ACADEMIC CONSORTIUM FOR
Integrative
Medicine & Health

2025
International
Congress
on Integrative Medicine & Health

INTEGRATIVE
HEALTH POLICY
CONSORTIUM

SCU | Southern California University of Health Sciences

Endeavor Health

University Hospitals
Connor Whole Health

Whole Health
in the States

Transforming Health Care through Integrative Health Research and Policy Advocacy

Tuesday, March 4, 2025

2:00-5:00PM PT

Cascade 2, Second Floor

Introductions

David A Vincent, DC

Leslie Mendoza Temple, MD

Robb Russell, DC

Christine Kaiser, DACM, LAc

Workshop Objectives

This workshop aims to equip health care professionals with the skills and knowledge necessary to navigate and influence policy changes to advance the integrative health and medicine field.

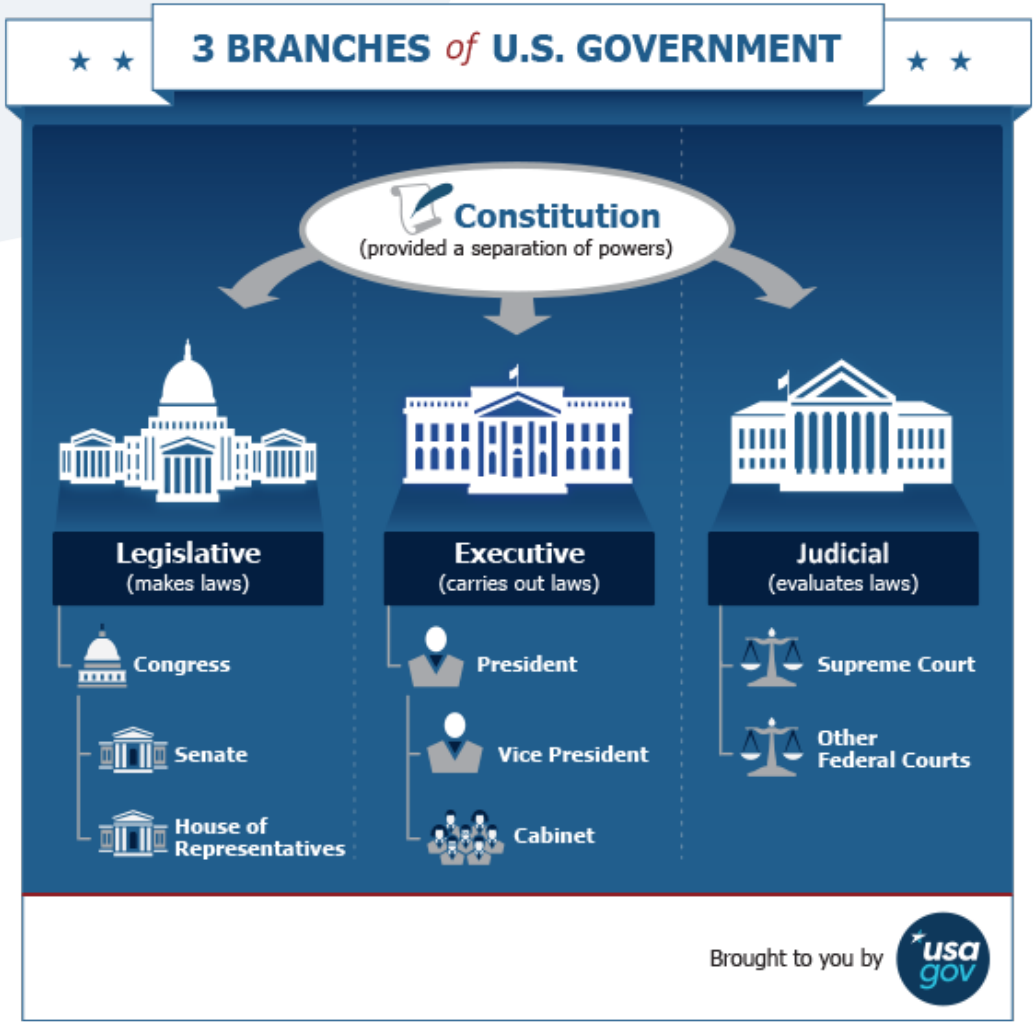
- **Objective #1:** Explore and identify different policy resources and advocacy approaches.
- **Objective #2:** Learn and apply new strategies to communicate the value of Integrative Medicine and Health to policy makers through case presentations.
- **Objective #3:** Construct a concise and compelling policy elevator pitch and plan to effectively convey your desired policy actions.

Objective 1

Understand policy fundamentals

Explore and identify different policy resources and advocacy approaches

POLICY 101


3 BRANCHES of U.S. GOVERNMENT
Constitution
(provided a separation of powers)
Legislative
(makes laws)
Congress
Senate
House of Representatives
Executive
(carries out laws)
President
Vice President
Cabinet
Judicial
(evaluates laws)
Supreme Court
Other Federal Courts
Brought to you by usa gov

HOW DOES A BILL BECOME A LAW?

1 EVERY LAW STARTS WITH AN IDEA

That idea can come from anyone, even you! Contact your elected officials to share your idea. If they want to try to make it a law, they will write a bill.

2 THE BILL IS INTRODUCED

A bill can start in either house of Congress when it's introduced by its primary sponsor, a Senator or a Representative. In the House of Representatives, bills are placed in a wooden box called "the hopper."

Here, the bill is assigned a legislative number before the Speaker of the House sends it to a committee.

3 THE BILL GOES TO COMMITTEE

Representatives or Senators meet in a small group to research, talk about, and make changes to the bill. They vote to accept or reject the bill and its changes before sending it to:

the House or Senate floor for debate or to a subcommittee for further research.

4 CONGRESS DEBATES AND VOTES

Members of the House or Senate can now debate the bill and propose changes or amendments before voting. If the majority vote for and pass the bill, it moves to the other house to go through a similar process of committees, debate, and voting. Both houses have to agree on the same version of the final bill before it goes to the President.

DID YOU KNOW?

The House uses an electronic voting system while the Senate typically votes by voice, saying "yay" or "nay."

5 PRESIDENTIAL ACTION

When the bill reaches the President, he or she can:

✓APPROVE and PASS

The President signs and approves the bill. The bill is law.

The President can also:

Veto

The President rejects the bill and returns it to Congress with the reasons for the veto. Congress can override the veto with 2/3 vote of those present in both the House and the Senate and the bill will become law.

Choose no action

The President can decide to do nothing. If Congress is in session, after 10 days of no answer from the President, the bill then automatically becomes law.

Pocket veto

If Congress adjourns (goes out of session) within the 10 day period after giving the President the bill, the President can choose not to sign it and the bill will not become law.

Kids.gov

Brought to you by usa gov

Local Government

- The U.S. Constitution gives all powers not granted by the federal government to the states
- Exactly like the federal government, state governments consist of 3 branches: Executive, Legislative, and Judicial

Lobbyists

Who is a Lobbyist?

- Someone who tries to influence legislation by contacting public officials.
- Lobbyists work for clients, organizations, or the public.
- They use persuasion to get politicians to vote in favor of their clients' interests.

How Lobbyists work:

- Build relationships
- Research
- Provide testimony
- Meet with officials
- Draft legislation

Professional Organization Involvement

- Support aligned organizations

- How to show your support
  - volunteering
  - fundraising
  - donating
  - signing petitions
  - raising awareness of the issue on social media

- **Resource:** Find organizations on **IHPC Toolkit** https://www.ihpc.org/covermycare/

Activity: Find Your Elected Officials

https://www.usa.gov/elected-officials

Activity: Find Committee Members

U.S. Senate Committees

www.senate.gov/committees

U.S. House of Representative Committees

www.house.gov/committees

Activity: Find Your State Legislature

Find your state legislature website

State government involvement can include:

- attending legislative meetings
- meeting with your legislator
- attending hearings or providing testimony
- familiarizing yourself with proposed bills

Understand the Priorities of your Health System/Center

- Who is responsible for **government relations**?
- Who makes decision in your **sphere of influence**?
- Who determines the **direction of institutional policy**?
- How does your **system measure value**?

