

State Policies Related to Demonstrations and Access to Non-pharmacological, Integrative Pain Care

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One of SPPAN's most important policy priorities is to ensure access to, and adequate insurance coverage for, integrative pain care. As part of this effort, we support demonstration projects that gather data about the effect of using integrative pain care treatments, and we advocate for non-discrimination against health care providers acting within their license and scope of practice. See the index below for current examples of state policy initiatives that relate to this policy priority.

(Note: this list does not include specific scope of practice bills that passed, and is a living, breathing document as policies change.)

STATE	EVENT	DETAILS
CO	Medicaid demonstration project (current)	Since 2012, Health First Colorado (Medicaid) has offered a waiver for persons with a spinal cord injury that provides participants with access to preventative acupuncture, massage, and chiropractic services, evaluating the consequential cost savings. On 3/21/16, the Department of Health & Human Services Region VIII approved the renewal of this waiver. In late 2016, an application was submitted to the Colorado Department of Health Care Policy & Financing to amend this waiver to add the Medicaid Buy-In Program for Working Adults with Disabilities—to be effective 3/1/17.
FL	Medicaid demonstration project (past)	In 2003, Florida established the first demonstration through Medicaid for managing chronic pain with non-pharmacological therapies. It was called the Integrative Therapies Waiver Pilot Project and, after reviewing initial outcomes, the legislature renewed the program in 2007. The second phase evaluation from Florida Department of Health Services Research, Management and Policy can be seen here, and did not support the continuation of this program, despite some positive outcomes.
FL	Pending legislation	House Bill 2009 was introduced in 2017 to appropriate funds for Johns Hopkins All Children's Hospital-Mental Health Demonstration for Chronic Pain Patients.
ME	Pending legislation	The bill LD 1030, " An Act to Require Nondiscrimination Policies in Providing Health Care Services, " was introduced in Maine in 2017. This bill would prohibit health insurance carriers, automobile insurers, and workers' compensation insurers from discriminating against a health care provider who is licensed, registered, or certified by the State in providing covered services as long as the provider is acting within the scope of the provider's license, registration, or certification.
MN	Pending legislation	Minnesota Fair Care has introduced companion bills HF 886/SF 749 in 2017, " An Act Requiring Nondiscrimination Policies in Providing Health Care Services, " to support patient choice, access, and equitable insurance reimbursement. Read MN Fair Care white paper for more details.
NM	Effective regulation	Related to New Mexico's Managed Care Program and Home and Community Based Waiver program, definitions of various integrative therapies were included in 8.308.12.18. Newly-adopted language states "specialized therapies are non-experimental therapies or techniques that have been proven effective for certain conditions. A member may include specialized therapies in his or her care plan when the services enhance opportunities to achieve inclusion in community activities and avoid institutionalization." Definitions for the following are included on pp. 13-14 under 8.308.12.18: acupuncture, biofeedback, chiropractic care, cognitive rehabilitation therapy, hippotherapy, massage therapy, naprapathy, and a Native American healer.
OR	Effective statute	In 2015, House Bill 2468 passed, including measures that prohibit health insurers from discriminating with respect to participation in a health insurance plan against any health care provider who is acting within the scope of that provider's license or certification. View the floor speech memorializing this event.
OR	Medicaid	As of 7/1/16, the Oregon Health Plan (Medicaid) now covers acupuncture, chiropractic manipulation, cognitive behavioral therapy, osteopathic manipulation, physical and occupational therapy, medications (including short-term opiates, not long-term prescriptions), and surgery (for a limited number of conditions where evidence shows surgery is more effective than other treatment options) for all back conditions. In addition, yoga, intensive rehabilitation, massage, and/or supervised exercise therapy are recommended for inclusion in the comprehensive treatment plans. These treatments used to be limited to only those patients with muscle weakness or nerve damage.
PA	Law passed	In 2015, Pennsylvania passed Senate Bill 487 to expand access to licensed physical therapists, chiropractors, and occupational therapists. This bill mandated that health insurers adhere to strict rules that ensure an insured is charged no more than one copayment amount per visit.
RI	Law passed	In 2015, Rhode Island passed Senate Bill 168, prohibiting a group health plan and a health insurance issuer from discriminating with respect to participation under a health insurance plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law.
RI	Medicaid demonstration project (current)	Born out of increased emergency room visits, the Medicaid Community of Care model was made available to patients with 4+ ER visits annually. Key findings demonstrated a reduction in costs and ER use, and found a high incidence of chronic pain. Subsequently came the Rhode Island Medicaid Pain Management Program, making massage, acupuncture, and chiropractic services available to those willing to participate. Less than one quarter of patients referred to this program engaged in the services (2013-2015), with primary barriers being transportation and language. The latest evaluation shows that it's difficult to keep participants engaged and that there is a need for additional interventions, but patient satisfaction is high. As a work in progress, they are determining how to target this program to the right people (1). Additionally, there has been a study evaluating this program since 2014, looking qualitatively at some of the participants and eligible participants in this Medicaid pain management program. The final recruitment ended in February 2017 and findings will be published at the end of 2017.
VT	Law passed / includes future Medicaid pilot	In 2016, the state passed Senate Bill 243, "An act relating to combating opioid abuse in Vermont," which includes \$200,000 for a Medicaid pilot to use acupuncture as a non-opioid option for pain management.

References

1 Information accessed online on 3/3/17 from Governor's Overdose Prevention and Intervention Task Force Meeting Minutes, dated 6/8/16