



CoverMyCare

THE CMC UPDATE

A BRIEF ON COVERMYCARE AND NON-DISCRIMINATION ACTION ACROSS THE U.S.

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HAT-TIPPING SHOUT OUT: To **Alyssa Wostrel**, IHPC's former executive director who stepped down in June, and was replaced by interim executive director Susan Haeger. Thank you Alyssa! (p.10)

Post-Election Note



The presidential election took place as this issue was being prepared. An analysis of its impact on the non-discrimination provisions of Section 2706 will be forthcoming. Meanwhile, state non-discrimination statutes based on the language and intent of 2706 are not subject to any changes that might come to the ACA.

In the States

In Vermont, People for Acupuncture bring the discipline to a Medicaid pilot funded in the State's June Opioid Bill.

Vermont's Opiate Bill, S. 243, "An act relating to combating opioid abuse in Vermont," illustrates the growing awareness of the effectiveness of integrative pain management strategies, especially for addressing a public health problem as severe and costly as the opioid epidemic.

This legislation stemmed from a separate bill introduced by People for Acupuncture in January that sought to mandate insurance coverage for acupuncture treatments for conditions such as drug and alcohol additions, anxiety and nausea, in addition to pain management. Part of a larger bill dealing with the opioid epidemic, the provisions of S.243 also deal with monitoring pain prescriptions, training pharmacists, and creation of a Controlled Substances and Pain Management Advisory Council that will include licensed acupuncturists.

The legislation also directs the Vermont Department of Health Access to prepare a pilot acupuncture treatment program for a defined group of Medicaid beneficiaries diagnosed with chronic pain, with the objective of "returning patients to social, occupational and psychological function." The bill appropriates \$200,000 for the pilot; an implementation plan is due in January 2017.

See the People for Acupuncture press release here.

<http://www.covermycare.org/cmc/wp-content/uploads/PFApressrelease6.27.16-1.pdf>

New Mexico: Busy summer with state insurance regulator; preparing for 2017

A National Association for Naprapathic Medicine Forms

After meeting with New Mexico's Superintendent of Insurance, **John G. Franchini** and his colleagues twice during the summer, a group of licensed Naprapaths, Chiropractors, Nurse



John G. Franchini
New Mexico
Superintendent of Insurance

Midwives, Nurse Practitioners and Acupuncturists have determined that their best path to ending reimbursement discrimination by the state's insurance companies is to develop legislation for 2017.

After receiving letters from this group at the end of 2015 recounting problems with credentialing and becoming part of insurer networks, Franchini was open to working with them to determine if compliance with Section 2706 could be accomplished by rule. But at an August meeting his office said that it could find no way around the limitations in the language of 2706. Its "official stance" is that it cannot force payers to add benefits or services to their plans, to contract with providers, or to open their provider networks.

In the meantime, the OSI says that it will adopt policy measures:

- Requiring the insurance carriers to give providers a clear explanation as to why the network panels are full when denying a providers application for credentialing.
- Requiring insurance carriers to respond to providers within a reasonable time frame, once an application for credentialing has been received.
- To enforce healthcare providers' right to practice within their scope of practice.

Separately a new **National Association of Naprapathic Medicine** is being organized to ensure the development of credentials, expand naprapathic medicine into other states (now limited in licensing to new Mexico and Illinois), educate the public, and advocate for insurance reimbursement. Contact for the new group: J.K. Peiper – j.k.peiper@gmail.com

Minnesota: MN Fair Care Prepares its Bill for 2017

Minnesota's multi-disciplinary provider coalition, MN Fair Care is reconvening to prepare a 2017 version of its bill "Patient Rights and Provider Non-Discrimination" that was introduced into the House (**HF3291**) and Senate (**SF3046**) earlier this year.



The group is using the 2016 pre-election period to determine which candidates are likely to support the legislation once it is introduced. This year a total of 11 state representatives supported the Patient Rights bill.

See the latest at:

<http://www.facebook.com/MNFairCare>

<http://www.covermycare.org/cmc/Minnesota/>



Montana: Visit by U.S. Senator to Naturopathic Clinic Reinforces VA Role in Integrative Pain Management

Montana U.S. Senator Steve Daines visited Yellowstone Naturopathic Clinic in Billings to observe integrative pain management treatments for veterans.

“They [need to] know they will have other choices besides just being prescribed medications and often times narcotics,” said Sen. Daines. “Let’s give our veterans other choices here that will deal with the root cause of the pain versus putting a band aid over the pain.”

