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**Committee on Labor and Industry
Hearing on HB 18, Rep. Ryan Mackenzie
February 15, 2017**

**Statement of Dr. Raymond J. Benedetto, DC, DACNB
President, Pennsylvania Chiropractic Association**

Mr. Chairman and Members of the Committee:

As the President of the Pennsylvania Chiropractic Association, we join with other health care providers in sounding the alarm about legislation that proposes to establish a “one-size-fits-all” approach to patient care. Last year, we opposed HB 1800, which would have imposed guidelines for workers’ compensation based upon “evidence-based” medicine.

At that time, we pointed out that just recently, “evidence” pointed to the miracle of opioid medications for pain management, and doctors were often driven by insurance requirements to write more and more scripts as industry guidelines attempted to reduce other more costly treatments like surgery or therapy. The so called “evidence” touted opioid medications as the solution to ALL the pain problems of Americans were facing from cancer to back pain. We all know now how that “opioid evidence” resulted in overdoses and deaths, when most addictions could have been prevented at the first point of contact between the patient and health care system.

Our position then and now is that evidence based treatment and prescribing is being introduced too fast, that the legislation is certainly not adequate in its current form, and that the Commonwealth, as matter of health policy, should embrace and include a *conservative care first* approach. This conservative care first would be a holistic approach to diagnosis and treatment of patients’ condition that would include physical medicine and alternatives to drugs and invasive surgeries. We should allow our patients to explore the treatment regimen that is best for them – not something that insurers and medical doctors have devised to meet their own needs.

Rep. Mackenzie is now offering a revised version of HB 1800 that would require an evidence-based drug formulary for the WC program. While the intention is to reduce the over-prescription of opioid painkillers, we have already seen that evidence-based programs in the past have done just the opposite. If the intention is to reduce the use of drugs, our question is: will the legislation then allow for increased visits to chiropractors and other specialists as drug-free alternative care?

In addition, the bill will also require standards for UROs (Utilization Review Organizations) and PROs (Peer Review Organizations) that will impose standards on the provision of workers compensation patients that may or may not fit their needs – all in an effort to cut costs. The question for this panel is: how does limiting choices and potentially delaying recovery reduce costs?

Evidence based medical treatment” (EBMT) and now evidence based drug formulary (EBDF) have become the new catch phrases that are sweeping the nation in the post-Affordable Care Act whirlwind of cost savings strategies. This is at the heart of the entire problem with the proposal, the assumption that good research-driven medical evidence will improve all health care by reducing costs through “efficiencies,” all while supposedly improving patient outcomes. Like all things, this proposal in particular, the devil is in the details.

There may come a day that the PCA will support a change in the WC guidelines to use evidence based treatments and drug formularies, ***but that is not today*** and not in this proposal's current form. After all of these concerns are addressed on a nationwide level and national standards have been adopted that remove and make more transparent ALL financial motives of the larger industry players that stand to benefit the most from this reform, then the PCA would consider proposals with more protections against abuse by the Workers' Compensation insurance industry.

The PCA views the legislation before us with grave concern. We consider this a "back-door" attempt to insert the flawed notion of "evidence-based" directives into our workers compensation system. We would be more than willing to work with the bill's sponsor to address utilization concerns and to seek true cost reduction system-wide. As we have stated, the notion of "conservative care first" makes much more sense than putting our patients under restrictive guidelines that may or may not be appropriate for their care and recovery.

Without this type of thoughtful cooperation, the Pennsylvania Chiropractic Association opposes this legislation. Thank you for considering the Pennsylvania Chiropractic Association's position and concerns on House Bill 18.