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ACA CHIROPRACTORS  Hands down better™

April 7, 2022

To: Centers for Disease Control and Prevention
From: American Chiropractic Association

Re: Comments Regarding the CDC's Proposed 2022 Clinical Practice Guideline for Prescribing Opioids (Docket No. CDC-2022-0024)

The American Chiropractic Association (ACA) appreciates the opportunity to provide comments on the Proposed 2022 CDC Clinical Practice Guideline for Prescribing Opioids (Docket No. CDC-2022-0024). ACA is the largest professional organization in the United States representing doctors of chiropractic. ACA members lead the chiropractic profession by working with other healthcare providers, supporting meaningful research and reporting functional outcome assessment measures to ensure the health and well-being of the estimated 35 million Americans who seek chiropractic care each year.

The chiropractic profession, which numbers more than 70,000 in the U.S. and represents the third-largest doctoral-level provider group (behind medicine and dentistry), offers nonpharmacologic therapies for patients with acute and chronic pain. Doctors of chiropractic, who are trained to diagnose and refer patients as needed, are well positioned to play a role in helping to stem the opioid crisis in communities across America. We are committed to collaborating with other providers in the healthcare community to help patients with musculoskeletal conditions reduce or avoid the need for prescription opioid pain medications.

In respect to the draft updated CDC prescribing guidelines, we would like to share our support and feedback on the following:

- **ACA is pleased the draft updated guideline for prescribing opioids promotes diverse approaches and varied pain management solutions and specifically encourages the use of nonopioid/nonpharmacologic therapies as a first line of treatment for subacute and chronic pain and even some types of acute pain.** ACA supports evidence-based care and generally accepted best practices. The benefit of initiating treatment with nonpharmacologic or nonopioid therapies that have lower risk of serious adverse side effects is well documented in studies and clinical guidelines such as the American College of Physicians Low Back Pain Treatment Guideline (Qaseem et al., *Annals of Internal Medicine*, 2017).
- **ACA supports updates to the prescribing guidelines that put added emphasis on shared decision-making and patient preference.** We agree it is important for the patient-clinician relationship to be respected and for clinicians to be able to factor in the preferences and feedback of patients when setting goals, choosing treatments and assessing treatment efficacy.

This type of shared decision makes patients part of the treatment team and gives them a better sense of control, thereby improving compliance and resulting in better outcomes.

- **ACA supports inter-professional education to augment the training of pain management teams.** We are pleased to see the emphasis on education for physicians managing patients with pain in the guidelines and encourage the development of modules that focus in greater depth on nonpharmacologic therapy options so that doctors can better identify patients who might benefit from these approaches (particularly those with common musculoskeletal conditions) and refer them for treatment that may reduce or eliminate their need for prescription opioid pain medications.
- **ACA supports improving access to chiropractors and other providers of nonpharmacologic therapies.** As the CDC prescribing recommendations note, noninvasive, nonpharmacologic therapies are not always available or fully covered by insurance or health plans despite a growing body of evidence in support of their use. This is an area of serious concern, as lack of access to and coverage of these therapies will reduce the potential for clinicians and their patients to utilize the CDC guidelines as fully as possible. We strongly agree that health insurers and health plans should improve access to and coverage of nonpharmacologic therapies. Further, we believe it is equally important that patients have access to all healthcare providers who are qualified and licensed to provide these services. Arbitrarily excluding coverage or access to groups of qualified providers who provide evidence-based care and may be in greater proximity to patients in certain communities diminishes access. In Medicare Part B, for example, beneficiaries are covered for only one chiropractic service, denying them access to the full range of nonpharmacologic treatments for pain that is covered by Medicare and that many chiropractors are licensed to provide under state law. Maintaining this barrier for older patients who seek chiropractic care is unacceptable, especially when research supports that chiropractic care can help some patients reduce their need for prescription opioid pain medications (Whedon et al. Association between chiropractic care and use of prescription opioids among older medicare beneficiaries with spinal pain: a retrospective observational study. *Chiropr Man Therap* 30, 5 (2022).)

ACA appreciates the opportunity to comment and commends CDC for its efforts to improve patient safety and outcomes in respect to opioid prescribing and pain management. If you have questions regarding our comments or need additional information, please contact our staff at communications@acatoday.org.

Sincerely,

Michele Maiers, DC, MPH, PhD
President
American Chiropractic Association