



ICA Concurrs with Presidential Commission and Calls for Increased NCCIH Research Funding

March 8, 2018 (Falls Church, VA) The President's Commission on Combating Drug Addiction and the Opioid Crisis [final report](#) was issued late in 2017 with very little fanfare. The primary goal of the President's Commission was to develop an effective set of recommendations for the President to combat the opioid crisis and drug addiction that results in an estimated 175 deaths a day in the United States. The massive report includes 56 recommendations including:

- The Commission recommends HHS, the Department of Labor (DOL), VA/DOD, FDA, and ONDCP work with stakeholders to develop model statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain. Patients need to understand the risks, benefits and alternatives to taking opioids. This is not the standard today.
- The Commission recommends that HHS coordinate the development of a national curriculum and standard of care for opioid prescribers. An updated set of guidelines for prescription pain medications should be established by an expert committee composed of various specialty practices to supplement the CDC guideline that are specifically targeted to primary care physicians.
- The Commission recommends federal agencies, including HHS (National Institutes of Health, CDC, CMS, FDA, and the Substance Abuse and Mental Health Services Administration), DOJ, the Department of Defense (DOD), the VA, and ONDCP, should engage in a comprehensive review of existing research programs and establish goals for pain management and addiction research (both prevention and treatment).

Dr. George Curry, President of the ICA stated, "ICA will continue our outreach to the Administration and Congress to assist in addressing this national crisis and restructuring the dialogue towards managing pain both acute and chronic with non-pharmacologic therapies such as chiropractic as a first line of care."

Beth Clay, Director of Government Relations stated, "While much of the report continues to focus on a drug-centric approach to treating pain and addiction recovery, there were at least two statements buried in the report in which increasing access to alternatives including chiropractic were noted. "

Page 8: *First, individuals with acute or chronic pain must have access to non-opioid pain management options.*

Page 57: Reimbursement for Non-Opioid Pain Treatments *A key contributor to the opioid epidemic has been the excess prescribing of opioids for common pain complaints and for postsurgical pain. Although in some conditions, behavioral programs, acupuncture, chiropractic, surgery, as well as FDA-approved multimodal pain strategies*

have been proven to reduce the use of opioids, while providing effective pain management, current CMS reimbursement policies, as well as health insurance providers and other payers, create barriers to the adoption of these strategies...A broader range of pain management and treatment services – including alternatives to opioids... should be adequately reimbursed by payers, including CMS.

Ms. Clay continued, “As the Administration goes forward, we have two major impediments to seeing chiropractic care advance as part of the solution to managing pain more effectively and more safely. The first is the continued drug-centric approach of medicine and the second is the lack of parity in the research funding for complementary and integrative therapies for pain management and addiction recovery. Policy makers require specific types of research to validate what ICA members see in their everyday practice – that chiropractic care works, that chiropractic care is safe, that chiropractic care can save money over all. With a budget that is just 0.0043 percent of the National Institutes of Health’s (NIH) overall budget, the National Center for Complementary and Integrative Health (NCCIH) cannot begin to fund the entire field of complementary and integrative therapies. Given the vast field of complementary and integrative health and the tremendous need, I believe the NCCIH should garner at least one percent of the NIH’s annual budget, which would bump it up from about \$130 million to about \$300 million.”

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