Objective 2

Strategies to communicate the value of integrative medicine & health to policymakers:

Case presentation

Financial Disclosure: I have no financial conflicts of interest relative to this presentation. I have received honoraria and/or travel expenses from: Susan Samueli Integrative Health Institute at University of California Irvine School of Medicine; Academy of Integrative Health & Medicine; Shanghai University of TCM; North American Spine Society; National Administration of TCM of the People's Republic of China

San Diego State University 1978 / Los Angeles College of Chiropractic 1982 / Private practice 1982 - 2012 / SCU 2012 / Attending Chiropractic Physician, Integrated Clinical Residency Program, Veterans Administration Greater Los Angeles Healthcare System 2014 - current / Primary Spine Practitioner Certification Program™, University of Pittsburgh / Board of Directors – Integrative Health Policy Consortium / Clinical Practice Guideline Committee, North American Spine Society / Chair, Clinical Competency Committee, Chiropractic Integrated Clinical Practice Residency, Aurora Health Care, Milwaukee / Publications - JMPT, C&MT, JCH, Interventional Pain Medicine, Journal of Substance Use & co-author of two book chapters / Presentations: Australia (x2), China (x4), EU (x2), Singapore, South Africa, UK & USA (multiple) / Medical-Legal consultant & forensic witness / Positions prior to SCU: California Board of Chiropractic Examiners - Expert Witness / National Board of Chiropractic Examiners Part IV test examiner (15 years) / Hospital Privileges, Allied Staff Member, Pacific Hospital of Long Beach / CCA (CalChiro) Board of Directors (7 years) & Executive Committee (2 years) / multiple CalChiro committees and task forces

SCU Health Center

West Los Angeles Veterans Administration Medical Center

In or by the ocean in Los Angeles or Orange counties or somewhere nearby in southern California

You may find me at one of the above:

After this portion of the workshop, participants should understand:

How to scale advocacy efforts based on interests, resources and research

- **Relatively simple**
  - Affecting policies of educational or professional organizations
  - Monitoring policy and letter writing
- **Progressively more involved**
  - Arranging district or capitol office meetings
- **Aspirational**
  - Development of a legislative caucus
  - Informational meetings at capitol headquarters

Advocacy Affecting A Professional Organization's Educational Policy

Perspective

The importance of research literacy for yoga therapists

Steffany Moonaz,[1] Pamela Jeter,[2] Laura Schmalzl[3]

1. Maryland University of Integrative Health, Laurel, MD
2. The Science Sutras, Baltimore, MD
3. Southern California University of Health Sciences, Whittier, CA

Correspondence: smoonaz@muih.edu

Abstract

Evidence-Informed Practice (EIP) utilizes the three components of expert opinion, research evidence, and client values. It is a recommended training competency for integrative health practitioners in diverse fields, such as acupuncture and massage therapy. Research Literacy (RL) is a necessary pre-requisite to EIP. Many yoga therapists have limited training in these skills, which negatively impacts inter-professional communication and collaboration, as well as further advancement of yoga therapy research and practice. In this article, we propose inclusion of RL and EIP in the training of yoga therapists. Benefits for client care, collaborative care, and the field of yoga therapy are discussed.

Background

The incorporation of integrative healthcare into modern medicine is dependent on the shared understanding and utilization of both research literacy (RL) and evidence-informed practice (EIP). Many yoga therapists are not currently skilled in either of these core concepts used by peer integrative health (IH) practitioners (acupuncturists, massage therapists, naturopaths and chiropractors). This is problematic for a variety of reasons. One reason is that the currently available yoga research literature reflects heterogeneous methodological quality. In addition, inconsistent reporting in research manuscripts reduces the potential for study replication and application to practice. It is therefore imperative that yoga professionals acquire skills to discern how the body of evidence can and should be considered in clinical decision-making. To this end, RL and EIP should be incorporated consistently in yoga therapy training through inclusion of these skills in the International Association of Yoga Therapists' (IAYT) training competencies and through continuing education opportunities for the current yoga therapy workforce.

Definitions

Research Literacy (RL) is a pre-requisite for EIP and has been defined as the ability to access, interpret, and critically evaluate peer-reviewed literature. These skills are not necessarily intuitive, and for most practitioners, they must be systematically taught, practiced, and honed so they can make good use of the available literature. Successful research literacy requires that practitioners be familiar with the multitude of available research sources and basic research methods. They also must be trained to structure clinical questions in a manner that optimizes literature retrieval. Once the literature is explored, it is essential to discern its quality, clinical meaningfulness and relevance to yoga therapy practice, and to use these findings alongside consideration of client concerns, ancient traditions, and clinical experience.

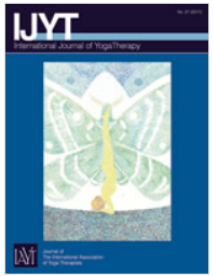
Evidence-informed practice (EIP) has been defined "as the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual clients. The practice of EIP requires the integration of individual [yoga therapist's] expertise with the best available, current external [yoga research] evidence and the client's unique values and circumstances."[1]

Integrative Health Context

EIP competencies are included in the training of other IH practitioners to enhance effectiveness for improved clinical outcomes.[2] This includes disciplines such as acupuncture that are, like yoga therapy, deeply rooted in ancient traditions. Practitioners of such practices often see modern research as incompatible with their core philosophies and tools. Because of EIP's inclusion of expert opinion and client perspective alongside research evidence, however, ancient practice or patient-centeredness are not to be disregarded in the practice of EIP. In fact, without those elements, the basic premise of EIP is lost. Indeed, the research

IJYT
International Journal of Yoga Therapy

Volume 27, Issue 1
1 November 2017



This article on research literacy in yoga therapy training resulted in a change to the International Association of Yoga Therapists Competencies (2019). The authors advocated inclusion of their findings to the organization which eventually modified its educational competencies.

Category 2.2. Additional Biomedical Knowledge Suggested Guidelines: 15 hours minimum for this category
Now includes 2.2.4 Knowledge of how to access and utilize research relevant to the work of a yoga therapist.

Moonaz S, Jeter P, Schmalzl L. The importance of research literacy for yoga therapists. Int J Yoga Therap. 2017 Nov;27(1):131-133. doi: 10.17761/1531-2054-27.1.131. PMID: 29131733.

Vigilance And Writing Policymakers

112 STAT. 2681–387 PUBLIC LAW 105–277—OCT. 21, 1998
TITLE VI—NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE
SEC. 601. ESTABLISHMENT OF NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE.

IN GENERAL.—Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended—(1) by striking section 404E; and (2) in part E, by adding at the end the following:''Subpart 5—National Center for Complementary and Alternative
Medicine

''SEC. 485D. PURPOSE OF CENTER.

''(a) IN GENERAL.—The general purposes of the National Center for Complementary and Alternative Medicine (in this subpart referred to as the 'Center') are the conduct and support of basic and applied research (including both intramural and extramural research), research training, the dissemination of health information, and other programs with respect to identifying, investigating, and validating complementary and alternative treatment, diagnostic and prevention modalities, disciplines and systems. The Center shall be headed by a director, who shall be appointed by the Secretary. The Director of the Center shall report directly to the Director of NIH.

''(b) ADVISORY COUNCIL.—The Secretary shall establish an advisory council for the Center in accordance with section 406, except that at least half of the members of the advisory council who are not ex officio members shall include practitioners licensed in one or more of the major systems with which the Center is concerned, and at least 3 individuals representing the interests of individual consumers of complementary and alternative medicine.

