



## **SB 887 will help Oregonians manage pain while reducing opioid dependence**

### **Background: The Problem**

With increasing awareness about the risks of opioids, Oregonians are turning to non-pharmacologic alternatives for pain management including **acupuncture, massage therapy, and chiropractic**. These treatments are relatively low-cost and are not likely to be abused. In Gov. Brown's Opioid Epidemic Task Force, these services were often mentioned as part of the **solution for managing chronic pain**.

Many Oregonians' health insurance plans cover these services. However, patients are surprised to learn they need "pre-authorization" before receiving treatment even if the provider is in network and the services are covered. Authorization is usually granted, but it can take up to 14 days. Unfortunately, many patients leave the clinic awaiting authorization and do not return.

### **SB 887: Removing Barriers to Care**

SB 887 would allow patients to receive an evaluation and up to six treatments of acupuncture, massage therapy, and chiropractic without pre-authorization, plus six additional treatments with documentation of meaningful improvement.

This bill is a modest limitation on insurers' ability to deny utilization of these services. It does NOT require coverage of any healthcare service.

- ✓ Reduces barriers to much-needed, non-pharmacologic alternatives to opioids
- ✓ Is NOT a coverage mandate
- ✓ Does not require payment to out-of-network providers or payment for services that exceed plan benefits
- ✓ Only applies to acupuncture, massage therapy, and chiropractic services

These services are relatively inexpensive, commonly approved, and not likely to be abused. **The opioid crisis requires creative solutions. Please support SB 887.**

## **An OAAOM White Paper: Acupuncture, Chiropractic, Massage and *Their* Access Are Far Better For Pain Than Opiates**

**Pain.** The number one reason people seek medical care is only a word, unless you're living it.

**Some insurers** in Oregon promise contracted non-pharmacologic pain care options, preventative care and access to acupuncture, chiropractic care and massage therapy when creating plans. However, exclusion and barriers such as PA (prior authorization) make necessary care a frustrating experience for patients and providers. We only ask to make this process manageable.

**Narcotic, opiate drugs** have been over-utilized in this country for far too long. The sky-rocketing deaths due to addiction are inexcusable when safer, more effective therapies such as acupuncture, chiropractic and massage are available which often treat not only the pain but often its *source* as well, leaving the patient in *better health*. Requiring PA to manage inexpensive and proven cost-effective care is problematic, especially for patients who are likely to choose opiate drugs or surgery when care is delayed or denied.

**PA** requires time-consuming administrative work for solopreneur providers who have neither the time nor the staff for the work required. Authorizations are also processed by algorithms and low-wage, non-medical staff who simply follow scripts and have little or no knowledge of the requested treatments. Denials can be appealed, but this once again adds more time and frustration for patients already in pain. Even on appeal, a provider may deal with PA staff who are medically inexperienced in their specialty.

**A proposal**, applying only to private insurers, of six initial visits without PA — during which significant improvement in a patient's condition is shown — allowing for a PA of an additional six visits, that doesn't exceed plan limitations, is a modest request.

**There is a great deal of evidence** concerning the cost-effectiveness and efficacy of these modalities as non-pharmacologic pain care and as treatment for many other health issues.

- **Recent Research** shows acupuncture is proven to be helpful and cost-effective for neck pain, HA and LBP and beneficial with generalized shoulder pain with 8-25 treatments administered 1-2x per week.<sup>1</sup>
- **In Washington**, following the ACA, all care types have been mandated for six visits at minimum by private insurers and users of these therapies for back pain, menopause symptoms and fibromyalgia had lower insurance expenditures versus non-users.<sup>2</sup>
- **Acupuncture** has been proven effective for acute pain.<sup>3</sup> **Acupuncture, massage and chiropractic therapies** have been shown to be safe and effective for chronic pain.<sup>4</sup> **Acupuncture and massage therapy** are considered safe and effective for post-surgical pain and cancer-related pain.<sup>5</sup>
- **Acupuncture frequency** ranges from 1-2 treatments per week and an average number ranges from 8-15 visits over 10-12 weeks, as shown in one large meta-analysis.<sup>6</sup>
- **The take-away point** from this comprehensive analysis of pain care: "Federal and State policy should increase access to and reimbursement for evidence-based non-pharmacologic therapies."<sup>7</sup>

<sup>1</sup> **Meta-analysis:** The Society for Acupuncture Research research summary sheets and white papers used by insurance companies to determine benefit coverage ([www.acupunctureresearch.org](http://www.acupunctureresearch.org)).

<sup>2, 3, 4, 5, 6, 7</sup> May/June 2018 edition of the journal *Explore* called **Evidence-Based Non-pharmacologic Strategies for Comprehensive Pain Care: The Consortium Pain Task Force White Paper.**