

## MINDING THE STORE *continued from page 3*

if they exist at all — are sometimes “stacked” with the “right” people that allow various political hangers on to pursue their private agendas for years on end. In too many of our organizations, most committees exist in name only. The officers (managers) we elect quickly learn that they can control the actions of hired staff personnel far easier than that of a working committee of their peers. The absence of working committees assures that decisions on policy will usually be made by various “old timers” and the executive officers of the organization. Many of these individuals have biases or conflicts in interest that prevent them from fairly representing the practitioners that sent them there. They stand in the way of younger practitioners seeking a chance to build a track record of service to the organization and profession.

We too often re-cycle former officers. In other words, they never go

away. This can become the kiss of death. It assures that the animosities and biases of these individuals never leave the organization's agenda. A vital organization moves “onward and upward.” It cannot stay the same, catering to the wishes of the same select few, year after year. Once an officer's term is up, s/he deserves recognition for a job well done (if true), a sincere thank you and a good-bye handshake. Time to move on. Likewise for association executive personnel, for attorneys, legislative consultants and administrators. These individuals — who are on our payroll — need to be given a clear agenda seeking reasonable goals along with a reasonable deadline. If they succeed, their contract is renewed. If not, we find a new horse. As it stands today, we often see association attorneys, lobbyists and administrators setting the agenda for the profession. One reason this occurs is the failure (or

absence) of honestly working committees to offer constructive recommendations and direction to the hired help. Like it or not, the personal goals of those we hire usually do not match our (chiropractic) goals. That's like saying our organization exists for them to serve. They've got it backwards.

Some employers, HMO's and carriers seek out elected leaders of chiropractic organizations or committees for service in various capacities. Like it or not, this causes a conflict in interest in that individual. Organization officers are mandated to reveal outside jobs/ income. But in some cases, it is impossible for rank and file members to have access to this list. For any of a number of reasons, those in power sometimes find one reason after another not to (fully) disclose such information. This naturally fuels more than a little skepticism from rank and file practitioners. In my

view, it is one strong reason for poor association membership.

It is time that we practitioners come to grips with the fact that our professional organizations represent practitioners. That means that our best representation will come from practitioners serving as officers, delegates and committee chairs/members. It is counter productive to see DC's in leadership positions who concurrently serve as HMO staff (or owners) or who serve as insurance company employees in various capacities — including those who do IME's for a living. These individuals, in spite of their abilities or record, are inherently conflicted. It's that simple. Of course, they will make strong arguments to the contrary. That means nothing. They are not one of “us.” They are conflicted. Whether conflicted by their egos or their sources of income, they are a cancer in our professional body that begs for appropriate treatment.

## CONGRESSIONAL INITIATIVES *continued from front page*

*seniors discover that Medicare only pays for the adjustment, too many make the painful decision not to seek chiropractic care because they simply cannot afford to pay for those key elements in the chiropractic care program. This bill will open the door for those millions of citizens.”*

Representative John Lewis, a longtime chiropractic advocate in the U.S. House, stated in a letter to his Congressional colleagues that:

*“The Medicare Improvement Act of 2001”, will add an important element of fairness and equity in the Medicare program for those patients whose healthcare needs can best be met through chiropractic services and whose health orientation and/or individual needs preclude the standard, expensive, invasive, drug-based and often high-risk traditional medical procedures. Medicare is not a public assistance program; it is an individually funded health program for which citizens pay all their working lives. Citizen needs and citizen choices deserve to be protected and expanded at every opportunity.*

*This legislation is designed to make chiropractic services accessible to more of our senior citizens, on an equitable and competitive basis. I believe that each of our citizens should have access to the health care services of their choice. This is particularly true in the area of chiropractic because of the highly cost-effective, drug-free, natural approach to health and healthcare that chiropractic care offers. There is no doubt that those Medicare beneficiaries who seek the care of a doctor of chiropractic would, if they did not have that option, be seeking standard medical care, often involving highly expensive specialists. Thus, rather than costing Medicare more, this bill will end up saving Medicare money.”*

“ICA supported the introduction of this piece of legislation because such a targeted list of services is the only way new benefits are likely to be added for the chiropractic Medicare patient,” said ICA President Dr. D.D. Humber. “Other legislative efforts that would have provided for full scope inclusion have, after a period of years, not been successful. ICA has been frankly advised by senior Members of Congress that only a targeted, specific list of new benefits has a chance of passing the current Congress. In the best interests of the profession, ICA has heeded this advice.” H.R. 2284 represents the elderly chiropractic patient's best hope for a major expansion of the list of chiropractic services Medicare will pay for.

The Lewis bill specifically provides for the following improvements in the current Medicare program:

A. It would change the current law by the inclusion of the following statement: **“Chiropractic services may only be furnished under this title by a doctor of chiropractic.”** At the present time, managed care plans have been allowed under Part C regulations to substitute “chiropractic like” procedures delivered by physia-

trists, DOs and other non-chiropractic providers to fulfill the obligation on Medicare's part to cover chiropractic care. This amendment to the current law would close this loophole and guarantee the honest provision of real chiropractic services. **No other proposal before this Congress would achieve this vital goal.**

B. It would require payment for **“Diagnostic x-ray tests.”**

C. It would provide for payment for **“Such other appropriate chiropractic examination procedures that the Secretary identifies by regulation.”**

D. It would require the Secretary of Health and Human Services to consult the chiropractic profession in a **“negoti-**

mental insurance. Medicare presently covers 39 million beneficiaries and administers the nation's largest health insurance program, at a cost of just under \$200 billion.