''(c) **COMPLEMENT TO CONVENTIONAL MEDICINE.**—In carrying out subsection (a), the Director of the Center shall, as appropriate, study the integration of alternative treatment, diagnostic and prevention systems, modalities, and disciplines with the practice of conventional medicine as a complement to such medicine and into health care delivery systems in the United States.

'(d) APPROPRIATE SCIENTIFIC EXPERTISE AND COORDINATION WITH INSTITUTES AND FEDERAL AGENCIES.—The Director of the Center, after consultation with the advisory council for the Center and the division of research grants, shall ensure that scientists with appropriate expertise in research on complementary and alternative medicine are incorporated into the review, oversight, and management processes of all research projects and other activities funded by the Center. In carrying out this subsection, the Director of the Center, as necessary, may establish review groups with appropriate scientific expertise. The Director of the Center shall coordinate efforts with other Institutes and Federal agencies to ensure appropriate scientific input and management.

''(e) EVALUATION OF VARIOUS DISCIPLINES AND SYSTEMS.—In carrying out subsection (a), the Director of the Center shall identify and evaluate alternative and complementary medical treatment, diagnostic and prevention modalities in each of the disciplines and systems with which the Center is concerned, including each

The Integrative Health Policy Consortium (IHPC) monitored the National Center for Complimentary and Alternative Medicine (NCCAM) and recognized that it was not fully compliant with a founding principle to include an appropriate number of practitioners from “major systems with which the Center is concerned.” IHPC identified this shortcoming which contributed to NCCAM addressing the deficiency. As an aside, NCCAM is now the National Center for Complimentary and Integrative Health.

Vigilance And Writing Policymakers As Part Of A Coalition

The Honorable Rosa DeLauro
Chair
Labor, Health and Human Services,
Education Appropriations Subcommittee
United States House of Representatives
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Labor, Health and Human Services,
Education Appropriations Subcommittee
United States House of Representatives
Washington, DC 20515

The Honorable Patty Murray
Chair
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
United States Senate
Washington, DC 205150

The Honorable Roy Blunt
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Chairs DeLauro and Murray and Ranking Members Cole and Blunt:

As Congress works to draft the Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations legislation for FY 2022, the 206 undersigned organizations request that the Centers for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) be properly funded at $153 million for its Social Determinants of Health program – in line with President Biden's FY 2022 request. We sincerely thank Labor-HHS for funding the program for the first time in FY 2021 at $3 million. The undersigned organizations ask Labor-HHS to build upon that initial investment to ensure that public health departments, academic institutions, and nonprofit organizations are properly supported to address the social determinants of health in their

Good Shepherd, U.S. Provinces
Counter Tools
Disparities in Headache Advisory Council
Endocrine Society
Epilepsy Alliance America
Epilepsy Foundation
Epilepsy Information Service of Wake Forest School of Medicine
Everyday Life Consulting
Evidence Based Leadership Collaborative
Faces and Voices of Recovery
Families USA
GLMA: Health Professionals Advancing LGBTQ Equality
Global Alliance for Behavioral Health and Social Justice
Green & Healthy Homes Initiative, Inc
Healing Our Village of Maryland, Inc.
Health Care Without Harm
Health Outreach Partners
Health Resources in Action
Healthcare Leadership Council
Hispanic Federation
Holy Cross Hospital, Inc.
Inseparable
Integrative Health Policy Consortium
Lakeshore Foundation
Mary Ann Liebert Inc.
MaryCatherine Jones Consulting, LLC
Migraine World Summit
National Association of Social Workers
National Committee for Quality Assurance (NCQA)
National Community Action Partnership
National Consumers League
National Environmental Health Association
National Forum for Heart Disease & Stroke Prevention
National Immigration Law Center
National Institute for Children's Health Quality - NICHQ
National League for Nursing
National League of Cities
National Nurse-Led Care Consortium
National Partnership for Women & Families
National Recreation and Park Association
National Viral Hepatitis Roundtable
Nemours Children's Health System
NERDS RULE INC.
Obesity Action Coalition
Out2Enroll
Patient Access Network (PAN) Foundation
Population Health Alliance
Postpartum Support International
Prevent Blindness
Prevention Institute
Preventive Cardiovascular Nurses Association
Professional Association of Social Workers in HIV/AIDS

IHPC is one of the signing entities requesting a government program be funded.

This and the prior example demonstrate policy advocacy that requires vigilance but modest resources.

Progression: Preparing For District Or Capitol Office Meetings

Preparing for Lobby Day

Advocacy
- Public education and organizing in support of your mission
- Includes informing public officials about an issue or problem without specific legislation

Lobbying
- A subcategory of advocacy
- Lobbying involves taking a position on a specific piece of legislation and working for its passage or defeat

During the meeting

1. Introduce yourself
2. Educate about the work you do and the issues more broadly
3. Provide data and experience (numbers and stories)
4. Connect your work with the elected official
5. Make a specific ask
6. Leave behind materials

https://www.youtube.com/watch?v=ABvuP5M-Qig

Progression: Preparing For District Or Capitol Office Meetings

Tips and Reminders

Know Your Audience

Speak Slowly and with Confidence

Understand the Talking Points

Be Flexible

Focus on the Relationship

Legislators make their decisions about votes by considering:

- Their political party position
- What their constituents value
- Their personal values
- Political and financial feasibility

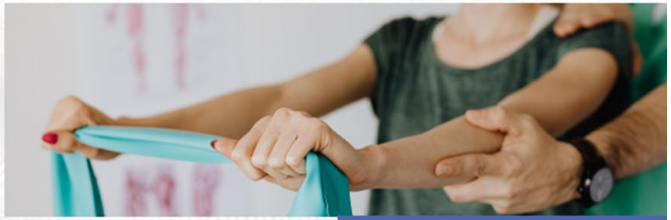
Your experiences and priorities influence their positions on issues

https://www.youtube.com/watch?v=ABvuP5M-Qig

Progression: Preparing Literature To Distribute

CALCHIRO
CALIFORNIA CHIROPRACTIC ASSOCIATION

CALCHIRO'S LEGISLATIVE PRIORITIES



REASSESSMENT OF CALIFORNIA'S ESSENTIAL HEALTH BENEFIT (EHB)

The Affordable Care Act requires all health insurance plans in the individual and small group markets to offer a certain set of Essential Health Benefits. California currently doesn't offer services provided by doctors of chiropractic within the state's EHB list, while a majority of states already cover this critical service. By incorporating services provided by doctors of chiropractic into Essential Health Benefits, California can promote proactive healthcare strategies that prioritize prevention and long-term wellness.

SB 1290 (ROTH) HEALTH CARE COVERAGE: ESSENTIAL HEALTH BENEFITS

Under the leadership of Senator Roth, Senate Health Chair, SB 1290 supports a review of California's essential health benefits benchmark plan and seeks to establish a new benchmark plan for the 2027 plan year. CalChiro strongly supports SB 1290 and is actively working with the author to improve patient outcomes and satisfaction.

DOCTORS OF CHIROPRACTIC ARE PARTNERS IN HEALTHCARE

According to a study by the American Specialty Health Plans Inc. of San Diego comparing four years of back pain claims, chiropractic care cut the cost of treating back pain by 28%, reduced hospitalizations among back pain patients by 41% and reduced back surgeries by 32%.

Chiropractors partner with the allopath industry through non-invasive treatments for musculoskeletal conditions and by focusing on preventive education and wellness that includes lifestyle recommendations, diet and exercise.

CALCHIRO
CALIFORNIA CHIROPRACTIC ASSOCIATION

QUESTIONS?

Contact Dawn Benton, MBA
Executive Vice President & CEO
dbenton@calchiro.org

SYSTEMATIC REVIEW **Open Access**

Cost of chiropractic versus medical management of adults with spine-related musculoskeletal pain: a systematic review

Ronald Farabaugh[1*], Cheryl Hawk[2], Dave Taylor[2], Clinton Daniels[3], Claire Noll[2], Mike Schneider[4], John McGowan[5], Wayne Whalen[6], Ron Wilcox[7], Richard Sarnat[8], Leonard Suiter[6] and James Whedon[9]

Abstract

Background The cost of spine-related pain in the United States is estimated at $134.5 billion. Spinal pain patients have multiple options when choosing healthcare providers, resulting in variable costs. Escalation of costs occurs when downstream costs are added to episode costs of care. The purpose of this review was to compare costs of chiropractic and medical management of patients with spine-related pain.

