

**CHIROPRACTIC'S**  
**“WHITE PAPER”**

on

**Health, Education and Welfare Secretary's Report**

*“Independent Practitioners Under Medicare”*

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## P R E F A C E

1. The Health, Education and Welfare Secretary's Report on chiropractic
  - (a) is biased and was prepared by a prejudiced group unable to provide objective advice; and it
  - (b) fails to provide Congress with the principal information it requested—the **need** for and **costs** of chiropractic in Medicare.
2. There is a **need** for chiropractic services for Medicare beneficiaries.
3. Such chiropractic services can be provided Medicare beneficiaries **only** by doctors of chiropractic licensed by the respective states to provide such services.
4. Medicare should be amended to allow Medicare beneficiaries **freedom of choice** to select the services of doctors of chiropractic.
5. Such chiropractic services would not significantly raise Medicare costs.

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## WHY A HEALTH, EDUCATION AND WELFARE REPORT?

In enacting the Social Security Amendments of 1967, P.L. 90-248, the Congress decided that it needed more information on “the need for covering” independent healing professions not included in medicare, such as chiropractic, optometry, and occupational therapy, “and the cost” of such additional services.

Therefore, it enacted Section 141 directing the Secretary of Health, Education and Welfare to make such a “needs” and “cost” study. The study was specifically committed to the Health, Education and Welfare Secretary after a conference committee rejected a proposal that it be made by the medically-oriented United States Public Health Service.

The report, “Independent Practitioners Under Medicare,” dated December 28, 1968, covers nine professions including chiropractic.

The present medicare law, Title XVIII of the Social Security Act, so defines the term “physician” that it does not include a doctor of chiropractic. In the 89th and 90th sessions of Congress in 1965 and 1967, the United States Senate overwhelmingly voted to include chiropractic. To date in the 91st Congress, there are thirty-four bills for this same purpose.

## THE REPORT’S FAILURE TO ADVISE CONGRESS

Insofar as chiropractic is concerned, the Health, Education and Welfare Report completely fails to advise the Congress as to “needs” and “costs.” It utterly ignores the two principal items requested by the Congress: the medicare beneficiary’s need for chiropractic, and the cost of chiropractic services to the government and to the individual receiving service.

Instead, the report devotes its principal attention to a philosophic discussion of the theories of various recognized schools of the health arts in the form of a debate between medicine vs. chiropractic health care. The healing arts have long been a battleground among different schools or approaches to health, such as allopathic medicine, homeopathy, osteopathy, and chiropractic. The Health, Education and Welfare Report is basically a self-defense by the dominant allopathic school of healing. None of this philosophical or theoretical controversy has the slightest relevance to the critical issues which Congress correctly pinpointed:

- (1) Do medicare beneficiaries need chiropractic services?
- (2) What will such chiropractic services cost the medicare program?

Congress enacted medicare as a benefit to patients, not as a boon to doctors. Congress asked the Health, Education and Welfare Department for advice about the need of medicare beneficiaries for chiropractic care; but the department ignored this request. The Health, Education and Welfare Secretary’s report is couched in terms of philosophical theories of competing schools of medicine and health care, without any regard to Congress’s questions or to the efficacy of chiropractic care. **Medicare should be patient-oriented, not profession-oriented.**

Congress asked Health, Education and Welfare for information (“need” and “cost”) on the basis of which a Congressional decision could be made as to whether chiropractic was to be included in medicare. In failing to comply with Congressional request, especially as to “need” and “cost”, and in substituting its judgment for that of Congress as to chiropractic, the Health, Education and Welfare Report is presumptuous as to Congress’s constitutional prerogatives.

The Health, Education and Welfare Secretary’s Report (prepared by consultation with the Ad Hoc Consultant Group) not only failed to supply Congress with the specific information requested, but exceeded its authority by ignoring the specific limitations placed upon the study.

The Secretary of the Health, Education and Welfare was directed to make a study of services “of additional types of licensed practitioners performing health services in independent practice.” However, Health, Education and Welfare (through the device of the Ad Hoc Consultant Group)

made a study of health services which are not licensed, such as occupational therapists, social workers, speech pathologists, audiologists, and corrective therapists. Although these may be valuable services, Congress did not authorize such a study.

Thus, the Health Education and Welfare Report fails to advise Congress on the two issues specified in law and introduces one not authorized by law. Consequently, Health, Education and Welfare's presumptuous report should be shelved as **irrelevant and unresponsive** to Congressional intent.

## A "FIXED" REPORT

Directly contrary to Congressional intent, the Health Education and Welfare Report was prepared within the United States Public Health Service, with the result Congress had specifically intended to circumvent: **A biased report** which is wholly unreliable.

