) to cover any medical service a chiropractor could be licensed to perform. State laws regarding licensure requirements and scope of practice for chiropractors vary, and S.106/H.R.539 would establish a pathway for coverage and payment for chiropractors providing medical services for which they may have very limited or no formal training.

Several states have expanded the scope of practice for chiropractors into subspecialty services that go well beyond traditional chiropractic care, including radiology and internal medicine – services that traditionally have been reserved for (DO/MD) physicians as they may require a full patient history and physical examination to prevent misdiagnosis or unnecessary medical treatment. Expanding Medicare coverage to services that chiropractors are not qualified to provide could further encourage these practices, to the detriment of patient safety. As described in the previous paragraph, Medicare coverage for chiropractic services is currently limited to manual manipulation. This limitation is likely predicated on recognition of the differences in education and training between physicians and chiropractors.

As you are aware, DOs and MDs both complete four years of medical school, which includes two years of didactic study and two years of clinical rotations. Clinical rotations in the third and fourth years are undertaken in community hospitals, major medical centers, and physicians’ offices. The four years of medical school is followed by three to seven years of postgraduate medical education, i.e. residencies, where physicians develop advanced knowledge and clinical skills relating to a wide variety of patient conditions. By the time they complete their training, physicians receive between 12,000-16,000 hours of patient care experience. It is also worth noting that even when looking specifically at neuromusculoskeletal medicine, DOs receive an average of 200 hours of education and clinical experience in osteopathic manipulative medicine alone. This extensive education and training qualify physicians for unlimited medical licensure in every state, and enables them to provide safe, comprehensive medical care to their patients. Conversely, chiropractors are not required to complete the same or similar education to what DOs and MDs complete in medical school, or the same amount of training to what DOs and MDs acquire through residency training, and as a result, they have traditionally been limited in their scope of practice to chiropractic treatments. In many states, in fact, chiropractors are not even required to complete a bachelor’s degree.²

In states that have authorized chiropractors to practice in subspecialties, such as radiology, additional training is required; however, the available materials from the American Chiropractic College of Radiology show that even the additional training is extremely limited. A sample syllabus for residents in diagnostic imaging lists the program as only lasting seven weeks.³ The American Board of Chiropractic Internists requires chiropractors to complete 300 hours of post-graduate training for its certification.⁴ With that additional training, chiropractic internists claim to treat “things like eczema, thyroid problems, diabetes, parasitic infections, cold sores, Irritable Bowel Syndrome, heartburn/reflux, autoimmune diseases (like

¹ See <https://handsdownbetter.org/about-chiropractic/>

² See https://fclb.org/files/publications/1705688933_us-licensure-statistics.pdf

³ See <https://www.accr.org/images/ACCR-Residency-Syllabus-04-12-2007.pdf>

⁴ See https://aca-cdid.com/what_is_cdid.php

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lupus, or rheumatoid arthritis, or Crohn's Disease), infertility, constipation, and a vast amount of other diseases.”⁵ These medical conditions can be extremely serious, and comorbid with other diseases, which require assessment and treatment by a DO or an MD, who are the only healthcare professionals fully licensed in the practice of medicine.

Expanding Medicare coverage for chiropractors would likely lead to a significant expansion of chiropractors providing medical services in specialties where they have insufficient training, thereby jeopardizing patient safety. Additionally, if the legislation is adopted into law, it could incentivize other healthcare provider groups to seek legislative increases in their coverage and payment rates. As data from states where there has been an expansion in nonphysician clinician practice rights shows, healthcare costs have increased and patient access to care has not improved – likely due to the fact that the same areas that have attracted physicians are also attractive to other provider types.^{6,7,8}

The AOA and the undersigned organizations are committed to finding sustainable, effective and *safe* solutions to healthcare provider shortages; however, increasing payment for chiropractors for services that they are not equipped to provide does not meet these criteria. Therefore, in the interest of public health, safety, and access to affordable medical care, we oppose S.106/H.R.539. If you have any questions or if the AOA can be a resource to you, please contact AOA Vice President of Public Policy, John Michael Villarama, at jvillarama@osteopathic.org.

Sincerely,

American Osteopathic Association
American Academy of Osteopathy
American College of Osteopathic Emergency Physicians
American College of Osteopathic Family Physicians
American College of Osteopathic Internists
American College of Osteopathic Neurologists and Psychiatrists
American College of Osteopathic Obstetricians and Gynecologists
American College of Osteopathic Pediatricians
American College of Osteopathic Surgeons
American Osteopathic Academy of Addiction Medicine
American Osteopathic Academy of Orthopedics
American Osteopathic College of Anesthesiologists
American Osteopathic College of Dermatology

⁵ See <https://aca-cdid.com/> and <https://prohealthseminars.com/info/>.

⁶ U. Muench, J. Perloff, C. Parks Thomas and P. Buerhaus. Prescribing Practices by Nurse Practitioners and Primary Care Physicians: A Descriptive Analysis of Medicare Beneficiaries. *Journal of Nursing Regulation*, April 1, 2017.

⁷ D. Hughes, M. Jiang and R. Duszak Jr. A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits. *JAMA Internal Medicine*, January 2015.

⁸ See sample nurse practitioner workforce maps for Wyoming, Delaware.

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American Osteopathic College of Ophthalmology
American Osteopathic College of Otolaryngology-Head and Neck Surgery
American Osteopathic College of Pathologists
American Osteopathic College of Physical Medicine & Rehabilitation
American Osteopathic College of Radiology

Alabama Osteopathic Medical Association
Arizona Osteopathic Medical Association
Connecticut Osteopathic Medical Society
Florida Osteopathic Medical Association
Georgia Osteopathic Medical Association
Hawaii Association of Osteopathic Physicians and Surgeons
Idaho Osteopathic Physicians Association
Illinois Osteopathic Medical Society
Indiana Osteopathic Association
Iowa Osteopathic Medical Association
Kansas Association of Osteopathic Medicine
Kentucky Osteopathic Medical Association
Louisiana Osteopathic Medical Association
Maine Osteopathic Association
Maryland Association of Osteopathic Physicians
Massachusetts Osteopathic Society
Michigan Osteopathic Association
Minnesota Osteopathic Medical Society
Mississippi Osteopathic Medical Association
Missouri Association of Osteopathic Physicians & Surgeons
Montana Osteopathic Medical Association
New Hampshire Osteopathic Association
New Jersey Association of Osteopathic Physicians and Surgeons
New York State Osteopathic Medical Society
North Carolina Osteopathic Medical Association
Ohio Osteopathic Association
Oklahoma Osteopathic Association
Osteopathic Physicians & Surgeons of California
Osteopathic Physicians & Surgeons of Oregon
Pennsylvania Osteopathic Medical Association
Rhode Island Society of Osteopathic Physicians & Surgeons
Tennessee Osteopathic Medical Association
Texas Osteopathic Medical Association
Utah Osteopathic Medical Association
Virginia Osteopathic Medical Association
Washington Osteopathic Medical Association

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West Virginia Osteopathic Medical Association
Wisconsin Association of Osteopathic Physicians & Surgeons

Cc: The Honorable Kevin Cramer
The Honorable Richard Blumenthal
The Honorable Gregory Steube
The Honorable John Larson