

THE MISSOURI CHIROPRACTOR

IN THIS ISSUE

REFLECTIONS ON THE MCPA ANNUAL CONFERENCE

CHIROPRACTORS MEDICARE PARTICIPATION

CHIROPRACTIC HEALTH MONTH IN MISSOURI

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Missouri Chiropractic Physicians Association

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UPCOMING EVENTS

10/25/25	11/21/25 - 11/23/25	12/5/25 - 12/7/25
MCPA Q3 Board of Directors Meeting Jefferson City, MO	District 1 Seminar Chesterfield, MO	District 2 Seminar Kansas City, MO
1/16/26 - 1/17/26	1/23/26 - 1/25/26	1/31/26
District 5 Seminar Springfield, MO	District 1 Seminar St. Charles, MO	MCPA Q1 Board of Directors Meeting Jefferson City, MO
2/20/26 - 2/22/26	4/25/26	8/6/26 - 8/8/26
District 2 Seminar Kansas City, MO	MCPA Q2 Board of Directors Meeting Jefferson City, MO	MCPA Annual Conference Branson, MO
8/7/26	8/8/26	10/24/26
MCPA Annual Membership Meeting Branson, MO	MCPA Q3 Board of Directors Meeting Branson, MO	MCPA Q4 Board of Directors Meeting Jefferson City, MO

MCPA PRESIDENT'S REPORT

Dear Colleagues,

I want to begin with a heartfelt thank you to all our members. Your commitment to advancing chiropractic in Missouri makes everything we do possible. Together, we are building a stronger profession that not only supports our patients, but also ensures our voice is heard at the state and national levels.

Our summer convention was a tremendous success. Attendance was strong, engagement was high, and the energy in the room reminded me of the passion that drives our association forward. These gatherings are not just about continuing education—they are about strengthening the bonds that unite us as colleagues and friends.

Membership growth continues to be one of our top priorities. We are working hard to expand our presence and visibility, particularly with the next generation of chiropractors at Logan University and Cleveland University. To encourage student participation, we've introduced an exciting initiative, students who sign up for MCPA membership will be entered into a raffle for a \$500 scholarship. This is one way we can invest directly in the future of our profession while helping students feel connected and supported early in their careers.

On the legislative front, your association has been actively engaged in supporting lawmakers who understand and champion chiropractic. We've been present at events for leaders such as Representatives Wendy Hausman and Dave Hinman, and Senator Nick Schroer. Representative Hausman is carrying the equal pay for equal service bill 2706 in the House and Senator Schroer is carrying it in the Senate. Their willingness to listen to our concerns and advocate for chiropractic care is critical as we continue to protect and advance patient access in Missouri.

Thank you again for being a part of MCPA. Your involvement, whether through attending conventions, mentoring students, or supporting our legislative efforts, makes a real difference. Together, we are shaping the future of chiropractic in Missouri.

With Gratitude,

Mike Munro, DC
MCPA President



MCPA EXECUTIVE DIRECTOR'S REPORT

Celebrating Success: Reflections on the MCPA Annual Conference

As the dust settles on another remarkable Annual Conference, the Missouri Chiropractic Physicians Association (MCPA) proudly reflects on a truly successful event that has once again set the standard for chiropractic education and professional development.

This year's conference brought together many passionate practitioners, educators, and industry leaders from across the state — all united by a shared commitment to advancing the art and science of chiropractic care. The energy and enthusiasm throughout the event were palpable, fueled by a robust lineup of keynote speakers, interactive workshops, and innovative breakout sessions designed to equip attendees with the latest knowledge and skills. ►

At the heart of the conference's success was its rich educational content. Attendees had exclusive access to expert-led seminars on emerging techniques, evidence-based research, patient management strategies, and practice growth tactics. Whether you were a seasoned chiropractor or a newcomer to the field, the diverse curriculum provided valuable insights tailored to meet practitioners at every stage of their careers.