The principal device for the preparation of the Health Education and Welfare Report was the appointment of two committees of nongovernmental persons. Both such groups had an overwhelming built-in professional and institutional bias against chiropractic which made it impossible for them to provide objective and unbiased advice. The groups were constituted as follows:

### A. Ad Hoc Consultant Group

This group was composed of twenty-two persons. Of this number, at least twelve were professionally or institutionally prejudiced against chiropractic in view of the position of their professions or organizations:<sup>1</sup>

7 were Medical Doctors	1 was a medical hospital administrator
1 was a Doctor of Osteopathy	1 was a health college dean
1 was a Doctor of Dental Science	1 was a nursing service official

The group was responsible to Dr. John W. Cashman, Assistant Surgeon General, United States Public Health Service, who admitted privately to a representative of the chiropractic profession that he was opposed to chiropractic before the study began.

During hearings and formation of the study, the Public Health Service rejected repeated requests for chiropractic observers at the meetings of the Ad Hoc Consultant Group.

### B. Expert Review Panel

A specialized group specifically on chiropractic was appointed. Composed of eight members, at least six of the group were professionally or institutionally prejudiced against chiropractic:<sup>2</sup>

5 were Medical Doctors	1 was a professor of sociology
1 was a medical school professor (anatomy)	1 was a foundation executive

*(with no representation from the chiropractic profession)*

With such a prejudiced set of committees, composed of people with pre-determined biases against chiropractic, the only result that would be expected was an unfavorable report. The elemental standards of decency and fairness were wholly and deliberately rejected. Instead, a "fixed jury" was chosen. The American people interested in the use of chiropractic services were denied the basic requirements of due process, to wit: a **fair and unbiased** study. Consequently, as a "fixed" report, the Health, Education and Welfare Report is **totally unworthy of consideration**.

## FALSE ISSUES

Instead of reporting on the **true** issues specified by the Congress in law, the Health, Education and Welfare Report deals with a group of erroneous issues. It ignores or misstates the facts. Some of these **false** issues and the actual facts raised by the report include:

## I. FALSE ISSUE NO. 1—CHIROPRACTIC EDUCATION

**Claim:** Chiropractic education is not acceptable.

**Fact:** Chiropractic education is a highly sophisticated, scientific and professional course of instruction requiring four academic years of resident instruction in colleges of chiropractic.

### 1. Curriculum\*

Table I below shows that chiropractic colleges provide more hours of instruction than medical schools in the following subjects:<sup>3</sup>

- |               |                   |                  |
|---------------|-------------------|------------------|
| 1. anatomy    | 3. radiology      | 5. nutrition     |
| 2. physiology | 4. rehabilitation | 6. public health |

Understandably, medical schools give full instruction in surgery and pharmacology while chiropractic colleges stress chiropractic principles and practice.

Table I compares the number of hours devoted to subjects in medical schools and chiropractic colleges.

**TABLE I<sup>4</sup>—CURRICULAR COMPARISON**

*Based on College Bulletins for the 1967-1968 Year*

	No. Colleges Reporting Hrs.		Average Length of Course in Hrs.		No. Colleges Not Listing the Subject	
	Chiro.	Med.	Chiro.	Med.	Chiro.	Med.
Anatomy	11	55	779	554		
Biochemistry	11	56	154	228		
Physiology	11	54	323	265		
Microbiology	11	51	157	214		
Pathology	11	55	350	385		
Public Health	11	46	97	88		9
Obstetrics and Gynecology	11	45	106	399		
Pediatrics	11	48	46	407		
Psychiatry	11	49	125	336		
Radiology	11	41	217	52		14
Pharmacology		53		185		
Toxicology	9		32		2	
Physical Medicine		18		31		50
Rehabilitation &/or Physiotherapy	5		105		6	
Chiropractic	11		1,874			
Medicine		48		1,386		
Surgery		45		744		
First Aid	10		38		1	
Nutrition	10	0	54	0	1	74
Electives	10	29	184	428	1	45
Arts and Science		1		1,292	11	75

Note No. 1: Eighty-five medical colleges contacted. Seven failed to respond, thirty-five college catalogues contained incomplete subject hours. All eleven United States chiropractic colleges are included in the survey.

Note No. 2: The subjects listed as "Chiropractic" and "Medicine" cover a section of diagnosis and also the treatment procedures of the two respective professions.

\*Based on a study of the catalogues of medical and chiropractic colleges.

## 2. Students

Table II compares entrance requirements for medical schools and chiropractic colleges.