The VA Choice program allows veterans to seek treatment outside the VA clinical network, but the Veterans Health Administration still does not provide coverage for naturopathic physicians among its approved providers, despite its advocacy for other integrative care options. In this case Yellowstone has been able to provide its vet services by raising \$40,000 in private funding.



KTVQ Broadcast story

<http://www.ktvq.com/story/33179664/yellowstone-naturopathic-clinic-helps-veterans-treat-pain-through-alternative-medicine>

John Weeks’ article in Integrative Practitioner with background on Yellowstone Clinic and founder Maggie Beeson, ND.

<http://www.integrativepractitioner.com/whats-new/news-and-commentary/integrative-medicine-montana/>

A CLOSER LOOK

Rhode Island: Conflicting Forces Influencing Access to Integrative Care

1. Regulator won’t accept hundreds of letters from chiropractic patients on discrimination

The **Chiropractic Society of Rhode Island (CSRI)** has launched a very public advocacy campaign to pressure the state’s insurance commissioner to adhere not only to Section 2706 of the ACA, but to the state’s own non-discrimination statute enacted in July of 2015.



In effect CSRI has thrown up its collective hands after working diligently but unsuccessfully to convince health insurance commissioner **Kathleen C. Hittner, MD** that federal and state non-discrimination laws should be complied with. This process has included collecting several hundred letters from patients of chiropractic doctors describing



what they believe are cases of discrimination. When CSRI officials met with Dr. Hittner in August, she refused to accept the letters. Since the chiropractors collected them, they were considered “self-serving.”

Referred by Dr. Hittner’s office to the state Medical Society and from there to the local chapters of Family Physicians and the American College of Physicians, CSRI reported back to the commissioner in a September letter that these groups “...will give the Chiropractic Society no opportunity to present to their members on chiropractic care and alternative treatments for pain management to their organizations either in 2016 or 2017.”

The resulting aggressive fall public relations campaign includes letters written by CSRI to its members; forms distributed to patients to send to the commissioner, a MoveOn.org petition page, and a call-the-governor campaign for patients.

Separately, CSRI plans to deliver what it protested to Dr. Hittner are “*bona fide* complaints” to the office at the Center for Medicare and Medicaid Services, CMS, responsible for compliance with the federal law, 2706.

The CSRI petition is at this page

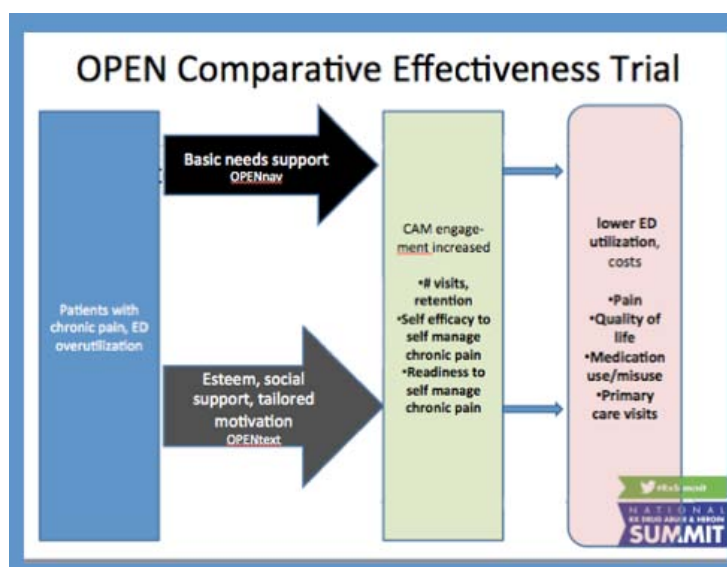
http://petitions.moveon.org/s/_uOuLI (last 2 digits: capital L, lowercase L)

CHRI home site: <http://richiro.org>

2. The RI Medicaid pilot: Hints of outcome success for integrative care approaches

While the CSRI was wrestling with the health insurance commissioner’s office, the state has also been awaiting the results of a three-year, Medicaid-funded pilot program that made use of integrative treatments for patients suffering the most difficult, chronic, co-morbid and ultimately most costly conditions. Formal results have not been published as of this writing, but the prospects of good health and cost outcomes have emerged over the last year. Two examples:

- In its newsletter United Healthcare, which manages the state Medicaid program, reported one such outcome:
 - A patient suffering from debilitating conditions including a gastric ulcer, eczema, insomnia, depression and chronic pain experienced progressively better outcomes in a treatment period of two years, during which monthly costs of care fell from more than \$950 to \$99.
- In a 2016 presentation at the “National Rx Drug Abuse and Heroin Summit,” Traci Green, PhD, MSc, a professor at Brown University’s medical school noted the improved outcomes demonstrated during the pilot (“CAM engagement” below refers to “complementary and alternative medicine” or integrative health options):



