

Senator Daschle's Speech Urges Senators to Support Chiropractic Legislation

Editorial Staff

Editor's Note: In the March 15, 1991 issue of "DC" we ran a front page story on chiropractic legislation that Senator Tom Daschle (D-South Dakota) would soon introduce. The legislation is an updated version of Senate bill S.2616 which aims to provide further reimbursement for chiropractic services under Medicare, notably for x-rays and physical exams.

On March 12, Senators Bingaman (D-NM), Burdick (D-ND), Conrad (D-ND), Harkin (D-Iowa), Johnston (D-LA), and Senator Daschle (for himself and Senator Inouye (D-Hawaii)) introduced Bill S.614. The bill was read twice and referred to the Finance Committee.

Here is Senator Tom Daschle's speech on the Senate floor of the 102nd Congress, 1st session, on March 12, 1991.

Mr. President, I rise today to reintroduce legislation to expand the range of services for which chiropractors can be reimbursed under the Medicare program. This bill advances a couple of objectives that we all should have for the health care system in the United States. First, it addresses issues of consistency and equity by removing outdated vestiges of still pronounced discrimination against chiropractic practitioners in the Medicare program. Second, the bill recognizes the enormous emerging pluralism in the health care field and contribute to improving both access to care and the means for containing health care costs by affording patients greater freedom to choose less expensive forms of diagnosis and treatment.

Existing Medicare law strictly limits reimbursement for chiropractic services to manual manipulation of the spine and only to correct a subluxation. In a dramatic example of twisted logic, the law explicitly requires a diagnostic x-ray before chiropractic treatments can be initiated, but denies the chiropractor reimbursement for the x-ray itself. Medicare patients must either pay for the x-ray out of their own pockets, a cost that many cannot afford, or pass through the "gateway" controlled by other medical providers, whose x-rays, typically far more expensive, are reimbursable under the program.

My bill lends some common sense to the Medicare program. By rectifying the inconsistency in existing law, it ensures that the program's beneficiaries enjoy equitable access to a health care service much in demand, and it permits reimbursement to chiropractors for services for which they are fully licensed throughout the country and that they routinely provide to patients: diagnostic x-rays, diagnostic physical examinations, and manual manipulation of the spine for a subluxation and other conditions.

I grew up in a community where chiropractors perform a valuable service by providing an alternative to allopathic medicine. The nearly 200 chiropractors in South Dakota serve the state well. In rural states like mine, chiropractors are often an essential source of health care delivery. Sometimes they are the only health providers in a community. In rural states across the country the chiropractic profession plays an integral role in the health care system.

But the issue is even larger than one of correcting inequities in the law and recognizing the contributions of chiropractors alone. We are constantly searching for ways to give more Americans greater access to quality health care, and to facilitate that availability of care in the most cost-effective manner. One proven way to make progress toward those goals is to exploit the talent and dedication represented in the diversity of practitioners increasingly involved in the delivery of health care services in the United States. Competition among different kinds of providers and access to less expensive forms of care have to be emphasized, if we are ever to control escalating health care costs. Yet this competition, with the beneficial choices it brings, is virtually impossible when federal programs like Medicare deny reimbursements for services offered by whole groups of licensed professionals. This short-sighted policy limits freedom of choice for health care consumers, and may force them to settle on more expensive care than is actually required.

At a time when soaring health care costs are threatening both the quality and the economic stability of our national health care delivery system, the cost savings potential of conservative, non-hospital based chiropractic care should be fully explored. The bill that I am introducing today will help to provide access to quality care at a reasonable cost. Beyond the particulars of Medicare reimbursement for chiropractic services, I hope that it will foster vigorous discussion of alternative health care delivery models. I urge my colleagues in the Senate to support this measure to ensure that Medicare patients have the access they desire to the benefits of chiropractic care.

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