



American Specialty Health Incorporated

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February 15, 2018

Chairman Hatch and Ranking Member Wyden:  
Senate Finance Committee

On behalf of American Specialty Health (ASH), I am pleased to provide this response to your request for recommendations on actions the Committee can take to address the opioid crisis in America. ASH is a leading provider of secondary insurance services in the United States and a significant portion of ASH's work has been the development and implementation of non-pharmaceutical/non-invasive therapies that are effective substitutes for opioid therapies. ASH has results from large population evaluations that demonstrate that, when managed by an effective clinical performance and accountability oversight system, these therapies can produce cost-efficient and clinically effective outcomes. We have attached to our submission a comprehensive white paper review of the currently available evidence entitled, *The Solution – Non-Pharmaceutical/Non-Invasive Interventions for Musculoskeletal Pain*, Bjornaraa, Metz, et al., American Specialty Health; 2017.

Using currently available evidence, ASH has developed a comprehensive program that covers the use of non-pharmaceutical/non-invasive therapy options. ASH currently utilizes this program to successfully provide treatment to over 1.02 million patients per year with a wide range of musculoskeletal pain management needs. Our submission to the Committee provides a summary of the key aspects of ASH's work and provides suggestions on how this work can be of use to the Committee. We hope this information is useful to the Committee.

ASH believes that a critical component to addressing the opioid crisis is to provide the necessary, easily available, health-literate, evidence-based information on non-pharmaceutical/non-invasive therapeutic option to providers and patients. Open and affordable access to viable non-pharmaceutical, evidence-based intervention options minimizes the risk of individuals receiving a first course of opioid treatment and therefore reduces the risk of becoming addicted to opioids. See pages 28-32 in *The Solution* for examples of effective treatment therapies that also result in low service utilization, high patient satisfaction, and effective resolution of "chief complaint" in the population of patients who choose to use these services within a clinical performance system that holds providers accountable to evidence-based guidelines.

Based on currently available evidence, ASH recommends that non-pharmaceutical/non-invasive therapies should be considered before pharmaceutical or invasive approaches are recommended for patients whose musculoskeletal pain is of non-traumatic and/or organic cause. There is an extensive body of evidence and related guidelines that support the use of these services when clinically appropriate and evidence-based for the patient's condition. Pages 15-22 of *The Solution* provides over 150 citations from various forms of evidence resources in support of these concepts and recommendations.



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ASH recommends that the Committee consider how Medicare and Medicaid benefits could be expanded to ensure consistent coverage, access, and awareness for beneficiaries that there are viable non-pharmaceutical options. While expanding Medicare and Medicaid coverage could initially increase the costs associated with these programs over the long term, net costs for the programs could actually decline as the application of these therapies reduce the use of higher-cost medical procedures. See attached studies in the *Archives of Internal Medicine* and *Journal of Occupational and Environmental Medicine* (published by our company and leading research experts) and the study in showing how these services can save costs and services within large health plans. In addition, studies have shown the clinical and cost benefits of using these providers as first-line interventions. For example, the study attached, *A Hospital-Based Standardized Spine Care Pathway*, has shown this model to be an effective and efficient treatment process within healthcare systems.

However, not all conditions are amenable to these interventions and must be managed by more intensive treatments. Licensed providers of non-pharmaceutical/non-invasive services are trained to know when a condition would not be amenable to these services and would then refer to other necessary medical management.

Coverage for services delivered by licensed or certified providers of non-pharmaceutical services for pain management would be covered subject to co-payments consistent with primary care so that beneficiaries are able to access services with affordable co-pay and co-insurance. For example, acupuncture has been demonstrated to be beneficial for some pain patients, however, this is not a covered service. Another example, manual manipulation services by doctors of chiropractic are covered but the scope of coverage does not include all of the musculoskeletal conditions for which this service may provide benefit. Further, examinations and rehabilitative services important to the delivery of evidence-based treatment, are not currently covered for doctors of chiropractic.

In conclusion, with this submission ASH is pleased to provide the Committee with extensive clinical evidence and analysis of non-pharmaceutical/non-invasive therapy options that can be used instead of opioid treatments, thereby reducing exposure and risk of addiction to opioids. ASH stands ready to respond to any questions the Committee may have.

Sincerely,

A handwritten signature in cursive script, appearing to read "George DeVries".

George DeVries  
Chairman & Chief Executive Officer

A handwritten signature in cursive script, appearing to read "R. Douglas Metz".

R. Douglas Metz, DC  
EVP & Chief Health Services Officer