

**Mission Bay, California**  
**May 4, 2019**

**RESOLUTION #2-19A**

*Submitted for Consideration by FCLB Board of Directors*

*Action Steps to Combat the Opioid Prescription Drug Epidemic for NMS Pain Management*

Whereas, the United States Department of Health and Human Services, Centers for Disease Control and Prevention CDC Guideline for Prescribing Opioids for Chronic Pain, United States 2016 states: “non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate”;

Whereas, the American College of Physicians, April 2017, Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of

Physicians states: “[for patients with acute or sub acute low back pain] clinicians and patients should select non-pharmacologic treatment with superficial heat, massage, acupuncture, or spinal manipulation; [and] for patients with chronic low back pain, clinicians and patients should initially select non-pharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction, tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation”;

Whereas, The Joint Commission for Accreditation and Certification of Healthcare Organizations & Programs, January 2015, Revision to Pain Management Standard (PC.01.02.07) states: “The identification and management of pain is an important component of patient-centered care. Patients can expect that their health care providers will involve them in their assessment and management of pain. Both pharmacologic and non-pharmacologic strategies have a role in the management of pain. The following examples are not exhaustive, but strategies may include the following non-pharmacologic strategies: physical modalities (for example, acupuncture therapy, chiropractic therapy, osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy, and cognitive behavioral therapy”;

Whereas, the State of Rhode Island amended their insurance laws Coverage for the treatment of mental health and substance use disorders (Ch.27-38.2), in January 2017, to require: “a group health plan and an individual or group health insurance plan shall provide coverage for the treatment of mental health and substance-use disorders under the same terms and conditions as that coverage is provided for other illnesses and disease; [and that] coverage shall not impose non-quantitative treatment limitations for the treatment of mental health and substance-use disorders; [and] patients with substance use disorders shall have access to evidence-based non-opioid treatment for pain, therefore coverage shall apply to medically necessary chiropractic care, and osteopathic manipulative treatment”; and

Whereas, the American Public Health Association, November 2015, Prevention and Intervention Strategies to Decrease Misuse of Prescription Pain Medication (policy #20154) includes the following evidence-based strategies and recommended corrective actions:

- Prioritize and implement provider training programs on non-pharmacological pain treatment alternatives, substance abuse, and overdose prevention for license renewal education;
- Health providers becoming more knowledgeable about identifying and treating pain with alternative modalities, such as physical medicine & acupuncture, and to coordinate pain management with complementary and integrative care providers;
- Promote state legislation requiring individuals to undergo physical and mental examinations before they are prescribed controlled pain medications;

Now therefore be it -

Resolved, that the Federation of Chiropractic Licensing Boards (FCLB) supports the following strategies for our member boards' consideration to help curb the current public health epidemic relating to the overprescribing and misuse of pain medication:

- (1) Approving continuing education credit courses for chiropractic license renewal on pain-management, substance abuse awareness, and drug-free health counseling;
- (2) Updating its state's chiropractic standards to facilitate better interdisciplinary cooperation by codifying the primary health care services performed by chiropractors which in addition to the examining, diagnosing and treating of patients, also includes managing, coordinating, referring and delegating patient care functions within scope of practice; and
- (3) Advocating the development of state guidelines and/or standards that recommend or even require that patients with non-carcinogenic neuromusculoskeletal pain undergo an assessment, by a licensed health practitioner skilled in neuromusculoskeletal conditions and the therapeutic application of manual services, prior to their having extended any treatment program that relies on pharmaceutical pain management through the use of controlled (addictive) medications.

*Adopted by the delegate body  
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