A Comment

The Conundrum of the Federal Precedent for Non-Discrimination Advocates

While the Rhode Island Medicaid pilot appears to hold promising treatment outcomes and cost evidence, the inherent limitations of ACA Section 2706 continue to constrain state health insurance commissioners from meeting the legislative intent of the Congress. Then-**Sen. Tom Harkin** of Iowa, author of the provisions, was very clear about his intentions, expressed often and long before the law went into effect. In 2011 remarks – nearly three years before Sect. 2706 became law – he addressed the *iMosaic Conference*:

“Americans want access to healthcare options and alternatives. That is why I insisted that integrative medicine get a major boost in the new health reform law ... this is about giving people choices, improving healthcare outcomes and reducing healthcare costs.”

The chiropractors in Rhode Island have drawn on both Federal and state statutes to make their case. The integrative providers in New Mexico have worked closely with their superintendent of insurance. The 2706-based lawsuit filed by naturopathic physicians in Oregon remains in court. But the needle still has not moved. This impasse should be of central concern to advocates in states who are at work developing their own legislative remedies, including New Mexico and Minnesota.

Section 2706 is infamous for containing no enforcement provisions, for its “escape clause,” and for implementation guidance from the US Dept. of Health and Human Services that in its first iteration was contrary to the intent of the law and has otherwise not been responsive to enabling congressional intent. This is why state initiatives remain critical to achieving expanded access to and equitable costs for integrative healthcare options, and why it is important not to replicate the inherent weaknesses in the federal law in their own legislative initiatives.



National Policy

CMS makes fundamental changes to Medicare and Medicaid payments. Where are integrative health treatments? A visit to CMMI.

In an effort to dramatically reduce the total costs of healthcare in the United States, the **Center for Medicare and Medicaid Services, CMS**, has been funding pilot “alternative payment models” (APMs) across the country through its **Center for Medicare and Medicaid Innovation, CMMI**. Like Section 2706 CMMI was created in the Affordable Care Act.



Although Section 2706 does not yet cover services provided to Medicare and Medicaid beneficiaries, new and specially modified Medicaid programs in states such as Vermont and Oregon have started to cover integrative treatment for selected conditions, primarily pain. The Rhode Island pilot described above has gone much further to serve Medicaid beneficiaries suffering multiple chronic conditions.

In order to find a connection between state-based Medicaid pilots and the APM program, in July CMC project director Taylor Walsh and Mike Jawer, Government Relations Director of the American Association of Naturopathic Physicians, AANP, met with a group of CMMI senior program managers to learn where, if anywhere, integrative health and medicine enterprises are involved in CMMI's funded alternative payment models. The answer: Nowhere, yet.

After presenting an array of cost-saving and high quality outcome examples from clinical encounters with naturopathic physicians, chiropractors, acupuncturists and other integrative providers, one of the senior program managers with whom we met said, “You’ve made the case” on costs and efficacy. He then said that CMMI had completed its APM funding rounds. We felt two years too late.

Despite the timing (and AANP is not deterred; see next) the CMMI team was clearly interested in and knowledgeable about the qualities of integrative approaches, several from personal experience. There is also an interest in the outcomes of the Medicaid pilots, which are not part of the CMMI program (although they resemble alternative payment models). We were encouraged to reach out to organizations that have been awarded CMMI funding to discuss adding integrative therapeutic approaches.

Like local Veterans Health clinical services that now include integrative services (including those provided by private clinics like Yellowstone Naturopathic; see above), Medicaid pilots modified to include integrative treatment approaches could ultimately demonstrate “proof” to their state regulatory and elected officials that consumers should no longer be deprived of equitable reimbursement when they choose to include these licensed providers for their healthcare needs.



Partners

AANP: 11 House Members Deliver AANP Message to CMMI

On Sept. 29, eleven members of the U.S. House of Representatives, led by Reps. **Mark Pocan (D-WI)** and **Chellie Pingree (D-ME)**, signed and sent a letter to **Patrick Conway, MD**, CMO of the Center for Medicare and Medicaid Innovation, encouraging CMMI to undertake a pilot project assessing the health benefits and cost savings of naturopathic care for seniors at risk for cardiovascular disease.

