

TESTIMONY OF DR. JOHN LAMONICA, IMMEDIATE PAST PRESIDENT FOR THE
NEW YORK CHIROPRACTIC COUNCIL AND DR. JASON BROWN, PRESIDENT OF THE
NEW YORK STATE CHIROPRACTIC ASSOCIATION TO THE JOINT ASSEMBLY AND
SENATE HEALTH BUDGET HEARING

FEBRUARY 12, 2018

Assembly Ways & Means Chair Weinstein, Senate Finance Chair Young, Assembly Health
Chair Gottfried, and Senate Health Chair Hannon and members of the Joint Health Budget
Committee:

Thank you for this opportunity to submit testimony for your consideration as you begin to
review proposals with respect to the proposed 2018 – 2019 New York State Budget. We are Dr.
John Lamonica and Dr. Jason Brown, and we are representatives from the two organizations that
represent doctors of chiropractic in New York State. Dr. Lamonica practices in Westchester and
Dr. Brown practices in the Capital District. We are here today to voice the chiropractic
profession's support for measures to combat the opioid epidemic in New York. Specifically, we
support Part CC of the Governor's proposed Revenue budget, and we are here today because we
think there is a greater role for the chiropractic profession to play in combatting opioid abuse and
addiction in New York. This role will come with increased patient access to chiropractic care.

Chiropractic care has always been the non-surgical, non-drug solution for the treatment
of chronic pain. We feel that by embracing our services, a real advancement could be made to
combat the increased use of opioids in New York. The opioid and heroin epidemic has hit many
of our communities, both in New York and nationally. Overdose deaths resulting from opioid
abuse have risen sharply in every county of every state across the country, reaching a peak in

2014: 28,647 people, or 78 people per day – more than three overdose deaths per hour. Nationally, opioid overdoses are the leading cause of death for people under 50 years of age (64,000, 2016). The statistics are staggering to comprehend, but behind these charts and numbers are human suffering, families torn apart, disrupted communities, and loss of precious life.

An estimated 1 out of 5 patients with non-cancer pain or pain-related diagnoses are prescribed opioids in office-based settings.[1] Opiate prescriptions are common for neuro-musculoskeletal complaints; with one of the most common being low back pain. For example, a large population study found that prescription of opioids was common among patients with back pain; 61% of back pain patients received at least one opioid prescription.[2] The challenge with this treatment approach is the risk for addiction and other unintended impacts, including death. With 40 - 50% of these prescriptions originating from primary care, patient's suffering with back pain and neuro-musculoskeletal conditions could benefit from other early treatment options. Pain medication is aimed at alleviating the painful portion of the condition; however, for back pain, and most neuro-musculoskeletal concerns, there is often a way to resolve the cause of the symptoms rather than just provide temporary pain relief.

Amidst the continuing stories in the news, the reports on local tragedies, the numerous legislative hearings all over the country, and White House press conferences, the one thing we keep saying to ourselves is that *chiropractic care can help!* Unfortunately, chiropractic has not received the attention it deserves to become part of the solution to this statewide and national crisis. We urge you to consider proven, effective alternatives, such as chiropractic, as you work towards resolving this epidemic.

Chiropractic's origins date to 1895, treating neuro-musculoskeletal conditions **without the use of drugs**. For over a century, doctors of chiropractic have studied the relationship between structure (primarily the spine) and function and how this interrelationship impacts health and wellbeing. Due to this emphasis on the spine, chiropractors have become associated with spinal and skeletal pain syndromes, and we bring our **non-surgical, non-drug rationale to the management of these problems**. Doctors of chiropractic are the quintessential example of non-pharmacologic providers of health care, with expertise in neuro-musculoskeletal conditions. **In other words, every day we successfully treat pain without the use of addictive drugs.**

The Joint Commission, a respected, independent, not-for-profit organization which accredits and certifies nearly 21,000 health care organizations and programs in the United States, has stated that “[b]oth pharmacologic and nonpharmacologic strategies have a role in the management of pain. ... Nonpharmacologic strategies [include]: acupuncture therapy, chiropractic therapy...”[3] The Food and Drug Administration has also released proposed changes to its blueprint on educating health care providers about treating pain in May 2017. The guidelines now recommend that medical doctors get information about chiropractic care and acupuncture as therapies that may help patients avoid prescription opioids.[4] This is a start, but chiropractic has so much more to offer and should be proactively offered to those suffering acute pain as an alternative to an addictive drug.