The MCPA's commitment to lifelong learning was evident through the integration of hands-on workshops, case study discussions, and forums that encouraged active participation and real-world application. The opportunities to network and collaborate with peers further enriched the learning experience, fostering a vibrant professional community dedicated to excellence.

One of the most memorable aspects of this year's conference was the incredible opportunity to connect and unwind at the stunning Margaritaville Lake Resort. Nestled on the shores of the Lake of the Ozarks, the resort provided the perfect backdrop for meaningful conversations and relationship-building beyond the classroom.

From casual meetups by the pool to lively social events in the resort's vibrant atmosphere, attendees enjoyed ample chances to strengthen professional bonds and create lasting friendships. The fun-filled evenings, complete with picturesque views, reminded us all that professional development also thrives in a relaxed and joyful setting.

The combination of top-tier education and a welcoming environment made this year's MCPA Annual Conference not only a learning milestone but also a celebration of community spirit and camaraderie.

While the annual conference remains the flagship event, the MCPA's dedication to education extends well beyond these few days. Members benefit from an extensive range of continuing education resources throughout the year through our regional seminars. These offerings are designed to support chiropractors in staying current with the latest clinical advancements, regulatory updates, and best practice models — designed to be accessible for chiropractors in every corner of Missouri.

Moreover, the MCPA actively advocates for high standards in chiropractic education and professional practice, ensuring that members receive not only quality content but also opportunities for career advancement and professional recognition.

As we celebrate the success of this year's conference, we are already laying the groundwork for next year's event — promising even greater opportunities to learn, connect, and grow. We invite all members to stay engaged, participate in upcoming educational activities, and take full advantage of the resources available to enhance your practice and patient care.

We look forward to seeing you on August 6th – 8th, 2026 at the Chateau on the Lake in Branson.

Thank you for being part of a community that champions excellence, innovation, and the continual pursuit of knowledge. Together, we are shaping the future of chiropractic care.

In Service, ◀



A handwritten signature in black ink that reads "Derek S. Leffert".

Derek S. Leffert
MCPA Executive Director

One minute could change your entire year: (And stop us from having to write one more message like this.) We're helping good docs keep great care affordable, and compliant. Scan the code. We built a smarter way. Legal. Profitable. Patient-friendly. Not insurance. Not gimmicks. Just a solid, compliant strategy that's already helping thousands of practices like yours. And if you're still reading, maybe you're starting to wonder if we're onto something... and risk. You're running a practice, not a circus. Patients come in. You serve. You bill. You hope it all holds up. But somewhere between compliance confusion and write-off fatigue, you've started bleeding revenue. You're losing money. You are losing patients. And whether you know it or not, you're dancing dangerously close to compliance violations. Fine. Let's try this again.



Shaping the Future of Chiropractic – One Student at a Time

Each year, ChiroHealthUSA proudly awards the Foxworth Family Scholarship to a chiropractic student who embodies the values of service, dedication, and a vision for advancing patient care. This year, we are thrilled to honor Dorian Achaval as the 2025 recipient.

The Foxworth Family Scholarship, established in honor of Dr. Ray Foxworth's parents, Dr. Betty Pace Mathews and Dr. Charles Vernon Mathews, provides \$10,000 to a deserving chiropractic student, \$5,000 for personal expenses, and an additional \$10,000 to the recipient's chiropractic college. More than just financial support, the scholarship represents an investment in the future of chiropractic care and the communities these students will serve.

For Dorian, receiving the scholarship is both a personal milestone and a professional springboard. "To me, this scholarship means an opportunity to make a lasting change in the field of chiropractic as well as for my future patients," he shares. "Student loans are brutal, and now I can sleep with greater peace of mind knowing that they are becoming much more manageable. It also means I can dedicate more resources to learning new skills outside of school."

A Passion for Integrative Care

Currently a chiropractic student at Southern California University of Health Sciences (SCUHS), entering clinic full-time, Dorian is eager to immerse himself in hands-on learning experiences. He is especially excited about unique clinical rotations, including opportunities with the VA and the University of California education system, where he can refine his skills and deepen his understanding of physical medicine and rehabilitation.

