

Legislative Agenda 2025–2026



The MAC stands ready to assist lawmakers in promoting legislation that will benefit the health of our citizens and ensure effective, low-cost health care options are available and accessible. Studies show that chiropractors provide the lowest-cost care for spinal and other musculoskeletal conditions. Chiropractic lowers overall healthcare expenditures by reducing downstream costs (fewer surgeries, ER visits, hospitalizations, etc.) and easing the societal burden by lowering the number of prescriptions for opioids and other dangerous, potentially addictive drugs.

Lowering barriers to conservative care, such as chiropractic, can lower overall healthcare expenditures. **Our legislative agenda includes:**

Co-Pay Reform: Burdensome Co-Pays Discourage Conservative Care

- Many patients face co-pays that are as high as – or even exceed – the amount their provider is reimbursed for the service.
- When co-pays are so high that the cost is almost entirely shifted to the patient, insurers create a “phantom benefit” that patients cannot meaningfully access.
- This forces patients to forgo conservative, lower-cost care for higher-cost, more radical interventions that seem like a “better buy” because insurance covers more of the cost, ultimately driving up system-wide expenses.
- Insurers sell policies without assuming risk, misleading patients into believing they have meaningful coverage. In any other industry, this would be considered fraud.
- We believe that if an insurer does not cover at least half the reimbursement of a service, they should not be allowed to claim it as a covered benefit.

Limits on “Takebacks” in Commercial Insurance and Medicaid

- Healthcare providers have strict, timely billing limits, yet insurers face no such limits on retroactively re-adjudicating claims.
- As a result, insurers claw back payments – often years later and with little or unclear rationale.
- Health insurers set the policies, define payment terms, and adjudicate claims. They should be held to similar time limits as the providers.
- We support reasonable time limits on claim re-adjudication and recoupment, except in cases of fraud.

Issues in Michigan’s Medicaid System

- **Low Fees Jeopardize Access:** Practice cost inflation rose 19.8% from 2015 to 2024 (and is expected to rise another 3.5% in 2025). Over that same period, Medicaid fees for chiropractic CPT® codes only rose between 7.3 and 10.4%.
 - With costs far outpacing reimbursement, providers are forced to limit or stop seeing Medicaid patients, reducing access to care for beneficiaries.
- **Non-Payment of Services in Chiropractic Scope:** Michigan Medicaid does not pay chiropractors for all services allowed under state scope, including Evaluation & Management and non-drug, pain management services that help combat the opioid epidemic.
 - Allowing coverage to a chiropractor for these services would not expand Medicaid, as the same services are already covered when performed by other provider types, such as MDs, DOs, and PTs.
 - This reform would remove unnecessary barriers to care, give patients more choice, and ensure they can access the same covered services from chiropractors as they can from other providers.