**TABLE II<sup>5</sup>**  
**Educational Entrance Requirements\***  
*Based on College Bulletins for the 1967-1968 Year*

	Chiropractic Colleges	Medical Schools
Bachelors Degree (4 Years)	0.0	9.4
Three years of college	0.0	83.5
Two years of college	72.7	0.0
One quarter year	9.1	0.0
High School (no college units)	18.2	1.2
Not reporting	<u>0.0</u>	<u>5.9</u>
	100 per cent	100 per cent

Both medical schools and chiropractic colleges accept "C" students. The following quotation is from the **Journal of the American Medical Association**:

*"Many persons, including some doctors, seem to believe that medical schools predominantly accept 'A' students and that the 'C' student has no chance of acceptance."*

*"Through the years for which records are available, this is simply not true. Nor is there any evidence that schools generally have raised or lowered their requirements."*<sup>6</sup>

### 3. Chiropractic Degree

The validity of a Doctor of Chiropractic degree is attested to by the United States Office of Education in its most recent edition of the publication **Academic Degrees**, p. 169.

## II. FALSE ISSUE NO. 2—CHIROPRACTIC "PHILOSOPHY"

**Claim:** That certain quotations from early writings of the chiropractic profession represent modern day chiropractic.

**Fact:** The Health, Education and Welfare Report cites quotations out of context and confuses hypotheses for chiropractic clinical findings, thus deceiving the Congress and the American people.

When the doctor of chiropractic clinically observes a condition in a patient, he seeks to find out "Why?", just as is done in physics, chemistry, and medicine. After such clinical observations are made, an attempt is made to explain the condition by a hypothesis. Such hypotheses are found in chiropractic literature under the heading of "Chiropractic Principles or Philosophy;" but they are chiropractic hypotheses.

The probability or non-probability of the hypothesis does not alter the chiropractic clinical facts, for the hypothesis is simply an interim attempt to explain the etiology of the clinical fact.

<sup>5</sup>This report is based on eighty-five medical schools and all eleven chiropractic colleges.

Health, Education and Welfare's Report attacks chiropractic's concern with subluxations (a chiropractic clinical fact), but itself admits that specialists in physical medicine and rehabilitation agree that subluxations exist.

Chiropractic treats the ailment disclosed by the clinical facts, not by hypothesis. The patient's needs are met by the clinical efficacy of chiropractic, not by conflicting arguments on hypotheses. Health, Education and Welfare dealt with hypotheses; Congress wanted to know about needs and costs and whether chiropractic is a valid health service for the elderly.

### III. FALSE ISSUE NO. 3—DIAGNOSIS

**Claim:** Doctors of chiropractic are unable to diagnose patients and are therefore not able to know when to refer patients for treatment by other health practitioners.

**Fact:** Every chiropractic college teaches physical examination and diagnostic procedures and examines (or tests) in physical, clinical, laboratory, and differential diagnosis, in addition to chiropractic analysis. Before receiving a license to practice chiropractic, candidates are examined in diagnosis either by official State Boards or by the National Board of Chiropractic Examiners or both.

The chiropractic curriculum is oriented toward patient management, that is, to the recognition of the measures best suited to the restoration and maintenance of the patient's good health (whether such measures are applied by a doctor of chiropractic or by another health professional on referral).

There are several objective indications of the substantiality of these aspects of the chiropractic curriculum, e.g., the amount of time spent in classwork and the proportion of contents of the required textbooks that deal with diagnosis.

#### Classwork

The subjects taught at chiropractic colleges in the area of diagnosis include: **physical, clinical, laboratory and differential diagnosis; roentgenology; pediatrics; geriatrics; dermatology; and communicable diseases, among others.**

There are two categories of such classwork—those formally designated as diagnosis and those actually involving diagnosis as a substantial part of a course on a specific subject. In the first group, Table I on page 7 lists an item, "Chiropractic." This includes 564 hours of formal classes in diagnosis covering the subjects of **physical, clinical, laboratory, and differential diagnosis; geriatrics; dermatology; and clinical neurology.** It also includes over seven hundred hours of practical training in this discipline during the required clinical clerkship\* and externship\*\* programs.

But this is by no means the sum total of the relevant portion of the college curriculum, since the specific subject matter courses, in addition, devote substantial class time directly to physical, clinical, laboratory, and differential diagnosis.

The faculty of a chiropractic college surveyed the percentage of that college's courses during the current academic year which relate to diagnosis. These are the findings of the survey:<sup>7</sup>

- (a) Sixty-two courses were surveyed.
- (b) These sixty-two courses represent virtually the entire curriculum of the college which involves a total of over 4485 hours of course work required for a chiropractic degree.