But Dorian's aspirations go far beyond the classroom. Upon graduating, he plans to return to Las Vegas with his wife and young son to join his father, also a chiropractor, in practice. Together, they envision building a multidisciplinary clinic that unites chiropractors, nutritionists, strength and conditioning coaches, massage therapists, and pelvic floor specialists working collaboratively under one roof to help patients achieve optimal health.

"Our philosophy will be simple," Dorian explains. "We want to make patients stronger, healthier, and more capable than they were when they walked in."

A Commitment to Education and Growth

Dorian's journey in chiropractic has been shaped by remarkable mentors who have guided his clinical identity. Inspired by their example, he hopes to give back by becoming involved in clinical education and research, helping future students gain the same opportunities he has been afforded.

His drive to grow as both a professional and an individual extends beyond chiropractic. An avid martial artist, Dorian is also cultivating interests in classical literature, fantasy, and music—most recently learning to play the cello. These pursuits, he believes, not only enrich his life but also help him become a more compassionate and well-rounded provider.

Looking Ahead

This year marked another step in Dorian's journey, as he attended the FCA National Convention ►

in Orlando in August to be recognized for his achievements. More importantly, it's a moment to celebrate the potential of chiropractic students like him—future doctors committed to elevating patient care and strengthening the profession.

"It's inspiring to see students like Dorian carrying forward a legacy of giving and service," said Dr. Ray Foxworth, president of ChiroHealthUSA. "Supporting their dreams is a way to ensure the future of chiropractic remains strong."

Kristi Hudson is a certified professional compliance officer (CPCO) and VP of Business Relationships for ChiroHealthUSA, where she has helped educate DCs and CAs on establishing simple and compliant financial policies. She also serves as the Chair of the Chiropractic Future Strategic Plan. You can contact Kristi at Kristi@chirohealthusa.com, or you can visit ChiroHealthUSA. ◀

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Membership Level is based on year first licensed in Missouri

- ☐ Regular
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☐ Third Year
☐ Second Year
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Tax Deductibility: Visit www.mcpachiro.org/mcpa-member-dues-tax-information for current and past year deductible rates.

MCPA Membership Year: January 1 - December 31	Annual	Semi- Annual	Quarterly	Monthly Recurring
Regular	\$550	\$282	\$142	\$50
Fourth Year	\$419	\$217	\$110	\$39
Third Year	\$288	\$150	\$76	\$28
Second Year	\$157	\$85	\$43	\$17
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65+	\$288	\$150	\$76	\$28
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Associate (Non DC)	\$288	\$150	\$76	\$28

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MCPA LEGISLATIVE UPDATE

Hard to believe that the 2026 Legislative Session is right around the corner. Bill pre-filing begins December 1st, and the legislature will convene on Wednesday, January 7th. MCPA's executive and legislative committees are working diligently to identify legislative priorities—our main focus is first and foremost to protect the profession as a whole and ensure patient access to care.

MCPA will again initiate the "Patients First Act" legislation which seeks to codify section 2706 into Missouri Law. Section 2706 is a federal law that prohibits insurance companies from discrimination against providers when it comes to inclusion in a plan and reimbursement for same services based on license type. Over the past 2 years, we have worked to build an informal coalition of provider groups and other stakeholders in support of this legislation, and each year, we have made strides advancing this legislation through the process.

The General Assembly convened in mid-September for the second extraordinary special session of the year, and the annual veto session. Even with over \$2 billion in appropriations vote's, there were no overrides attempted.

The second special session was convened after President Trump used strong-arm tactics and threatened funding cuts, forcing the Missouri Legislature to return specifically to gerrymander the congressional district maps. Although the map sent from Washington, D.C. ultimately passed, an immediate court challenge was filed.

I'm an eternal optimist, but the Senate Minority Leader has vowed to block all legislation next session in response to procedural tactics—rarely used in the Senate—that were repeatedly employed this year to cut off debate and force votes on abortion, Prop A revisions, redistricting maps and initiative petition reform. I don't think anyone can predict what actually will play out, we will have to wait and see.