Methods A Medline search was conducted from inception through October 31, 2022, for cost data on U.S. adults treated for spine-related pain. The search included economic studies, randomized controlled trials and observational studies. All studies were independently evaluated for quality and risk of bias by 3 investigators and data extraction was performed by 3 investigators.

Results The literature search found 2256 citations, of which 93 full-text articles were screened for eligibility. Forty-four studies were included in the review, including 26 cohort studies, 17 cost studies and 1 randomized controlled trial. All included studies were rated as high or acceptable quality. Spinal pain patients who consulted chiropractors as first providers needed fewer opioid prescriptions, surgeries, hospitalizations, emergency department visits, specialist referrals and injection procedures.

Conclusion Patients with spine-related musculoskeletal pain who consulted a chiropractor as their initial provider incurred substantially decreased downstream healthcare services and associated costs, resulting in lower overall healthcare costs compared with medical management. The included studies were limited to mostly retrospective cohorts of large databases. Given the consistency of outcomes reported, further investigation with higher-level designs is warranted.

Keywords Chiropractic, Conservative care, Healthcare costs, Healthcare utilization, Low back pain, Manipulation, Spinal, Opioids

ASPIRATIONAL

IHPC fostered the creation of the Congressional Integrative Health & Wellness Caucus. This led to an in-person, all-day educational event at the US Capitol. Caucus co-chairs began the meeting followed by presentations from integrative healthcare experts. It was attended by congressional staff members who had the option to visit a separate room set aside for demonstrations (and optional experience) with some integrative practitioners.

INTEGRATIVE HEALTH POLICY CONSORTIUM

IHPC Contributions to Future Whole Person Health Research

- Create an effective platform for advocacy for Integrative, Whole Person Health research, including a full spectrum of research approaches
- Build relationships with US Government agencies, states, and other non-profits to support Whole Person Health research and implementation
- Promote research and policies that address the social determinants of health
- Focus on building and broadening impact of the Congressional Integrative Health and Wellness Caucus

Co-Chairs

Congresswomen Judy Chu (D-CA) & Jackie Walorski (R-IN)

Congresswoman Kathy Castor
Congressman Peter DeFazio
Congressman Raul Grijalva
Congressman Brett Guthrie
Congressman Ted Liu
Congressman Jamie Raskin
Congressman Tim Ryan
Congressman Fred Upton

Aspirational: Using Research To Support Legislation

H.R. 1610 / S. 799

Increase Access to Chiropractic Services to Decrease Costs in Medicare

The effect of increasing access to chiropractic services in Medicare is likely to be both real and substantial among Medicare beneficiaries age 65+, resulting in better care outcomes, fewer adverse events, and lower cost of care.

Greater availability of chiropractic care reduces costs for spine-related conditions:

- Access to chiropractic care in Medicare can reduce visits to primary care providers by 0.37 million visits, at **a savings of $83.5 million annually.**[9]
- Conversely, reduced access to chiropractic services increases visits to primary care physicians (32.3 visits per 1,000) **and the rate of spine surgeries** (5.5 additional surgeries per 1,000). This equates to an additional expense of $391 million to Medicare annually.[10]

Among Medicare beneficiaries:

- The risk of escalated care is **2.5 times greater** when care for back pain is initiated with opioid analgesic therapy versus spinal manipulative therapy (SMT). Escalated care includes hospitalizations, emergency department visits, advanced diagnostic imaging, specialist visits, back surgery, and interventional pain medicine techniques, all of which carry high risk of complications.[1]
- Adverse drug events are **42 times more likely** when opioid analgesics are chosen compared to SMT for firstline care of back pain. Among patients who received an opioid analgesic, 18.3% experienced an adverse drug event, compared to less than 1% who received spinal manipulation at any point during their care.[2]
- Long-term healthcare costs under Medicare are nearly **twice as high** for back pain patients who initiate care with opioid analgesics instead of SMT, including Part A, B, and D payments.[3]

Meanwhile, consider the benefits of patient access to chiropractic services:

- Those who use chiropractic spinal manipulation only to treat low back pain have **lower overall cost of care and shorter episodes of pain** compared to medical care alone (highest cost), or a combination of both. Users of chiropractic care also had **lower rates of spinal surgery.**[4]
- **Chiropractic use appears to be protective against functional decline** in activities of daily living and increase self-rated health, compared to usual medical care.[5]
- **Chiropractic treatment for spine care is safer**, compared to the risk associated with spine care delivered by primary care physicians.[6,7]
- 96.9 percent of 380 Medicare beneficiaries responding to an American Specialty Health patient satisfaction survey said that their **chiropractor was successful in treating their primary condition.**[8]
- 91 percent of the 380 Medicare beneficiaries responding to the ASH survey also **rated their chiropractic provider a 9 or 10 (the highest ratings available)**, compared with the ASH benchmark of 79% for providers receiving a 9 or 10 rating.[8]

Research Summary

CLINICAL COMPASS

AMERICAN CHIROPRACTIC ASSOCIATION

Access to Chiropractic Services: A Synopsis of Research Related to Reduced Costs and Opioid Utilization

Reducing Healthcare Costs via Increased Use of Chiropractic Care

Overall long-term healthcare expenditures under Medicare were 1.87 times higher for patients who initiated care via Opioid Analgesic Therapy (OAT) compared with those who initiated care with Spinal Manipulative Therapy (SMT).

Whedon et al. Long-Term Medicare Costs Associated with Opioid Analgesic Therapy vs Spinal Manipulative Therapy for Chronic Low Back Pain in a Cohort of Older Adults. J Manipulative Physiol Ther 2021 Sep;44(7):519-526. doi: 10.1016/j.jmpt.2021.09.001. Epub 2021 Dec 5. PMID: 34876298 PMCID: PMC8923950 (available on 2022-12-05).

Among those who experienced a reduction in access to chiropractic care (versus those who did not), researchers observed an increase in the rate of visits to primary care physicians for spine conditions and rate of spine surgeries. Considering the mean cost of a visit to a primary care physician and spine surgery, a reduction in access to chiropractic care was associated with an additional cost of $114,967 per 1,000 beneficiaries on medical services ($391 million nationally). Among older adults, reduced access to chiropractic care is associated with an increase in the use of some medical services for spine conditions.

Davis et al. The Effect of Reduced Access to Chiropractic Care on Medical Service Use for Spine Conditions Among Older Adults. J Manipulative Physiol Ther. 2021 Jun;44(5):353-362. doi: 10.1016/j.jmpt.2021.05.002. Epub 2021 Aug 8. PMID: 34376317 PMCID: PMC8523031 (available on 2022-08-08).

When considering the true costs of care in a typical healthcare system, it is particularly important to consider static versus dynamic modeling. In short, static modeling only considers a line item on a budget. Dynamic modeling considers the offsetting downstream costs associated with the implementation of, for example, conservative care providers. According to a 2019 study focused on Missouri Medicaid, investigators found that "(1) chiropractic care provides better outcomes at lower cost, (2) chiropractic treatment and care leads to a reduction in cost of spinal surgery, and (3) chiropractic care leads to cost savings from reduced use and abuse of opioid prescription drugs."

McGowan, Suiter. Cost-Efficiency and Effectiveness of Including Doctors of Chiropractic to Offer Treatment Under Medicaid: A Critical Appraisal of Missouri Inclusion of Chiropractic Under Missouri Medicaid. J Chiropr Humanity. 2019 Dec

Recommended: Advocacy training

UNIVERSITY OF MARYLAND

WHAT DO YOU DO NEXT?