ICA has studied the legislative situation and conferred with a wide and diverse group of analysts and authorities, including Members of both Houses of Congress, and concluded that the approach taken in H.R. 2284 represents the best chance for new benefits under the Medicare program. “The post-tax-cut atmosphere in Congress has both parties looking more closely than ever at the costs associated with any new spending initiative,” said Dr. Humber. “We have been bluntly told that Congress

dreds of thousands of senior citizens who, for reasons of conscience, religion or their own health situation, cannot or choose not to take drugs. Chiropractic, because of its focus on the structures of the spine and nervous system and how they interact, offers one of the most valued elements in the quality of life of our senior citizens, help in maintaining mobility. As well, because chiropractic is a drugless science, it offers a choice that preserves clarity of mind.

ICA is asking all who are interested in fairness and equity in the Medicare program to write their Congressional Representatives and urge their support for H.R. 2284 as a co-sponsor of the bill.

**FEDERAL EMPLOYEES HEALTH BENEFITS:** HR 2087, the Federal Employees Access to Chiropractic Health Care Act of 2001, was introduced at ICA's request on June 4, 2001 by Vermont Representative Bernard Sanders. This important initiative will enhance the quality of care and increase competition in federal employees health benefits programs by insuring that beneficiaries in these programs have the right to access chiropractic care if they feel it best meets their health care needs. This patient choice bill represents an important step forward in insuring that federal employees have the widest possible range of health care choices. This bill also is intended to enhance competition in federal health care programs since chiropractic services are highly cost-effective, and represent a highly effective, drug-free, natural approach to health and healthcare that no other profession offers.

Beneficiaries of these programs who seek the care of a doctor of chiropractic would, if they did not have that option, be seeking standard medical care, often involving highly expensive specialists. Study after study has affirmed the cost effectiveness of chiropractic care. Thus, rather than costing more, this bill will end up saving the taxpayers money. This bill does not mandate new services, it allows the nine million beneficiaries of these plans to choose from a wider range of providers, including the proven, highly effective option of chiropractic care.

The International Chiropractors Association urges all in the chiropractic profession to contact their Members of the U.S. House of Representatives and urge them to contact Rep. Sanders and ask to be added to the co-sponsors list for HR 2087.

*Additional details of these important initiatives, along with model letters and informational materials are available via ICA's website at [www.chiropractic.org](http://www.chiropractic.org), or on request by calling ICA at 1-800-423-4690. You can also find your Congressional Representatives via ICA's website through the Congressional Action Center in ICA's Legislative Affairs section.*

**“ . . . get behind the prompt passage of H.R. 2284 . . . the window of realistic opportunity is very limited . . . Only a massive grass-roots campaign involving chiropractic practitioners, students and, most importantly, Medicare patients, will bring this bill to a successful conclusion.”**

— Dr. D.D. Humber, ICA President

**ated rulemaking process,”** before regulations outlining additional reimbursable chiropractic services are finalized, thus guaranteeing a voice in the final shape of the rules governing the proposed new benefits. This provision is a powerful protection against any prejudicial interpretation by the Secretary.

E. It would further establish the unique service of the “chiropractic adjustment by amending the law identifying those chiropractic services authorized for reimbursement to read, **“...chiropractic adjustment or manual manipulation of the spine to correct a subluxation.”** The current law only specifies “manual manipulation” which has widely been interpreted as a generic procedure which might be applied by a wide range of providers. Under the new proposal, only a DC can administer a chiropractic adjustment.

F. It provides for the establishment of a legal obligation to pay for examinations and x-rays for Medicare beneficiaries, opening up meaningful access to chiropractic services for more than 10 million senior citizens who, at the present time, are unable to pay for those necessary services out of pocket, and have no suppl-

ply will not pass an open-ended benefit expansion for chiropractic services based on state scope, both because of the cost and because Congress will not saddle HCFA with a chiropractic services program that is different in every state.”

The chiropractic profession is facing the traditional battle for scarce federal funds, a struggle massively complicated by the current debate over a Medicare prescription drug benefit. ICA is determined, however, to use this new drug spending issue to promote the expansion of a more cost-effective, natural care choice through chiropractic. “ICA is asking the entire chiropractic profession to get behind the prompt passage of H.R. 2284 because the window of realistic opportunity is very limited,” said Dr. Humber. “Only a massive grass-roots campaign involving chiropractic practitioners, students and, most importantly, Medicare patients, will bring this bill to a successful conclusion.”

In this Congress, when the nation is contemplating the investment of billions more in Medicare to fund a prescription drug benefit, ICA believes it is only fair and proper to make additional provisions for enhanced care for those hun-