I am honored to represent MCPA, and I look forward to continuing to work with all of you. Remember, together we can and will make a difference! ◀

Lynne M. Schlosser
Lobbyist



WHEN IT COMES TO MEDICARE CHIROPRACTORS ARE UNIQUE

Gerald F. McGonagle

Unlike Other Healthcare Providers, Chiropractors Can't Opt Out of Medicare, But...

Chiropractors Do Have Options

Perhaps you knew that chiropractors can't "opt out" of Medicare, but did you also know they don't have to "participate" or even "enroll" in Medicare. Medicare jargon can be confusing and is certainly counter-intuitive. The Medicare choices that must be made by a chiropractor are often bewildering and the consequences of those choices on practice income can be unpredictably perplexing. Even for the those providers steeped in Medicare law and lore, and especially for most chiropractors who are primarily focused on treating patients, a review of Medicare requirements can be helpfully refreshing and perhaps downright instructive. This brief article is intended to do just that; refresh our memories, clear up a few enduring misconceptions and review some of the reimbursement options and consequences. ▶

Chiropractors Do Not Have to Enroll

Let's start with the basics. Chiropractors are included within the definition of "physician" under the Medicare statute, as provided in Section 1861(s) of the Social Security Act (the "Act"). However, the nature of services for which a chiropractor is considered to be a physician and for which there is a covered benefit is restricted to chiropractic manipulative therapy to the spine ("CMT") provided to correct a subluxation. Frequently, chiropractors, in order to meet a patient's needs and the standard of care, are required to provide their patients a number of professional services that are not covered benefits when performed by a chiropractor. These services may include examinations, x-rays and physical therapy. This lack of equality in reimbursement under Medicare may not sit well with some chiropractors, but they do have some alternatives.

Chiropractors, like medical doctors and other health care providers, can simply choose never to enroll in Medicare (or to dis-enroll). This is not the same as "opting out" of Medicare. It's a determination to have nothing to do with Medicare and any Medicare eligible patient.

If a chiropractor chooses not to enroll, he has freed himself of all Medicare rules and requirements except one; he can't treat any person for any condition that is a covered service under Medicare.

Chiropractors Can Not "opt out"

Medical doctors - but not chiropractors - may also "opt out" of Medicare. Providers, such as medical doctors, who are allowed to "opt out" and choose to do so, can treat Medicare eligible patients and charge "private rates," but neither the "opt out" provider nor the patient will be reimbursed for the service. Private rates are whatever the patient and doctor agree to for the service rendered, irrespective of the reimbursement rate set by Medicare, and no claims need, or can, be submitted to Medicare. Also, as provided under 42 CFR Section 405.405, a provider who "opts out" cannot get back into Medicare for two years. There are still some federal requirements that have to be followed, but opting out is basically choosing to give up Medicare reimbursement in exchange for the right to charge patients your "private rates." In any event, as we said, the ability to "opt out" is a right available for medical doctors, not for doctors of chiropractic.



Medicare Participation

Enrolled providers (those who have either not opted out or who cannot opt out), including chiropractors, do have the choice to either "participate" or be "non-participating" with respect to assignment of reimbursement for Medicare claims. Medicare rules provide that upon submission of the CMS 1500, payment may be made either to the beneficiary or directly to the provider pursuant to an assignment agreement with Medicare. When a provider agrees to "participate" in the Medicare program, the provider is agreeing to accept assignment. Under an assignment agreement, the beneficiary, as provided under Section 1842(b)(3)(B) of the Act, transfers to the provider the beneficiary's right to Medicare benefits for the services received, and the provider accepts the Medicare approved charge for the items or services provided. Thus the beneficiary/assignee's bill for the services is paid in full when the approved charge is paid, and the coinsurance and deductible are collected from the patient.

Non-participating providers are those who have elected not to accept assignment and have not signed a participation agreement with Medicare. Non-participating providers collect payment directly from the Medicare beneficiary, but are nonetheless limited in the amount that they can charge for Medicare covered services.