\*Clinical clerkship. An assigned tenure in the various departments of a college associated out-patient clinic.

\*\*Externship. Homologous to the term internship in medical schools, but used to differentiate the fact that this service is done in college affiliated out-patient clinics, not hospitals with in-patient services.

(c) The average time devoted in class to differential diagnosis is estimated to be 43 per cent of the total course hours of the sixty-two courses.

Another chiropractic college estimated the proportion of class time in seven specific major subjects dedicated to diagnosis was:<sup>8</sup>

Roentgenology	85%	Toxicology	60%
Psychiatry	90%	Parasitology	60%
Pediatrics	80%	Bacteriology	60%
Gynecology	80%		

**Textbooks**

The standard textbooks used for the basic and diagnostic sciences in chiropractic colleges are essentially identical with those used in medicine and osteopathy.<sup>9</sup>

In one chiropractic college, it was estimated that well over 65 per cent of the required textbooks deal, in part or in whole, with the study of diagnosis. The faculty of this chiropractic college estimated that the below-indicated percentage of the contents of their required textbooks were devoted to diagnosis:<sup>10</sup>

Roentgenology	85%	Obstetrics	50%
Orthopedics	80%	Gynecology	50%
Pediatrics	80%		

In a substantial proportion of other texts, some 30 per cent to 40 per cent of the books were devoted to material on diagnosis.

Thus, an objective evaluation of chiropractic education discloses that doctors of chiropractic are well educated in this discipline to recognize the need for chiropractic care and for referral of those patients where non-chiropractic methods would be more advantageous or necessary.

Table III shows the findings of a survey by Batten and Associates:

**TABLE III<sup>11</sup>**

**Referrals by Doctor of Chiropractic**

**Question 74:** Doctors of chiropractic who refer patients to other practitioners for treatment:

**Question 74A:** Patients were referred to:

	Percentage		Percentage
Yes, refer patients	90.3	Medical Doctors	86.5
No, do not refer patients	6.5	Doctors of Chiropractic	67.1
No answer	3.1	Doctors of Osteopathy	26.0
	99.9*	Other	11.5
		No Answer	0.0
			191.1**

\*The table is taken directly from the Batten and Associates report. The 99.9% is so because they dropped the second and third fraction of the individual percentages because they were below (.05) five hundredths of a per cent—a normal and acceptable procedure.

\*\*The 191.1% is explained by the fact that the total exceeds 100% because of multiple answers, also an acceptable procedure. It means that many doctors referred patients to more than one classification of practitioners, i.e., D.C.'s and M.D.'s, or M.D.'s, D.O.'s and D.C.'s etc.

#### IV. FALSE ISSUE NO. 4—CAUSE OF DISEASE

**Claim:** Chiropractic regards subluxations as the sole cause of disease.

**Fact:** This is incorrect. Chiropractic care is primarily concerned with the well being and recovery of the patient and with the restoration and maintenance of good health. Present day chiropractic does not hold that the subluxation is the only cause of disease. Whatever may have been said in chiropractic literature years ago, today's chiropractic education and practice recognizes multiple causes of, and multiple methods of treatment for, disease.

The doctor of chiropractic must first evaluate the needs of the patient before administering any type of care. If he should determine that the case is within his scope, he proceeds to provide appropriate care. But if he determines that the patient requires another type of care, he refers the patient to that method which he believes is most advantageous.

As indicated in Table III, over 90 per cent of practicing doctors of chiropractic report that they refer patients to other practitioners, and that almost 90 per cent of such referrals are to medical doctors.

The Health, Education and Welfare Report reflects the fact that patients with a variety of pathologies consult the doctor of chiropractic but fails to indicate that the majority of the patients treated under chiropractic are suffering from neuro-musculo-skeletal problems.

The Health, Education and Welfare Report also fails to recognize what was shown above, that the education of the doctor of chiropractic enables him diagnostically to recognize the need for chiropractic services and for referral of those patients where non-chiropractic methods would be more advantageous or necessary.

### TRUE ISSUES

The Health, Education and Welfare Secretary's Report ignored the true and basic issues on which Congress sought information and advice and on which public policy decisions by Congress more properly rest. There are four such true issues:

#### I. TRUE ISSUE NO. 1—NEED FOR CHIROPRACTIC

**Issue:** Is there a need?

**Fact:** Yes.

The need for chiropractic services is best ascertained by the American people's demand for such services. The following clearly proves the need for chiropractic services as recognized both in law and in practice:

##### A. Government Programs

###### 1. Federal Government

- a. **Medicaid.** Congress itself authorized chiropractic services under Medicaid, Title XIX of the Social Security Act. At this time, seventeen states now provide chiropractic care under Medicaid.
- b. **Federal Civil Service.** All Federal departments and agencies accept statements from doctors of chiropractic for sick leave of any Federal employee.
- c. **Income Taxes.** The Federal government permits medical deductions for chiropractic health services under Federal income tax law.