As an example of a recent successful program using alternative treatment methods, you can look to the Rhode Island Communities of Care program. This program was designed to lower demand for ER services and high opioid usage, and found that with the availability of chiropractic, massage and acupuncture services over a 12-month period the average number of

opioid scripts was reduced by 86%. Getting these types of results is often assumed to come at a cost, but in this study, for every \$1 spent on chiropractic, acupuncture and massage services, there was a resulting savings of \$2.41 over medical expenses.[5]

Additional research from the Journal of Manipulative and Physiological Therapeutics revealed that higher per-capita supply of doctors of chiropractic, and increased Medicare spending on chiropractic, actually *reduced* younger, disabled Medicare beneficiaries from seeking an opioid prescription.[6] Further, Dr. James Whedon presented a study of over 12,000 subjects which revealed that when patients saw doctors of chiropractic, they had a significantly lower risk of receiving an opioid prescription, at lower overall costs to these patients for their care.[7] The benefits and efficacy of chiropractic is clear: it has the potential to offer a unique solution to resolving both pain and addiction. We would be happy to provide full copies of these and other studies outlining the benefits of healthcare without the use of expensive and addictive opioid prescriptions.

It is for these reasons that the New York Chiropractic Council and the New York State Chiropractic Association support Part CC of the Revenue Bill and strongly urge the Senate and Assembly to explore ways to embrace the use of chiropractic to combat the opioid epidemic in New York. This can be done in any number of ways, including forming a commission to study this issue or even through the state embracing increased use of chiropractic care for the treatment of pain, especially in the low back. While we know the state is facing a significant budget deficit, we would encourage you to look at adding chiropractic care as a covered service under the New York State Medicaid program. Chiropractic care is covered by Medicare at the federal level and by Medicaid in many other states, but it is not currently covered in New York. We feel that adding this coverage will decrease the costs of the Medicaid program in New York given the

proven effects and benefits of chiropractic care to treat chronic pain and serve as a viable alternative to opioid prescriptions.

We thank you for the opportunity to submit this testimony on behalf of New York's doctors of chiropractic. We are happy to answer any questions and provide you with any other information or details you would like.

Thank you again.

Citations:

[1] Daubresse M, Chang H, Yu Y, Viswanathan S, et al. Ambulatory diagnosis and treatment of nonmalignant pain in the United States, 2000 – 2010. *Medical Care* 2013; 51(10): 870-878.

<http://dx.doi.org/10.1097/MLR.0b013e3182a95d86>

[2] Deyo R, Smith D, Johnson E, Donovan M, Tillotson C, Yang X, Petrik A, Dobscha S. *Journal of the American Board of Family Medicine*. Nov-Dec 2011 vol. 24 no. 6 717-727

<http://www.jabfm.org/content/24/6/717.full>

[3] The Joint Commission. Revisions to pain management requirements encourage new treatment approaches. May 29,

2015. <https://www.jointcommission.org/issues/article.aspx?Article=%2BZSsB0h5unhy7b%2B9mjVcRZF rYiSmnCOOYgxs4lzNXX0%3D>

[4] Food and Drug Administration. FDA Education Blueprint for Health Care Providers Involved in the Management or Support of Patients with Pain. May

2017. <https://www.fda.gov/downloads/Drugs/NewsEvents/UCM557071.pdf>

[5] Advanced Medicine Integration Group, L.P. Presentation to Rhode Island Department of Health.
November 2016.

http://c.ymcdn.com/sites/www.cocsa.org/resource/resmgr/Toolkit_Medicare/AMI_RI_ICPP_Summary_120616_.pdf

[6] Weeks, William B. Cross-Sectional Analysis of Per Capita Supply of Doctors of Chiropractic and Opioid Use in Younger Medicare Beneficiaries. Journal of Manipulative and Psychological Therapeutics, Volume 39, Issue 4. May 2017. [http://www.jmptonline.org/article/S0161-4754\(16\)00063-4/abstract](http://www.jmptonline.org/article/S0161-4754(16)00063-4/abstract)

[7] Weeks, John. Researcher finds patients seeing chiropractors use fewer opioids, other drugs. Integrative Practitioner. January 5, 2017. <https://www.integrativepractitioner.com/whats-new/all-news/researcher-finds-patients-seeing-chiropractors-use-fewer-opioids-drugs/>