Payment for Medicare covered-services is based on the Medicare Physicians' Fee Schedule, not the amount a provider chooses to bill for the service. Participating providers receive 100% of the Medicare Allowed Amount ▶

directly from Medicare. In contrast, non-participating providers are permitted to bill the beneficiary up to the limiting charge amount, which is 115% of the Allowed Amount for participating providers, who are paid 95% of the participating provider fee schedule amount. For example, if the Medicare physician fee schedule amount is \$100, then a non-participating chiropractor could collect \$109.25 in total for the service ($\$95 \times 115\% = \109.25).

Somewhat counterintuitive is the fact that "non-par providers" may still choose to accept assignment on a patient-by-patient or claim-by-claim basis. However, all such claims will be subject to the five percent reduction of the participating provider fee schedule amount.

Therefore, a non-par provider may: 1) accept assignment on a case-by-case basis, in which case the provider must accept the 80% of fee schedule amount as payment and collect co-pays from the beneficiary; or 2) not accept assignment with regard to any beneficiary or any procedure provided on a given day, and require the Medicare beneficiary to pay for the covered service up front, in which case the provider will be subject to the limiting charge amount for your services. The provider may not fragment bills by accepting assignment for some services and requesting payment from the beneficiary for other services performed for that same beneficiary at the same place on the same occasion. CMS Pub. 100-04, Medicare Claims Processing Manual, Ch. 1, § 30.2.2.

A non-par provider also needs to clearly indicate to all Medicare beneficiaries the provider's status in the Program so that the beneficiary may make a choice as to whether to accept the services and pay for them up front or seek the services from a provider that accepts assignment. A written form of notification of the provider's non-par and nonassignment status along with the office payment policy should be given to each patient and maintained in the patient file.

Remember, all Medicare covered services must be billed by the provider to Medicare using the CMS 1500, regardless of whether the provider is "participating" or "nonparticipating" in the program.

Covered Services May Not Be Reimbursable

Medicare coverage of chiropractic services is, as we noted, specifically limited to manual manipulation of the spine when medically necessary to correct a subluxation of the spine. All other services rendered or ordered by a chiropractor are not covered by Medicare. To further ensure program integrity and contain costs, Congress has legislated a number of statutory exclusions from services otherwise covered. Most relevant to chiropractors, Medicare, under Section 1862(a)(1) of the Act, excludes from reimbursement a number of covered services that might otherwise be reimbursable, including services not "reasonable and necessary for the diagnosis or treatment of illness or injury," but are primarily palliative and supportive. In short, chiropractic treatment is not considered to be medically necessary - and thus not reimbursable under Medicare - when further clinical improvement cannot reasonably be expected from continuous ongoing care. It may be some comfort to note that these cost control reimbursement limitations affect other health care providers. This Section also lists approximately 25 other categories of care or situations which are not reimbursable and for which no payment will be made for otherwise covered services including personal comfort items, routine physicals, cosmetic surgeries and injuries sustained in war.

Surprisingly, Chiropractors Must Bill for Covered, But Non-Reimbursable Services

Creating, perhaps, another trap for the unschooled chiropractor, Medicare requires that providers give their patients an Advance Beneficiary Notice ("ABN") in a form mandated by CMS (CMS-R-131) when a provider has reason to believe that CMS is "likely to deny payment" on the basis of the exclusion for medical necessity.

Failure to give a correctly completed ABN to your patient, under most circumstances, will prohibit your Practice from collecting for the service from the patient if Medicare denies the claim; if the claim was collected directly from the patient (where the provider is nonparticipating) the provider is obligated to refund the amount collected to the patient. The purpose of the ABN is to inform the Medicare beneficiary, before the patient receives the service that otherwise might be paid for by Medicare, that on this particular occasion Medicare will probably not pay for this service. The patient is then alerted that they can choose not to get the service or that if they do and payment is denied "they will be personally and fully responsible for payment to the provider."