- d. **Immigration Law.** The Federal government recognizes chiropractic colleges as a basis for admitting aliens into the United States with special status as students.<sup>12</sup>
- e. **Public Health Service Reports.** The United States Public Health Service classifies chiropractors among “medical specialists and practitioners” in a 1966 study including pediatricians, obstetricians, and ophthalmologists, among others. The Public Health Service’s **Health Manpower Source Book** includes doctors of chiropractic along with physicians, surgeons, and dentists.

## 2. State Governments

- a. **Licensure.** Chiropractic is an officially recognized health profession in forty-eight states, the District of Columbia, and in Puerto Rico. Each of these states or jurisdictions has specific laws defining the practice of chiropractic, prescribing requirements for licensure, and authorizing chiropractic services and care.
- b. **Workmen’s Compensation.** Claims for chiropractic care are paid by Workmen’s Compensation in forty-eight states and the District of Columbia.

## B. Non-Government Programs

### 1. Commercial Insurance

Many hundreds of commercial insurance companies (including most of the private carriers used to administer medicare) include chiropractic in their health and accident policies.

### 2. Health and Welfare Funds of Labor Unions

Many health and welfare programs of labor unions include chiropractic care. For example, in one state alone (California) more than 108 such labor health and welfare programs include chiropractic services.<sup>13</sup>

As such workers retire, they find themselves unable to obtain under medicare, the chiropractic services from which they benefited under private health and welfare programs.

### 3. Public Utilization of Chiropractic

The most recent data available from the United States Public Health Service indicates that in 1963-1965:

- a. 4,250,000 persons in the United States, or 2.3 per cent of the civilian non-institutional population,<sup>14</sup> consulted a doctor of chiropractic.
- b. Of the pre-medicare age (45-64), 4.2 per cent of the population of the United States received chiropractic services.\* The percentage of elderly patients using chiropractic services has increased since the period covered in the above quoted report. For the period of July, August, and September, 1968, an analysis of the medicaid program in California indicates that over 5.5 per cent of the over-sixty-five beneficiaries were availing themselves of the services of the chiropractic profession.\*\*

The need of people who are actually in the medicare program is especially relevant. The aged are more prone to all diseases. A recent publication reports that for 1963-1965 one-third of conditions causing activity limitations to persons sixty-five years and older were due to musculo-skeletal impairment.\*\*\*

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\*National Center for Health Statistics, Series 10, No. 28, p. 37.

\*\*Higley, H.G., “Patients Past 65 Under Medical,” **A Projection of Figures** supplied by Blue Shield, 1968. Unpublished.

\*\*\*National Center for Health Statistics, Series No. 10, No. 32, p. 55.

Among the general practitioners of the healing arts, doctors of chiropractic are better qualified in the detection and correction of such impairments. This is due to the quality and quantity of the education they receive which enables them diagnostically to recognize the need for chiropractic care and to refer those patients where non-chiropractic methods would be more effective or necessary.

### C. Rural and Farm Areas

The crisis in health manpower is a well-documented fact in American life. Farm and rural families are especially in need of health services, and chiropractic is geographically available to provide such services:

1. A major study of the United States Public Health Service indicates statistically a greater orientation of doctors of chiropractic to rural and non-urban America than is true of other health professions.\*
2. The President's National Advisory Commission on Rural Poverty reported that only 12 per cent of M.D.'s are located in rural areas.\*\*
3. A recent chiropractic estimate is that over 60 per cent of doctors of chiropractic in 1968 were located in communities having a population of 50,000 or less.

Thus, chiropractic benefits under medicare would be especially important in meeting the needs of rural and farm people.

## II. TRUE ISSUE NO. 2—COST OF CHIROPRACTIC IN MEDICARE

**Issue:** Will chiropractic benefits add costs to the medicare program?

**Fact:** No.

Title XVIII (medicare) of the Social Security Act includes two parts: Part A, on Hospitalization; and Part B, on Supplementary Medicare Insurance Benefits (or out-patient care). Inclusion of chiropractic will save the medicare costs in Part A for patients treated by doctors of chiropractic and will not add to costs in Part B in any significant way, if at all. The situation is as follows:

### 1. Part A—Hospitalization (under medicare)

Chiropractic care does not require that patients be hospitalized. This is so even where treatment of the same ailment by a medical doctor may result in expensive hospitalization.

