

April XX, 2025

The Honorable Kevin Cramer
U.S. Senate
313 Hart Senate Office Building
Washington, DC 20510

The Honorable Richard Blumenthal
U.S. Senate
503 Hart Senate Office Building
Washington, DC 20510

The Honorable Greg Steube
United States House of Representatives
2457 Rayburn House Office Building
Washington, DC 20515

The Honorable John Larson
United States House of Representatives
1501 Longworth House Office Building
Washington, DC 20515

Dear Senators Cramer and Blumenthal and Representatives Steube and Larson:

The undersigned medical professional organizations write to you in strong opposition to S. 106/H.R. 539, the “Chiropractic Medicare Coverage Modernization Act of 2025,” which would amend the Social Security Act’s definition of physician to extend Medicare coverage for services furnished by chiropractors beyond the manual manipulation of the spine.

This legislation would authorize chiropractors to use the title “physician” under the Medicare Part B program and be paid the same rate as allopathic (MD) and osteopathic (DO) physicians for manual manipulation of the spine as well as for any other medical services chiropractors are licensed to perform. By removing the current “manual manipulation” limitation in the Social Security Act, this bill opens the door for other services, which chiropractors have not been specifically trained to provide, and which could potentially put patient safety at risk, to be covered by Medicare.

Our organizations strongly support the team approach to patient care, with each member of the team playing a clearly defined role as determined by his or her education and training. However, a recent survey found that 27 percent of patients incorrectly identified chiropractors as medical doctors.¹ This legislation would exacerbate such patient confusion and prompt further misconceptions and false expectations regarding the care they receive.

While we greatly value the contribution of chiropractors to the physician-led care team, their training is not equivalent to the four years of medical school, three-to-seven-years of residency training, 200 hours of osteopathic manipulative medicine education and clinical experience (for DOs), and 12,000-16,000 hours of clinical training that is required of all physicians. In order to be recognized as a physician with an unlimited medical license, medical students’ education must prepare them to enter any field of graduate medical education and include content and clinical experiences from which they develop their clinical judgment and medical decision making skills directly managing patients in all aspects of medicine.² Conversely, chiropractic students must complete a minimum of 4,200 instructional hours of combined classroom, laboratory, and clinical patient care experience.³ According to the Federation of Chiropractic Licensing Boards, many state chiropractic licensing boards do not require a Bachelor’s degree.⁴ Moreover, while chiropractic students are required to complete supervised instruction in a patient care setting, they are not required to complete a

¹ Baseline & Associates conducted an internet survey of 802 adults on behalf of the AMA Scope of Practice Partnership, July 12-19, 2018. The overall margin of error is +/- 3.5 percent at the 95 percent confidence level.

² <https://www.ama-assn.org/system/files/scope-of-practice-physician-training.pdf>.

³ https://www.cce-usa.org/uploads/1/0/6/5/106500339/2021_cce_accreditation_standards_current.pdf.

⁴ https://fclb.org/files/publications/1639413264_bachelors-degree-requirements.pdf.

residency training program and do not undergo the level of subsequent training that MD and DO medical students receive. As such, chiropractors are not physicians.

Given their relatively limited education and training, chiropractors' scope of practice is appropriately restricted under Medicare to treatment by means of manual manipulation, i.e., by use of the hands. This limitation is aligned with chiropractic training and the treatments that chiropractors most often provide involving common musculoskeletal complaints such as back pain. However, as currently written, S. 106/H.R. 539 would authorize the Centers for Medicare & Medicaid Services (CMS) to cover any medical service a chiropractor could be licensed to perform. In a state with overly broad or permissive licensure regulations, S. 106/H.R. 539 would establish a pathway for coverage and payment for chiropractors providing medical services for which they may have very limited or no formal training.

Even the American Chiropractic Association (ACA) website states that, "At a minimum, if passed in its current form, the legislation would include evaluation and management (E&M) codes, therapy codes including but not limited to CMT [Chiropractic Manipulative Treatment], and certain diagnostic and X-ray codes." The ACA further claims that "chiropractors will be able to bill Medicare for the full scope of their services allowed by their state, provided they have completed documentation training in the form of a one-time webinar or similar process, as determined by CMS."⁵ Our organizations are concerned that permitting chiropractors to bill Medicare for the full and likely expanded scope of their license in a given state will lead to an unnecessary redistribution of scarce Medicare resources away from physician practices to nonphysician practitioners for services that they lack sufficient training and expertise to perform. Such expansion could increase overall Medicare costs and jeopardize the health and safety of Medicare patients.

We appreciate your consideration of our concerns about S. 106/H.R. 539 and would be happy to answer any questions.

Sincerely,

⁵ <https://www.acatoday.org/advocacy/medicare/>.