The form of ABN to be provided the patient has been prepared by CMS and is available on its website. This form is mandatory and may not be altered. The ABN provides for three options. If the patient chooses option 1, the patient receives the service and the provider must submit the claim to the carrier the patient then retains the right to ►

appeal a denial of reimbursement and has a record to present to secondary insurance. Under option 2 the patient receives the service, but instructs the provider not to submit a claim and under option 3 the patient simply chooses not to receive the service. The provider in completing the CMS 1500 is required to use the GA modifier in box 24d. The GA modifier indicates that an ABN was given to the patient and that the provider expects that Medicare will not pay the claim based on the service not being "reasonable or necessary." The AT modifier is used to indicate "acute care" for services that are intended to be reimbursable under Medicare.

A Few ABN Admonitions

The use of ABNs also comes with some perils and confusion. A few basic guidelines and cautions are worth noting, even in this summary article, and help to give a sense of the intent and purpose of the ABN.

1. The ABN provides a box where the reason for predicting the denial is required to be set out in some detail. According to CMS, simply stating "medically unnecessary" is inadequate. It may be appropriate to indicate after a patient is stabilized or reached the maximum point of recovery that care to be provided is palliative for a condition that cannot be further improved or the care is intended to stabilize and maintain a patient who has a chronic condition.
2. The ABN should not be given to all patients on a routine basis, but should only be completed when the provider believes that medical necessity may not be present.
3. ABNs cannot be signed in blank. They must be completed before being given to the patient for signature.
4. The ABN should be hand delivered to the patient. The patient should be given a copy and the provider should retain the original.
5. The ABN should be completed and delivered before a procedure is initiated.
6. Providers may obtain an ABN each time a patient presents for a treatment, which may be determined not to be medically necessary. However, CMS will allow a single ABN covering an extended course of treatment, provided it identifies all items of services for which the Provider believes that Medicare will not pay. The extended course of care that is described in the ABN should have a reasonable term that relates to the next scheduled reevaluation. If care is still indicated after the reevaluation, but such care would still be determined not to be medically necessary, a new ABN for the next period of treatment could then be completed.
7. The ABN is not required for services which may be a Medicare benefit, but for which coverage requirements are not met. For services, which a chiropractor might render, this would include things such as x-rays, examinations, or physical therapy. For a surgeon, it might be cosmetic surgery. CMS does require that in these circumstances some sort of notice be given to the beneficiaries advising them that Medicare will not pay for the services that are being provided. CMS provides a form that may be used as a guide.

Thus, if the service may or has been determined to be excluded because it is not medically necessary, an ABN and CMS 1500 still need to be completed. If the service is covered by Medicare, but is otherwise excluded by statute, no ABN and no bill are necessary.

Billing for Non-Covered Services

In short, chiropractors may not bill Medicare for non-covered services, but, provided the patient has been informed that the service is not covered and still requests the service, the patient can be billed directly and will be personally responsible. Moreover, when a provider bills for a service that is not covered under Medicare (such as x-rays), the provider is not constrained by the Medicare limiting charge or physician fee schedule when charging a beneficiary directly for the non-covered service.

A provider, billing less than the established "usual, customary and reasonable" ("UCR") for non-covered services or chiropractic maintenance treatment, can also be problematic when related Medicare covered services have also been reimbursed.

Generally the provision of any item of value, which could be seen as encouraging a beneficiary to obtain any services that are reimbursed by Medicare, could be deemed an illegal kickback. For this reason, it is suggested that once a service is no longer reimbursable, consideration could be given to reducing the cost of service to be ►

paid by the patient, only if the reduction is based on financial need or hardship. Like the waiver of Medicare co-payments, cost reductions should not be given out routinely and basis of financial need for the reductions should be documented in the patient record. Similarly, while the CMT service is being reimbursed by Medicare and even thereafter, the patient should not be charged a rate other than the provider's UCR for other related, but noncovered services by a chiropractor, such as physical therapy, x-rays and examinations.