**Therefore, the entire Part A cost is saved for all chiropractic patients under medicare.**

The extensive scope of the resultant saving to the Federal government under Part A can be seen from the fact that during the first year of medicare's operation, **over 78 per cent of its cost** went toward hospital payments under Part A.

Of a total payment by medicare of \$3.2 billion, in this first year

- (a) \$2.5 billion was for Part A, and
- (b) \$700 million was for Part B.\*\*\*

**ALL OF THESE HOSPITALIZATION COSTS WOULD BE SAVED FOR CHIROPRACTIC PATIENTS UNDER MEDICARE.**

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\*Public Health Service, National Center for Health Statistics, Series 10, No. 28, p. 38.

\*\***People Left Behind**, September, 1967, p. 63.

\*\*\*Source: Mrs. Dorothy P. Rice, Chief, Social Security Administration's Health Insurance Research Branch, October 24, 1967, paper before American Public Health Association.

## 2. Part B—Supplementary Medical Insurance Benefits

Chiropractic inclusion in medicare will not result in any substantial cost increase under Part B for

- (a) Fees for out-patient treatment.
- (b) Drugs and biologicals.

### a. Fees for (Out-patient) Treatment:

The total out-patient treatment costs for comparable ailments is less (or at least no higher) for chiropractic doctors than for medical doctors.

Chiropractic is an **alternate service** to what is already authorized under medicare, to the extent of applicable state law. Therefore, if a patient under medicare exercises his freedom of choice to go to a chiropractic doctor instead of a medical or osteopathic doctor, he will normally not go to both for treatment. The result is a saving of treatment costs to medicare, or at the very least, no additional costs for treatment by chiropractors. Evidence for this fact comes from four sources:

#### (1) Insurance Companies

Insurance companies which write policies including chiropractic benefits have stated in writing that chiropractic benefits do not increase their premiums.

Obviously, if chiropractic benefits increased costs, the premiums would have to rise.

Commercial insurance carriers find that chiropractic does not increase their costs, so it is reasonable to assume that chiropractic benefits will not increase the costs of Part B of medicare.

#### (2) Workmen's Compensation

Forty-eight states and the District of Columbia provide chiropractic benefits under their workmen's compensation programs. Workmen's Compensation Commissions or Boards have stated that chiropractic benefits do not increase their costs.

Evidence to this effect is included in the data on the Florida study noted below to the effect that treatment costs for substantially identical cases were **27.5 per cent more** for cases handled by **medical doctors** than for cases handled by chiropractic doctors.<sup>15</sup>

#### (3) Government-operated Health Services

The Province of British Columbia, Canada, operates a British Columbia Government Employees' Medical Service, which provides chiropractic benefits as well as other healing art services.

Official data show the following comparative costs for the year 1966:

OFFICE VISITS	COST
By medical doctor	\$4.38
By chiropractic doctor	3.81

**Thus, chiropractic services were rendered at a 13-per cent saving compared to services by medical doctors.**

Other government programs in California,<sup>16</sup> Iowa,<sup>17</sup> and Oregon<sup>18</sup> show similar savings in the cost of chiropractic care.

#### (4) Experience of Employers

A substantial number of American employers, businessmen, and other leaders have stated that chiropractic does not cause any increased cost, and, in fact, may reduce costs when used by their employees or associates.

**3. Drugs and Biologicals**

The medicare program allows payment for drugs and biologicals (which cannot be self-administered) which are furnished as an incident to a physician's service under certain circumstances.

Chiropractic is a drugless health service, even where treatment of similar ailments by medical doctors may involve extensive medication. Consequently, the entire cost of drugs and biologicals is saved under Part B for chiropractic patients.

The conclusion, based on the facts, is that chiropractic's inclusion in medicare raises no adverse cost problems.

**III. TRUE ISSUE NO. 3—EFFECTIVENESS OF CHIROPRACTIC SERVICES**

**Issue:** Are chiropractic services effective in helping sick people?

**Fact:** Yes.

The efficacy of chiropractic is a factual and empiric determination, not a theoretical consideration. Chiropractic must be measured by the result obtained in various types of clinical situations. The following are a few examples of evidence in practical instances:

**1. Workmen's Compensation Cases**

In 1960, a study was made of the workmen's compensation records of the Florida Industrial Commission. The report was entitled, "A Survey and Analysis of the Treatment of Sprain and Strain Injuries of the Back and Neck in Industrial Cases." <sup>19</sup>

The purpose of the research was to compare the

- (1) average treatment costs,
- (2) worktime losses,
- (3) services rendered

per case for back and neck injuries as treated by chiropractic and medical doctors.