Prepared by AANP, the letter stated: "We know that preventive care, especially when it is integrated into truly patient-centric health care, can greatly reduce the risk of chronic illnesses. Naturopathic physicians are ideally positioned to effectively carry out a CMMI demonstration project aimed at increasing coordinated preventive care to reduce the incidence of cardiovascular disease in the Medicare population."

The letter is part of AANP's continuing efforts to work with CMS on several fronts to expand access to naturopathic medical care and ultimately to all integrative professions. In addition to the proposed pilot, AANP 10 months ago brought to the attention of CMS documented instances of 2706-based insurer discrimination provided by six state member organizations. Last spring, in response, CMS acknowledged that these examples constituted discrimination. AANP is following up on this communication this fall. (For more see the May 2016 issue of "CMC Update:" http://www.covermycare.org/cmc/wp-content/uploads/CMCUpdateV2N2_c.pdf)

For more on AANP's Medicare initiatives see its page: "Licensed Naturopathic Doctors and Medicare" <http://www.naturopathic.org/content.asp?contentid=806>

A timely renaming for the Academy of Integrative Pain Management

"Our mission and our name are finally aligned!" So announced Joanna Katzman, MD, MSPH, board president of the Academy of Integrative Pain Management last May, about the name change from the American Academy of Pain Management.

As a Partner for Health of CoverMyCare's parent, the Integrative Health Policy Consortium, AIPM has been a stalwart supporter of the CMC initiative, working closely on national and local initiatives, especially through its State Pain Policy Advocacy Network, SPPAN.

Dr. Katzman said: "The board recommended this change because we want all healthcare professionals who treat people with pain to know our organization is where to learn about effective, safe, and sane approaches to pain management."



Executive Director Robert Twillman, PhD, who represents AIPM at IHPC, calls the name change a strategic business decision. “Why should we hold onto a ‘generic’ brand name that gets confused with other organizations? We have 28 years of equity in unique expertise as the only organization that has always promoted this comprehensive, multidisciplinary integrated, approach to delivering pain care. That is a great foundation to build upon.”

As a leading presence in the American pain management community, AIPM is playing a central role in developing policy to ensure that integrative approaches to care are included in the emerging national initiatives to address pain management and the opioid epidemic.

For more on the change, see:

<http://blog.aapainmanage.org/leading-pain-organization-changes-name-brings-alternative-solutions-complex-pain-challenges/>

Resources

NCCIH Review of Insurance Coverage from its 2002 and 2012 National Surveys

The report “*Insurance Coverage for Complementary Health Approaches Among Adult Users: United States, 2002 and 2012*” compares the availability of insurance for acupuncture, chiropractic, massage therapy as recorded in these two large national surveys of consumer use of complementary and integrative services.

The report is of interest as snapshots of coverage data collected well prior to the creation of Section 2706 of the Affordable Care Act, and after the ACA was passed in 2010 but before implementation in January 2014. The report notes the minimal extent of coverage for acupuncture and massage, and modest growth over the decade. Its summary noted:

“Most adults who saw a practitioner for acupuncture and massage therapy did not have coverage for these approaches, according to data from the 2002 and 2012 NHIS. For acupuncture and chiropractic, adults with health insurance coverage were more likely to have only partial coverage than complete coverage.”

“The amount and type of health insurance coverage for acupuncture, chiropractic, and massage therapy may change as state laws on coverage for these complementary health approaches continue to develop.”

Surprisingly, the report did not make mention the existence of the Federal provisions of Section 2706 of the ACA, or of specific statutes enacted in 2015 in Oregon and Rhode Island that are designed to expand reimbursement.



The NCCIH summary of the report:

<https://nccih.nih.gov/research/results/spotlight/insurance-coverage-patterns>

Report at the National Center for Health Statistics:

<https://www.cdc.gov/nchs/data/databriefs/db235.pdf>

IHPC's Compilation of Integrative Health Cost-Effectiveness Data

Don't forget the numbers! They are compelling in this unique resource, "*Integrative Health and Medicine: Today's Answer to Affordable Healthcare*," which shows the cost benefits attained by selected integrative practices when measured in specific research programs. This is a concise resource for anyone who is making the case of economic value for integrative health and medicine. The PDF is here:

<http://www.ihpc.org/wp-content/uploads/IHPC-CE-Booklet-March2015.pdf>



Special Thanks to a CMC Original

Former IHPC Executive Director **Alyssa Wostrel** stepped down in June after shepherding CMC through its conceptual days and formative year of operations, connecting, listening, and promoting this brand new kind of initiative for the integrative community. The CMC team is ever grateful and wishes her well!

CoverMyCare is a project of IHPC www.ihpc.org

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