Alice in Advocacyland

"Would you tell me, please, which way I ought to go from here?“

"That depends a good deal on where you want to get to," said the Cat.

"I don’t much care where--" said Alice.

"Then it doesn’t matter which way you go," said the Cat.

"--so long as I get SOMEWHERE," Alice added as an explanation.

"Oh, you’re sure to do that," said the Cat, "if you only walk long enough.“

Alice's Adventures in Wonderland, Chapter 6

SCU | HEALTH

Questions? Comments? RobbRussell@scuhs.edu








Case Presentation: Acupuncture in Ohio

Christine Kaiser, DACM, LAc

Ohio Medicaid Acupuncture Benefits

Policy Win!

Governmental Insurance Overview

Medicare in a nutshell….

- Federal program
- Health insurance for anyone age 65 and older and some younger people with certain disabilities or conditions
- Plays a critical role in the financial security of older Americans, as well as their health security

Medicaid in a nutshell….

- Joint federal and state program
- Single largest source of health coverage in the United States
- Low-income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI) are examples of mandatory eligibility groups
- States have flexibility of covered services

Medicaid

Ohio’s Acupuncture Insurance Start

2018

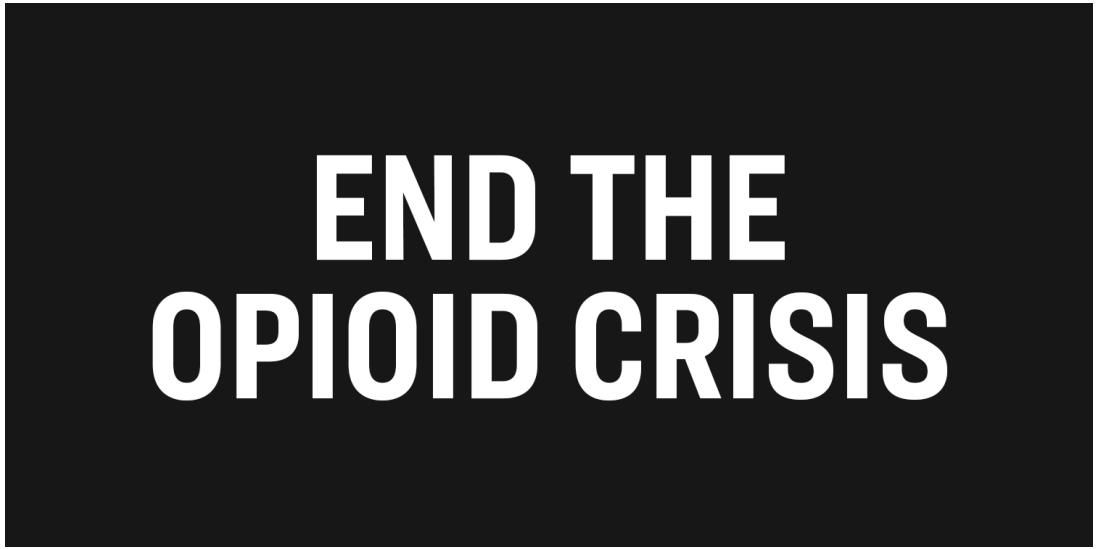
Minimal acupuncture insurance coverage

Ohio Medicaid Beginnings

2016
Opioid Epidemic Solutions Task Force

- Sought integrative medicine ideas to address the epidemic

Ohio Association of Acupuncture and Oriental Medicine (OAAOM) provided **research** of acupuncture's efficacy



Cochrane Central Register of Controlled Trials

Allied Health professions	Feb 2009	Feb 2010	Feb 2011	Feb 2012	Feb 2013	Feb 2014	Feb 2015	Feb 2016	Feb 2017	Feb 2018	Feb 2019	Feb 2020	Feb 2021	Feb 2022	Feb 2023	Feb 2024
Acupuncture	2,015	4,164	4,992	5,744	5,303	6,384	7,194	7,869	8,562	10,039	13,613	13,947	14,940	15,906	17,579	19,518
Physiotherapy	747	2,816	3,050	3,301	2,187	2,762	3,431	4,774	5,575	6,838	10,788	10,972	12,306	13,755	15,252	17,005
Nursing care	625	6,765	7,185	7,683	6,219	6,967	8,103	9,428	10,652	12,771	20,800	21,115	24,049	26,354	29,444	32,369
Chiropractic	182	525	506	576	500	554	635	668	690	736	892	899	1,014	1,057	1,158	1,209

Search : Title, abstract, keywords

Complied by John McDonald

Acupuncture Research

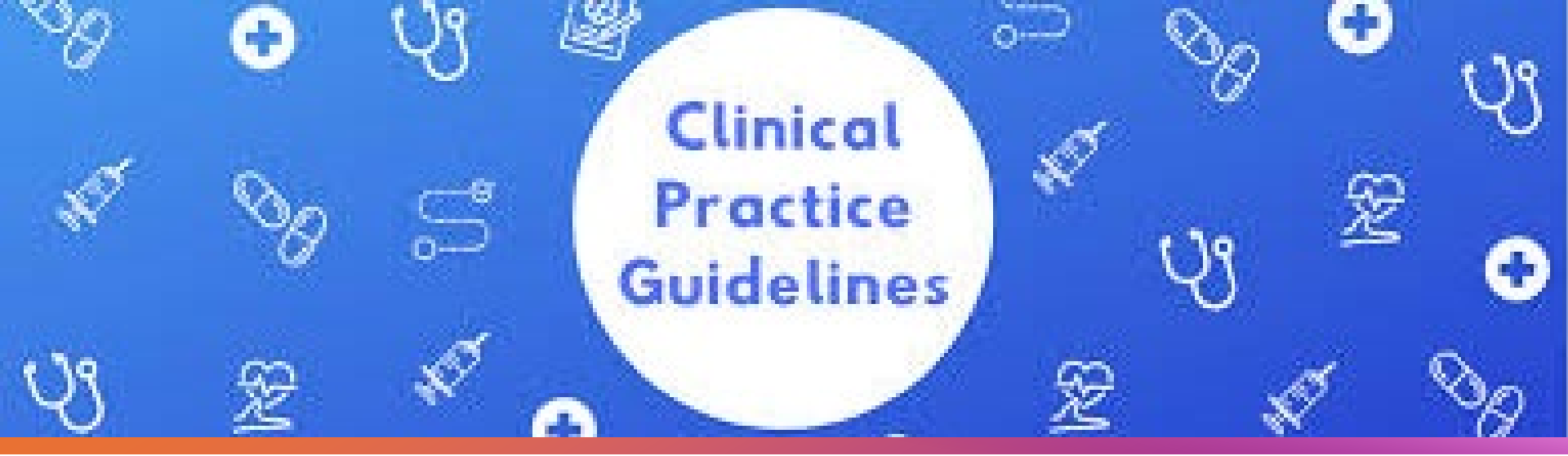
Influential papers that moved the dial…

Veterans Administration Evidence Map of Acupuncture for Pain (2014)
https://www.ncbi.nlm.nih.gov/books/NBK185071/

Acupuncture's Role in Solving the Opioid Epidemic (2017)
https://pubmed.ncbi.nlm.nih.gov/29103410/

The Acupuncture Evidence Project (2017)
https://www.asacu.org/wp-content/uploads/2017/09/Acupuncture-Evidence-Project-The.pdf

The Consortium's Pain Task Force White Paper (2018)
https://pubmed.ncbi.nlm.nih.gov/29735382/