The study covered 19,666 individual cases and was checked at each stage by the First Research Corporation, a nationally recognized, independent research organization. The findings are related to sprains and strains of the neck, spinal column, vertebrae and back.

The cost of the average case was as follows:

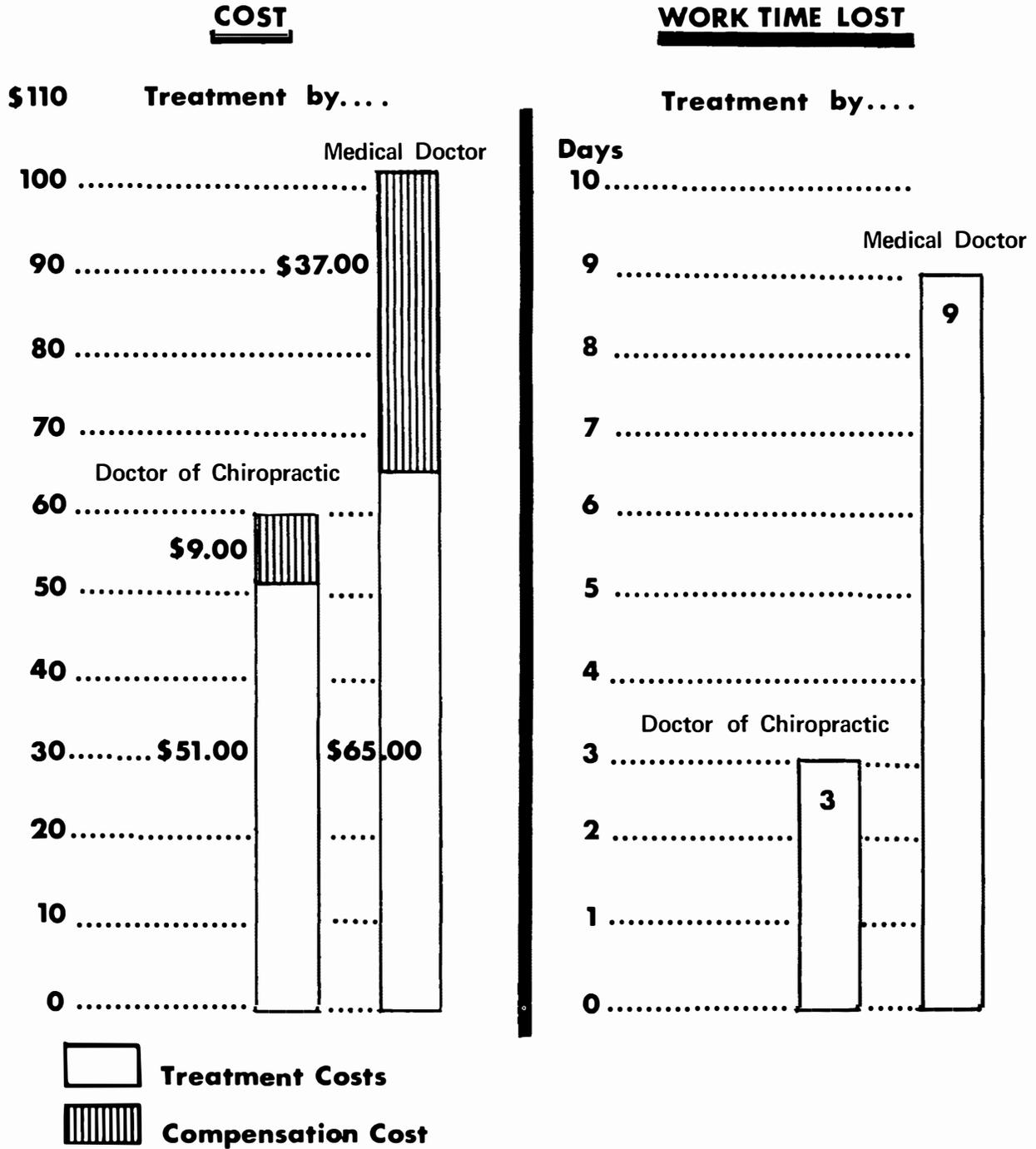
	Handled by	
	Doctor of Chiropractic	Medical Doctor
Total treatment costs	\$51	\$65
Compensation costs	<u>9</u>	<u>37</u>
<b>TOTAL</b>	<u><u>\$60</u></u>	<u><u>\$102</u></u>
The average worktime lost was	3 days	9 days

Thus, when a back or neck injury case was handled by a medical doctor rather than a doctor of chiropractic,

- (1) Treatment costs (by a medical doctor) averaged 27.5 per cent more!
- (2) Compensation costs (under care by a medical doctor) averaged 311 per cent more!
- (3) Worktime losses (under care by a medical doctor) averaged 300 per cent more!

