



CALIFORNIA CHIROPRACTIC ASSOCIATION

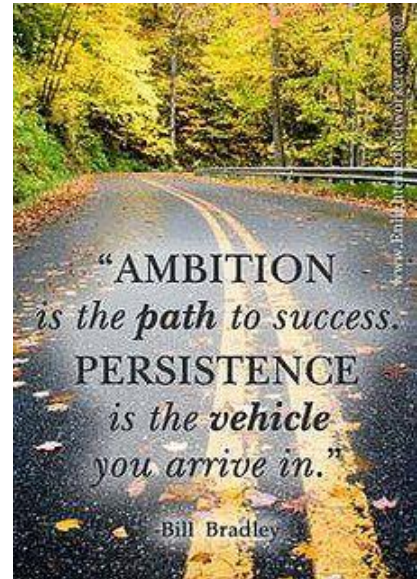
2017 Legislative Priorities

The 2017 CCA Legislative package is very ambitious. But with ambition and persistence, we are hopeful it will ultimately lead to success for the profession.

CCA GA staff, our contract lobbyist Monica Miller, Governmental Affairs Department Chair Dr. David Paris, and the sixteen members of the CCA Legislative Action Committee worked diligently seeking proposals and vetting legislative proposals. We started by determining our strategic objectives and built our package from that foundation.

After much consultation with the aforementioned parties, we focused on the following criteria:

- launch a package of bills that addresses substantively large issues facing our profession;
- represent the needs of as many DC business models as possible;
- provide a platform to educate the cadre of neophyte legislators on the efficacy of chiropractic in its totality;
- provide an opportunity to work with a coalition of non-allopathic health care providers;
- provide multiple opportunities to educate and engage with our adversaries on neutral ground;
- demonstrate CCA's commitment to fight for our issues in the legislative arena.



The following proposals are the result of these efforts.

I. Workers' Compensation – Eliminate the 24-Visit Cap To Increase Injured Workers Access To Conservative Care Modalities – Sponsor

Issue: Documented increase in opioid use among injured workers due to lack of access to conservative care modalities.

Solution: Introduce legislation that would remove the 24-visit cap for chiropractic care, physical therapy and occupational therapy Labor Code §4604.5. (d)(1).

Background: The impact of the 2004 Workers' Compensation reforms continue to negatively affect the health of injured workers as well as the practices of doctors of chiropractic. With the elimination of doctors of chiropractic as primary treating physicians after the 24-visit cap, there has been an alarming increase in opioid use and surgery among injured workers.

The 24-visit cap was instituted for chiropractic care, physical therapy and occupational therapy for the duration of all claims originating on or after January 1, 2004. Under this cap, an injured worker is allowed 24

chiropractic visits, 24 physical therapy visits and 24 occupational therapy visits. The 24-visit limitation is not combined for all three types of visits.

Under the 24-visit cap, if an injured worker seeks to utilize non-invasive, non-pharmaceutical treatment options, they do not have access. However, pain medication and high cost surgery remain options. This situation is especially problematic for law enforcement and other emergency workers where pain medication would disqualify them from performing their usual and customary duties.

II. Workers' Compensation – Require Primary Care Physicians To Prescribe Conservative Care Prior To Opioids And Surgery – Sponsor

Issue: Documented increase in opioid use among injured workers with lack of access to conservative care modalities.

Solution: This proposal is a reintroduction of AB 2407 (2016, Chavez) and will ensure Primary Treating Physicians (PTP) follow the Medical Treatment Utilization Schedule (MTUS) and multiple other guidelines recommending conservative treatment before back surgery.

Background: The impact of the 2004 Workers' Compensation reforms continue to negatively affect the practices of doctors of chiropractic and the health of injured workers. With the elimination of doctors of chiropractic as primary treating physicians after the 24-visit cap, there has been an alarming increase in opioid use and surgery among injured workers.

III. Pre-Participation Athletic Sports Physicals - Sponsor

Issue: Doctors of chiropractic are becoming increasingly disallowed to provide pre-athletic sports physicals.

Solution: This proposal is a reintroduction of AB 1992 (2016, Jones) and seeks to add doctors of chiropractic and other qualified providers to Education Code §49458 in order for these providers to be allowed to perform pre-athletic sports physicals. In Education Code §49475(b), define and specify "licensed health care provider" to include all qualified providers, including doctors of chiropractic.

Background: Pre-athletic physicals are under the auspices of the CIF and the Community College League. CCA has worked for many years with CIF in an attempt to have the CIF suggested physical form include doctors of chiropractic within the signature/sign-off line. However, CIF states that they do not take an official position regarding chiropractors performing these examinations and leave that up to the local school district/board. Because the CIF recommended physical form only lists MD/DO, school liability insurance companies such as Schools Insurance Authority has taken the position that doctors of chiropractic are not allowed to perform these physicals.

IV. Managed Care - Eliminate/Regulate Managed Care Third Party Administrators – Co-Sponsor

Issue: Systemic problems within the managed care system regarding third party administrators (TPAs) that effect all provider groups.

Solution: The TPA coalition established in 2016 seek to continue their joint advocacy to redress unfair activities of all third party administrations. The coalition will be proffering three to five separate bills to more effectively address these fair reaching issues.