Acupuncture inclusion in Clinical Practice Guidelines

2017 American College of Physicians

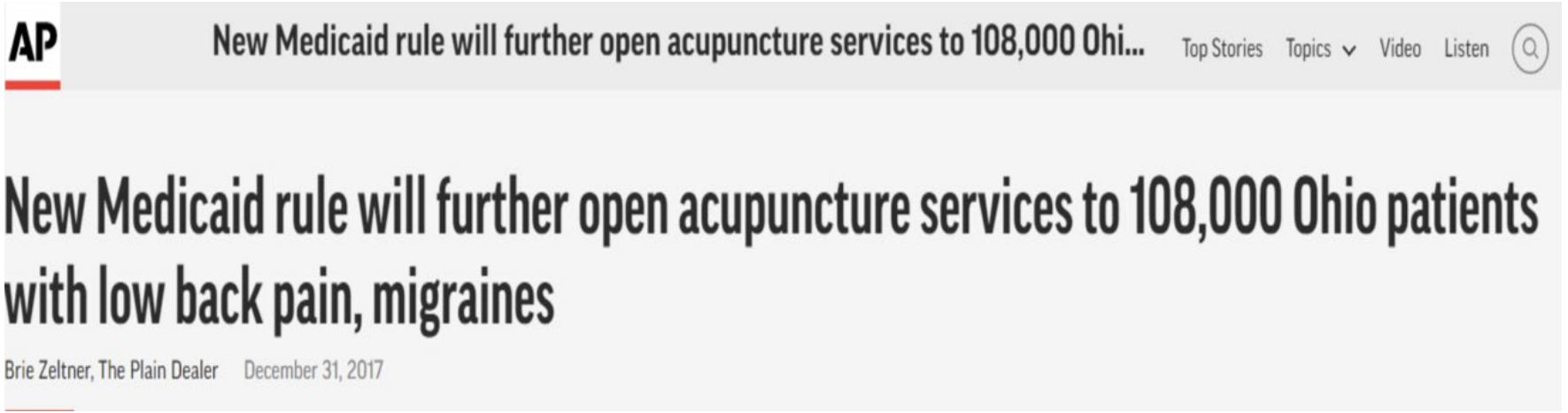
Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians

Recommends acupuncture as a first-line therapy for acute and chronic low back pain

https://pubmed.ncbi.nlm.nih.gov/28192789/

Media: An Unusual Partner

OAAOM invested in media instead of lobbyist



https://apnews.com/article/df091ad366054f959846d9d07b829a13

New Ohio Medicaid Policy

Development Process

- Meetings with stakeholders (state associations, hospital collaborative, Medicaid)
- Research collection and review
- Public comment

Implementation Process

- Collaboration with Medicaid
  - Communicated implementation issues
  - Developed relationship with staffers

Success:
Ohio Medicaid Acupuncture Coverage

2018 Medicaid adds coverage (30 visits per year)

- Low back pain
- Migraines

2021 Medicaid expands coverage

- Low back pain
- Migraine
- Cervical neck pain
- Osteoarthritis of the knee
- Osteoarthritis of the hip
- Nausea/vomiting related to pregnancy or chemotherapy
- Acute post operative pain

Ohio Licensure Loss

Policy Cautionary Tale!

HB 442: Eliminated Oriental Medicine Practitioner License

HB 442 addressed Certified Public Accounts qualifications

Ohio had two acupuncture licenses:

- Licensed Acupuncturist (LAc)
- Oriental Medicine Practitioner (OMP)

Dec 2020, late in the last congressional session, discrete language added to remove license without any input from key stakeholders

- State Medical Board of Ohio
- Oriental Medicine Practitioner license holders
- Ohio Association of Acupuncture and Oriental Medicine

“Sec. 4762.011. On and after the effective date of this section, this chapter no longer applies to oriental medicine practitioners.”

Loss of Herbal Therapy within Scope

- Prior to OMP license, herbal therapy was strictly prohibited for licensed acupuncturists
- Removal of OMP license made the practice of **herbal therapy unlicensed and unregulated** by the Medical Board

Why Did This Happen?

General Assembly decided OMP license was **overly burdensome**

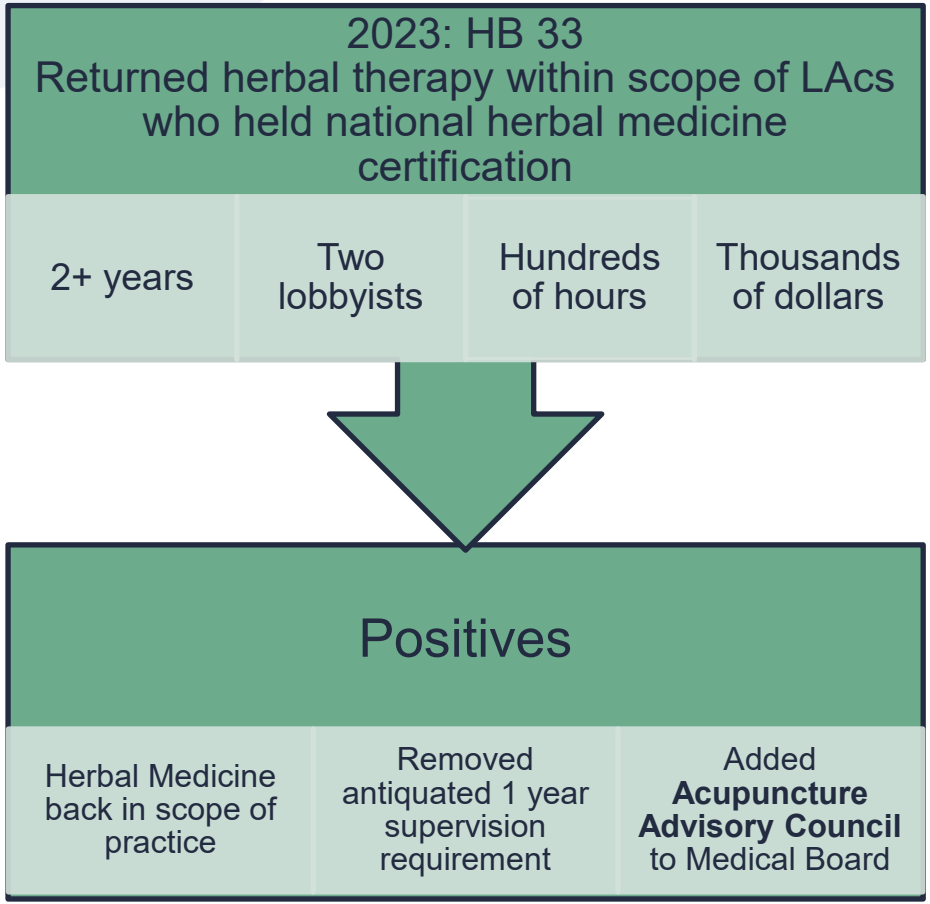
- License was duplicative
- Regulations were arbitrary
- Intention was not to eliminate the Oriental Medicine profession
- Influenced by lobbying group focused on **occupational licensing reform**

However, in medicine, sensible regulation is key to quality care and patient safety

Negative Impacts

1	Negative Professional Impact
2	Negative Impact on Jobs
3	Negative Impact on Ohio's Acupuncture School
4	Negative Impact on Public Safety

Resolution


2023: HB 33
Returned herbal therapy within scope of LAcs who held national herbal medicine certification
2+ years
Two lobbyists
Hundreds of hours
Thousands of dollars
Positives
Herbal Medicine back in scope of practice
Removed antiquated 1 year supervision requirement
Added **Acupuncture Advisory Council** to Medical Board

Prevention is Key

Stay involved and form relationships

- Government Relations team
- Know your Legislators
- Connect with Medical Board
- Join your state/national association

Stay active and alert around policy

- Google alerts with keywords

Work with a lobbyist (if possible)

- Help you stay informed and take action

Medical Cannabis Activism in Illinois: Politics in Policy

Leslie Mendoza Temple, MD

Chair, Medical Cannabis Advisory Board

Illinois Department of Public Health

Medical Director, Endeavor Health Integrative Medicine

Clinical Professor of Family Medicine

University of Chicago Pritzker School of Medicine

Applying to the Illinois Medical Cannabis Advisory Board was pretty easy.

