

106TH CONGRESS  
1ST SESSION

# S. CON. RES. 32

Expressing the sense of Congress regarding the guaranteed coverage of chiropractic services under the Medicare+Choice program.

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IN THE SENATE OF THE UNITED STATES

MAY 17 (legislative day, MAY 14), 1999

Mr. CONRAD (for himself, Mr. HARKIN, Mr. GRASSLEY, and Mr. HATCH) submitted the following concurrent resolution; which was referred to the Committee on Finance

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## CONCURRENT RESOLUTION

Expressing the sense of Congress regarding the guaranteed coverage of chiropractic services under the Medicare+Choice program.

1       *Resolved by the Senate (the House of Representatives*  
2       *concurring), That*

3       **SECTION 1. SENSE OF CONGRESS REGARDING GUARAN-**  
4                       **TEED COVERAGE OF CHIROPRACTIC SERV-**  
5                       **ICES UNDER THE MEDICARE+CHOICE PRO-**  
6                       **GRAM.**

7       (a) FINDINGS.—Congress finds the following:

8               (1) In 1972, Congress included chiropractors in  
9       the medicare program under title XVIII of the So-

1       cial Security Act (42 U.S.C. 1395 et seq.) through  
2       the definition of the term “physician” under section  
3       1861(r) of such Act (42 U.S.C. 1395x(r)), which re-  
4       ferred to the “treatment by means of manual manip-  
5       ulation of the spine (to correct a subluxation)”. Con-  
6       gress crafted this language to identify a specific  
7       chiropractic service using terminology that was  
8       unique to the chiropractic profession at that time.  
9       Such language shows that Congress was aware that  
10      patients required direct access to chiropractic care in  
11      order to provide this benefit under the medicare pro-  
12      gram.

13           (2) The traditional fee-for-service medicare pro-  
14      gram gave beneficiaries direct access to doctors of  
15      chiropractic for treatment by means of manual ma-  
16      nipulation of the spine to correct a subluxation. The  
17      sole limitation, shared by all entities and health care  
18      providers under the medicare program, is the limita-  
19      tion outlined in section 1862(a)(1) of the Social Se-  
20      curity Act (42 U.S.C. 1395y(a)(1)), which requires  
21      that items and services provided to medicare bene-  
22      ficiaries be reasonable and necessary in order for  
23      payment to be made for such items and services.

24           (3) Treatment by means of manual manipula-  
25      tion of the spine to correct a subluxation is uniquely

1 chiropractic. Doctors of chiropractic are the only  
2 health care providers educated and trained to per-  
3 form such a treatment.

4 (4) In 1982, Congress established provisions for  
5 making payments to health maintenance organiza-  
6 tions and competitive medical plans under section  
7 1876 of the Social Security Act (42 U.S.C.  
8 1395mm). Such provisions directed all eligible orga-  
9 nizations with contracts under the section to provide  
10 all benefits under part B of the medicare program  
11 to medicare beneficiaries enrolled with the organiza-  
12 tion. In promulgating regulations to carry out the  
13 section, the Health Care Financing Administration  
14 created a regulatory authority for eligible organiza-  
15 tions with contracts under such section to specify  
16 which health care provider would furnish medicare  
17 benefits to an individual under the plan offered by  
18 the organization.

19 (5) In 1990, Congress directed the Health Care  
20 Financing Administration to study the extent to  
21 which eligible organizations under section 1876 of  
22 the Social Security Act (42 U.S.C. 1395mm) made  
23 chiropractic services available to medicare bene-  
24 ficiaries enrolled in a plan offered by the organiza-  
25 tion. Based on the findings of this study, the Sec-

1       retary of Health and Human Services was required  
 2       to make specific legislative and regulatory rec-  
 3       ommendations necessary to ensure access of medi-  
 4       care beneficiaries to chiropractic services. This study  
 5       and subsequent recommendations have not been  
 6       forthcoming.

7           (6) Historically, medicare beneficiaries that are  
 8       chiropractic patients have encountered nearly total  
 9       exclusion from chiropractic services once they enter  
 10      into a plan offered by an eligible organization under  
 11      section 1876 of the Social Security Act (42 U.S.C.  
 12      1395mm).

13          (7) The Balanced Budget Act of 1997 insti-  
 14      tuted part C of the medicare program under title  
 15      XVIII of the Social Security Act (42 U.S.C. 1395w-  
 16      21 et seq.), and section 1852(a)(1) of such Act (42  
 17      U.S.C. 1395w-22(a)(1)) required each  
 18      Medicare+Choice plan to “provide those items and  
 19      services . . . for which benefits are available under  
 20      parts A and B”.

21          (8) As a covered service under part B of the  
 22      medicare program, chiropractic care, which includes  
 23      treatment by means of manual manipulation of the  
 24      spine to correct a subluxation as performed by a

1 doctor of chiropractic, is a covered service under  
2 part C of the medicare program.

3 (b) SENSE OF CONGRESS.—It is the sense of Con-  
4 gress that—

5 (1) treatment by means of manual manipulation  
6 of the spine to correct a subluxation is a uniquely  
7 chiropractic service that Congress recognized in  
8 1972 as a benefit under the medicare program  
9 under part B of title XVIII of the Social Security  
10 Act (42 U.S.C. 1395j et seq.);

11 (2) it is the unequivocal intent of Congress to  
12 ensure that every individual enrolled in a  
13 Medicare+Choice plan under part C of title XVIII  
14 of the Social Security Act (42 U.S.C. 1395w–21 et  
15 seq.) has access to all covered services under part B  
16 of the medicare program; and

17 (3) as a covered service under part B of the  
18 medicare program, treatment by means of manual  
19 manipulation of the spine to correct a subluxation  
20 provided by a doctor of chiropractic is a covered  
21 service for individuals enrolled in a  
22 Medicare+Choice plan under part C of the medicare  
23 program.

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