BENEFITS FROM CHIROPRACTIC CARE IN SUCH CASES WERE: (1) REDUCED HEALTH CARE COSTS; (2) REDUCED COMPENSATION COSTS; (3) REDUCED LOSS OF SALARY AND PAIN TO EMPLOYEE; AND (4) REDUCED LOSS OF MANPOWER TO EMPLOYER.

*Comparison of Costs & Time Loss, Florida Workmen's Compensation Cases*



Note: Study of Florida Workmen's Compensation records (checked at each stage by First Research Corporation, a nationally recognized independent research organization) covered 19,666 individual cases related to sprains and strains of the neck, spinal column, vertebrae and back.

## 2. Other Studies

A report covering 528 cases reported by the chiropractic college clinics\* shows the following:

- 223 cases—Discharged (no residual symptoms)
- 11 cases—Discharged under special conditions (no residual symptoms)
- 99 cases—Improved (still under treatment)
- 5 cases—Not improved
- 103 cases—Patient failed to return
- 87 cases—No progress report filed

The average recovery time for 223 of the discharged cases was 29.69 days.

## IV. TRUE ISSUE NO. 4—STATES' RIGHTS AND FREEDOM OF CHOICE

**Issue:** Will the Federal medicare program run roughshod over States' Rights? and over the patients' freedom of choice of health services?

**Fact:** This is for Congress to determine.

The very first two sections of the medicare law are captioned as follows:

1. "PROHIBITION AGAINST ANY FEDERAL INTERFERENCE," Section 1801
2. "FREE CHOICE BY PATIENT GUARANTEED," Section 1802

In its present form, the medicare law violates both of these principles by its failure to include coverage for the health services provided by doctors of chiropractic and other healing arts.

### STATES' RIGHTS

As already noted, forty-eight states, Puerto Rico, and the District of Columbia have licensing laws which recognize the practice of chiropractic and authorize its health services for their citizens. Therefore, the Federal medicare law, by denying coverage of chiropractic services, interferes with the operation of such States' laws within the respective state boundaries, contrary to Section 1801.

### PATIENTS' FREEDOM OF CHOICE

If there were one continuing thread during the entire Congressional debate on medicare, as well as in the prior twenty years of discussion, it was Freedom of Choice by the patient to obtain health services from any licensed provider thereof. The non-inclusion of chiropractic services in medicare represents a denial of the Freedom of Choice Congress guaranteed in Section 1802.

Denial of effective States' Rights and Patients' Freedom of Choice in Title XVIII of the Social Security Act (medicare) is all the more paradoxical because true States' Rights (and the coverage of chiropractic services) are allowed in Title XIX (medicaid). Of the states which have adopted medicaid legislation, seventeen now include chiropractic services.

**Thus, we have the following inconsistent result under the present Social Security Act:**

1. THE MEDICALLY INDIGENT CAN OBTAIN CHIROPRACTIC SERVICES UNDER MEDICAID (TITLE XIX),
2. BUT THE PERSON OVER SIXTY-FIVE WHO VOLUNTARILY CHOOSES AND PAYS FOR MEDICARE CANNOT OBTAIN CHIROPRACTIC SERVICES UNDER TITLE XVIII.

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\*Higley, H.G., M.S., D.C., "Study of Low Back Pathology," July, 1965.

## CONCLUSIONS

The facts are:

- (1) There is a need for chiropractic service, especially among the Medicare age group;
- (2) Chiropractic is an effective form of health care;
- (3) Chiropractic is licensed by 48 states;
- (4) Chiropractic benefits in Medicare will not create any adverse cost problem;
- (5) The Federal government already recognizes chiropractic in a wide variety of laws, including medicaid, civil service, income tax, and immigration.

## RECOMMENDATION

The Congress should amend the Medicare law by allowing Medicare patients Freedom of Choice to select the services of doctors of chiropractic.

American Chiropractic Assn., Inc.  
2200 Grand Ave.  
Des Moines, Iowa 50312

International Chiropractors Assn.  
741 Brady Street  
Davenport, Iowa 52803

Council of State Chiropractic Examining Boards, Inc.  
2811 Central Ave.  
Cheyenne, Wyoming 82001

## FOOTNOTES

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19. Ibid. Note 15.