McCormick Place Advisory Board	Economic Development	2
Medicaid Business Opportunity Commission	Economic Development	5
Medicaid Managed Care Oversight Commissi	Health & Human Service	3
Medical Cannabis Advisory Board	Public Health	1
Medical District Commission	Health & Human Service	0
Medical District Commission, Mid-America	Health & Human Service	0
Medical District, Mid-Illinois	Health & Human Service	0
Mental Health and Substance Use Disorder Parity Data Workgroup	Health & Human Service	0

Little did I know…

Petition Hearings

- Dozens of conditions petitioned to add to the list of eligible medical conditions. Many rejected, 11 approved by the Board.

- Accepted by the board unanimously: Chronic pain, PTSD, autism, Ehlers-Danlos Syndrome, Neuropathy, others
- Number of petition hearings: 3
- Number of recommendations for addition by IDPH: None – after each petition hearing

Illinois Panel OKs Medical Marijuana For Pain Conditions

October 07, 2015

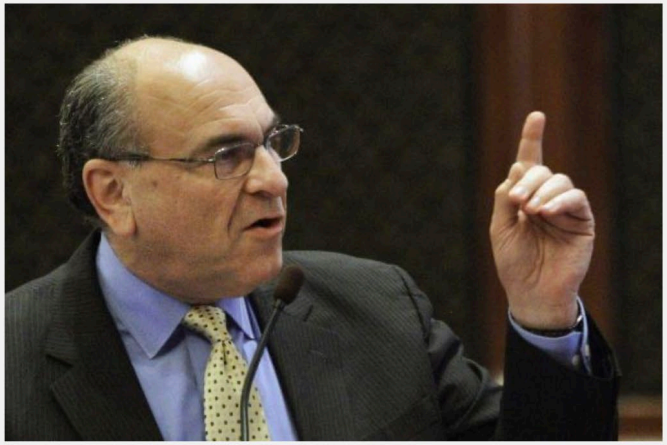
by The Associated Press, with Additional Reporting from Illinois Public Media

In this Tuesday, Sept. 15 photo, the "mother" marijuana plants are keep healthy inside the "Mother Room" at the Ataraxia medical marijuana cultivation center in Albion, Ill. Marijuana strains with names like Blue Dream, OG Kush, Death Star and White Poison are now being cut and dried, and by mid-October, will be turned into medicine in many forms like oils, creams, buds for smoking, edible chocolates and gummies. *(Seth Perlman/AP)*

Legislator Hopeful For More Qualifying Illnesses In Med Marijuana Program

September 01, 2015

by Jeff Bossert



In this Aug. 17, 2012 file photo, Illinois state Rep. Louis Lang speaks during the legislative session at the Capitol in Springfield. *(AP Photo/Seth Perlman, File)*

An exercise in patience…

Rauner Administration Again Rejects New Marijuana Conditions

January 30, 2016

by The Associated Press, with Additional Reporting from Illinois Public Radio

In this Sept. 15, 2015 file photo, Ashley Thompson inspects marijuana plants inside the "Mother Room" at the Ataraxia medical marijuana cultivation center in Albion, Ill. *(Seth Perlman/Associated Press)*

Second time was not the charm…..

Illinois Public Media
will npr PBS

ALL STREAMS

News Programs Schedules Education Support WILL About Stations Donate Now

News Local/State

Rauner Rejects Additional Conditions for Med Marijuana, Panel Chair Criticizes

September 10, 2015

by Jeff Bossert, with Additional Reporting from The Associated Press

Dr Leslie Mendoza Temple, chairman of the Medical Cannabis Advisory Board, presides over the board's public meeting to consider whether to expand Illinois' nascent medical marijuana program to include the treatment of additional diseases and disorders. Monday, May 4, 2015, in Chicago. *(AP Photo/Charles Rex Arbogast)*

Third time was not the charm…

- Protesting Veterans made the case their way for cannabis treating PTSD and reducing suicide risk after rejection of PTSD for medical cannabis.

- 22 makeshift body bags laid on the capitol steps.

Frustration Mounting For Medical Cannabis Board Chair

October 12, 2015

by Jeff Bossert

In this Tuesday, Sept. 15, 2015 photo, marijuana plants with their buds covered in white crystals called trichomes, are a few weeks away from harvest in the "Flower Room" at the Ataraxia medical marijuana cultivation center in Albion, Ill. *Seth Perlman/AP*

What Happened to Illinois' Medical Cannabis Advisory Board?

Former members and one legislator say the group was quietly disbanded in a deal with Governor Bruce Rauner to keep the medical marijuana program alive.

BY LEE V. GAINES
AUGUST 10, 2017, 3:40 PM

The board was meant to advise the state on when to add new conditions to the medical cannabis program, but the state rejected all of its recommendations, former members say.
Photo: Antonio Perez/*Chicago Tribune*

What Happened to Illinois's Medical Cannabis Advisory Board?

Former members and one legislator say the group was quietly disbanded in a deal with Governor Bruce Rauner to keep the medical marijuana program alive.

BY LEE V. GAINES
AUGUST 10, 2017, 3:40 PM

Lang told the group, which included Leslie Mendoza Temple, Jim Champion, and Michael Fine—all members of the state's now-defunct Medical Cannabis Advisory Board—that the governor had offered him a deal. In exchange for extending the program another three years and allowing two new conditions (post-traumatic stress disorder and terminal illness) to qualify patients for a medical marijuana card, the board must disband.

New Governor = 180 Degree Turn In Policy

POLITICS

Pritzker Signs Bill Legalizing Recreational Marijuana

Associated Press | Amanda Vinicky | June 25, 2019, 6:02 pm

SPRINGFIELD, Ill. (AP) — Illinois' new governor delivered on a top campaign promise Tuesday by signing legislation making the state the 11th to approve marijuana for recreational use in a program offering legal remedies and economic benefits to minorities whose lives critics say were damaged by a wayward war on drugs.

Health+Harvest

Illinois' Medical Marijuana Program Is Now Permanent, Expanded

NPR Illinois | 91.9 UIS | By Sam Dunklau
Published August 12, 2019 at 5:57 PM CDT

Sam Dunklau / NPR Illinois 91.9 FM

Gov. J.B. Pritzker, flanked by supporters and legislators, signs a law expanding school children's ability to use medical marijuana at school. The governor approved expansions to the Medical Marijuana program on Aug. 9.

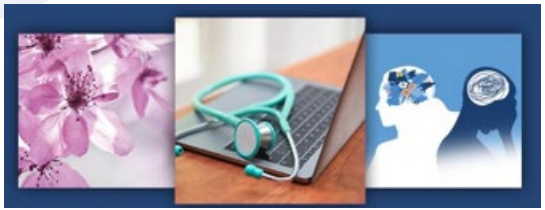
Pritzker signs bills expanding state's medical marijuana law

'Ashley's Law' now affords more options; program now permanent, covers more conditions

by Peter Hancock — August 12, 2019 in Business, Government AA

After signing a bill expanding "Ashley's Law

Shape Local Cannabis Policy in State Government And Health System Administration



- Join your state's health advisory board as a medical professional, ethicist, patient advocate or other requested category.

- Join your hospital system's pain policy committee. Help inform your HR department on updates regarding medical cannabis.

- Connect with industry leaders to influence marketing and manufacturing safety decisions.

