



So...You Want a Cash Practice? Will National Health Care Reform Leave You That Option?

The Chiropractic Summit is working hard on a united front to secure to the greatest degree possible individual freedoms in any reformed national health care program. This includes both individual patient freedoms to select the providers and healthcare pathways of their choice, without hindrance, penalty or prohibition as well as your freedom to practice according to any model you choose. In this urgent effort, your help is essential.

National healthcare reform legislation is still alive and some major overhaul of the health care funding, delivery and administration mechanisms in the United States will very likely be enacted. Too many powerful forces have committed to change in this controversial realm. It is wishful thinking to hope that reform will simply go away or will not apply to you; and for us, to do so would be to abandon our responsibilities to the nation's doctors of chiropractic as well as the tens of millions of patients of all ages who rely on chiropractic for their healthcare.

Some Doctors of Chiropractic have strongly articulated their desire to have no part in the proposed reformed third-party coverage system, both private and public, if such a plan is enacted. The experience of many chiropractic practitioners under Medicare, due to limitations to care, audits and other restrictions and penalties perhaps provides an understandable basis for this attitude. We have heard from some of our chiropractic colleagues that they would rather rely on a cash-only practice model, and therefore, they will have nothing to do with the Summit's campaign to effectively represent chiropractic in this reform process. They think that since they will not be seeking to participate in a reformed third-party system, they do not need to be involved in the chiropractic lobbying effort. This attitude is misguided, dangerous and, regardless of

the good intentions of those who feel this way, may ultimately lead to the closing of the very route they hope to rely on to sustain their practices. Yes, we cannot tell you for sure that a cash option will even exist if comprehensive reform is enacted. This is an unfortunate but serious possibility and should not be taken lightly.

One deep and legitimate concern is whether there are provisions in the 1,000-plus page House bill, or in the yet to be completed Senate version, that would preclude, limit or penalize any citizen for privately purchasing any health care service or product with their own money outside of any health care plan established or governed under this legislation, or penalize any health care professional for providing it. In the current Medicare program, with a few very limited exceptions, severe limitations exist that prohibit providers from privately selling any covered product or service to any Medicare beneficiary outside the Medicare plan. To do so subjects the provider to a \$10,000 per incident fine plus other severe penalties.

To make sure individual rights are protected, the inclusion of specific language articulating that right must be included, perhaps as follows:

No beneficiary shall be prohibited, restricted or in any way penalized in relation to any plan established or covered under the act for the private purchase of any health care service or device they may wish to secure at their own expense, from any provider they may choose. Likewise, no provider shall be prohibited, restricted or in any way penalized in relation to any plan established or covered under the act for providing any health care service or device in a private purchase so initiated by any consumer.

This language has to do with expressing an absolute right to privately purchase (with no third-party coverage involved at all) any service from any provider, with no penalty or restriction on either party. With the growing concern over large co-pay levels and rationing because of limited budgets and provider shortages, this would present a major comfort level to providers and consumers alike because it enshrines in statute their right to privately buy anything they want, from anyone they want, with their own money. This is the citizen's last, best and most secure way to protect their personal health care freedoms, and it must be protected.

To help you understand what is at stake, we ask you to image these four scenarios:

#1: *Your current practice*...is a blended practice. While managed care has diminished your profitability in recent years, you still have the ability to generate and treat patients. You care for a wide variety of patients of all ages, from virtually every payer class: work comp, personal injury, managed care patients, Medicare, Medicaid, cash; and you can use and receive reimbursement for appropriate examination and

imaging procedures, spinal adjustments/manipulation, therapeutic modalities, exercise/rehab, nutrition, soft tissue therapy, etc. Basically, you can serve the patients' needs, applying the full range of skills and procedures within the full scope of your education, training, and licensure, according to the unique needs of each patient. For those services not covered by insurance, you can charge cash.

#2: *Cash practice.* In the current health care environment, you can still chose to restrict your practice to cash. You have plenty of patients, a waiting list appointment book, low stress, friendly well-paid staff, high profit margins, less paperwork, and time off. You wonder why anyone accepts insurance. In reality, most cash practices still accept varying percentages of third party pay reimbursement. There are actually very few purely cash practices. But if you wanted a purely cash practice, you could still do so.

#3: *National healthcare with chiropractic parity.* None of us can predict what the final healthcare landscape will look like and how it will affect your practice. Ideally, with the help of the entire chiropractic profession (including you) and the patients we serve, we gain parity and ability to be reimbursed for those services necessary to provide the highest quality of care for every patient. We have the potential to build stable and successful practices without the restraints of typical discriminatory payment policies imposed by many current managed care plans.

#4: *National healthcare without chiropractic parity.* Practice without the ability to opt out?

The opposite of scenario #3 is that national healthcare passes, but we remain marginalized as a profession with most services listed as non-covered, AND without the ability to charge cash.

You currently may think, "No problem, I'll simply just opt out". But what if no opt-out provisions exist and it actually becomes illegal for patients to pay cash, as it is in other national healthcare systems scattered around the globe? Currently, proposed health care bills have not articulated clear opt-out provisions and only one version of the legislation that has passed out of the three House committees has any such provision at all. While that may or may not change with amendments in the future, your viability to practice is at stake. Our profession cannot afford for you to sit on the sidelines and hope other DCs will secure the future. We need your involvement. If you are already involved, thank you. If you are not, please engage the process today.

Just imagine if we lose this battle and you cannot charge cash. What would your practice and your life look like without insurance patients, without PI patients, without work comp patients, without the therapeutic modalities, without rehabilitation, without the ability to recommend supplements, AND without the ability to take patients who wish

to forgo insurance? Such changes would certainly have a negative impact on your livelihood and ability to practice chiropractic. Are you prepared for worst-case scenarios such as this one to become reality?

Unless you **take effective action NOW** – the final bill to be enacted into law will likely fail to include the full range of safeguards and protections needed in order to ensure fair treatment of DCs and their patients by private insurance companies and government run insurance plans and **to safeguard your individual practice options.**

To protect chiropractic patients' rights as well as your own practice freedoms, we must GREATLY INTENSIFY the profession's grassroots lobbying efforts. Immediately go online to ACA's Legislative Action Center at www.CHIROVOICE.org or ICA's www.AdjusttheVote.org and send an E-MAIL MESSAGE to your Members of Congress in both the House and Senate. This process is simple, largely automated, and easy to do. Above all, **GET YOUR PATIENTS INVOLVED! LEGISLATORS CARE ABOUT WHAT THEIR CONSTITUENTS THINK AND OUR PATIENTS ARE OUR STRONGEST ASSET IN THIS PROCESS.**

The real question is, can you afford to remain on the sidelines with the thought, "I simply want to opt out and have a cash practice?" In our opinion, you cannot avoid this debate and you **MUST** get involved and work with your state and federal leadership. It's time to take a good look in the chiropractic mirror and repeat, "The future of my practice, and the future of chiropractic, depends on ME!"