Illinois Senate hearing on adult use cannabis legalization 2017

Shape Local Cannabis Policy In State Government

2023-2024

Official Roster of Federal, State and County Officers

Back To List

Name of Member	Residence
Michael Hirsch	Chillicothe
Gary Wenk	Columbus
Michael Stanek	Avon Lake
Jerry Mitchell Jr.	Columbus
Tony Coder Jr.	Mount Gilead
Stephanie Abel	Out Of State
Magan Marchal	Dublin
Amol Soin	Centerville

Open slots may still be available to sit on the Ohio Medical Marijuana Advisory Committee.
Website posting updated q2 years

Qualifications

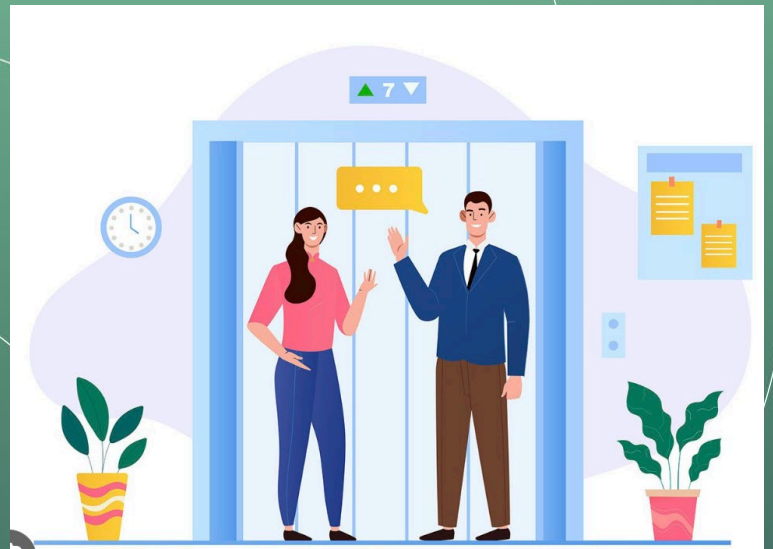
Two members who are practicing pharmacists, at least one of whom supports the use of marijuana for medical purposes and at least one of whom is a member of the Board of Pharmacy; Two members who are practicing physicians, at least one of whom supports the use of marijuana for medical purposes and at least one of whom is a member of the State Medical Board; A member who represents local law enforcement; A member who represents employers; A member who represents labor; A member who represents persons involved in mental health treatment; A member who is a nurse; A member who represents caregivers; A member who represents patients; A member who represents agriculture; A member who represents persons involved in the treatment of alcohol and drug addiction; A member who engages in academic research.

https://ohioroster.ohiosos.gov/board_view.aspx?ID=39172
Accessed 11/9/2024

Go for it.

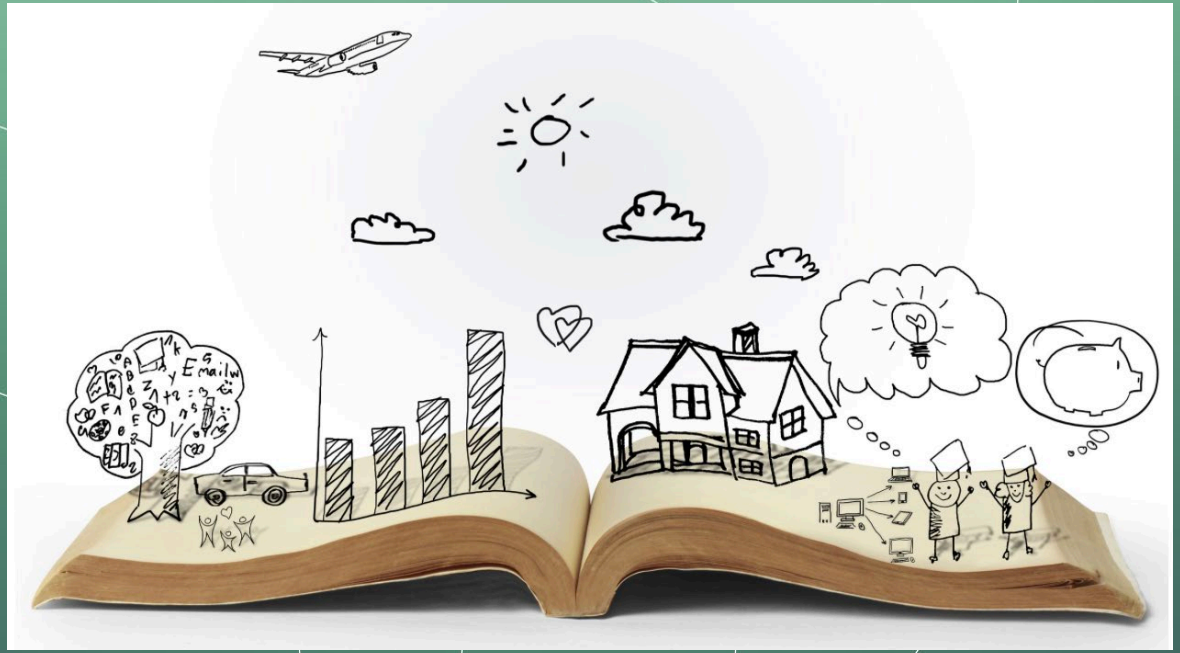
Objective 3

Construct a concise and compelling policy elevator pitch to effectively convey your desired policy actions to the right people.



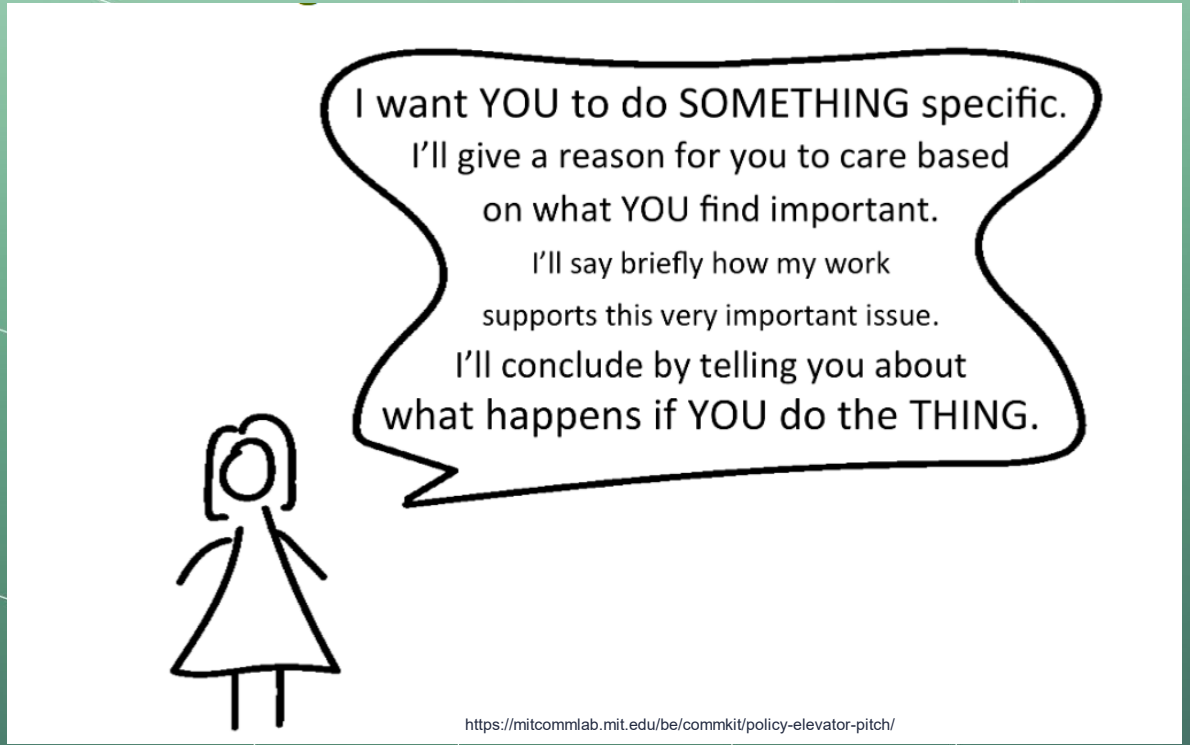
What is your topic & why is it important?

The story-tell



The ask

Practice, practice, practice



https://mitcommlab.mit.edu/be/commkit/policy-elevator-pitch/