An Effort at Synopsis

In summary, a chiropractor, whether participating or nonparticipating in Medicare, is required to bill Medicare for all covered services provided. If the chiropractor has reason to believe that a covered service may be excluded because it may be found not to be "reasonable and necessary" the patient should be provided an ABN. When an ABN is completed, the chiropractor is required to submit the CMS 1500 using the GA Modifier. Failure to follow these requirements may render the chiropractor's bill uncollectable or mandate a refund to the patient. You can charge less for a service after Medicare indicates that the service will no longer be covered, but care should be exercised to make sure that it does not appear to be done on a routine basis and as an inducement for initially seeking the covered care. For items of service that are not a covered service and do not meet the rules for reimbursement, such as x-rays and physical therapy provided by a chiropractor, no ABN is necessary. A bill does not have to be submitted under these circumstances unless demanded by the patient. Under those circumstances, a GY Modifier should be added indicating that the service is statutorily excluded other than on the basis of medical necessity or does not meet the definition of a Medicare benefit. It is not clear whether a chiropractor has to continue to submit CMS 1500s (unless expressly requested by the patient), or continue to obtain ABNs once a carrier has indicated that care is palliative. However, the chiropractor can request payment of the UCR at the time of service for the non-covered services, regardless of whether the chiropractor is participating or nonparticipating.

Caveats

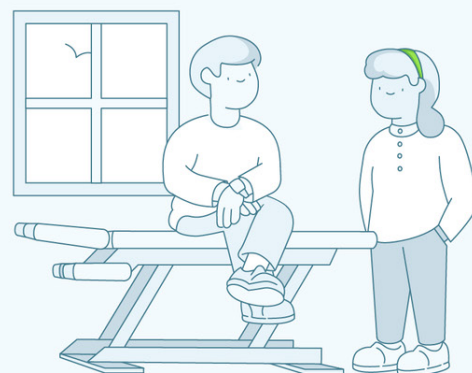
This article is only intended as primer on Medicare billing for chiropractors. Its purpose is to help spot issues for discussion and further inquiry and it is not a substitute for obtaining advice from your legal counsel, billing advisor or directly from Medicare with regard to your professional billing practices.

The reader is advised that laws, regulations and especially policies, such as the Medicare Benefit Policy Manual, are constantly subject to amendment and changes in interpretation. Additionally, reliance on this article in practice planning or as a defense to government action is further limited in that audit and enforcement actions remain subject to the discretion of government officials and their contractors and agents. ◀



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MISSOURI GOVERNOR MIKE KEHOE PROCLAIMS OCTOBER AS CHIROPRACTIC HEALTH MONTH

Governor Mike Kehoe has proclaimed October 2025 as Chiropractic Health Month. That honor reflects what you do every day for neighbors, teachers, first responders, small business owners, and families across Missouri.

Here is why your work is indispensable to our communities:

- Back pain is the single leading cause of disability worldwide.

When you keep people moving, you keep them working, parenting, volunteering, and showing up for the moments that matter.

- In the United States, 39 percent of adults report low back pain in a three-month period.

That is not a statistic. That is our waiting rooms, our churches, our ballfields, and our Main Streets.

- Clinical guidelines now encourage non-drug care first.

Research shows patients who begin with chiropractic often reduce or avoid prescription opioids.

In plain terms, your care helps Missourians find relief while protecting them from risks they do not need to take.

As we head toward the 2026 General Assembly, your voice and your stories will help us secure a healthier, more mobile Missouri.

Please **print** and **display** the Governor's proclamation in your offices. Share it with patients and community partners. ▶



STATE OF MISSOURI

Proclamation

BY THE GOVERNOR

WHEREAS, chronic musculoskeletal pain is a widespread problem in the United States and around the world due to factors such as the aging population, an increase in obesity, and sedentary lifestyles; and

WHEREAS, worldwide, back pain is the single leading cause of disability and, historically, one of the most common reasons why people are prescribed opioid pain medications; and

WHEREAS, the prevalence of back pain in the United States is 39% of adults reporting low back pain in the past three months, and the lifetime prevalence is 84% of adults in the United States experiencing low back pain at some point in their lives; and

WHEREAS, pain medications have for years been a common approach to treat musculoskeletal conditions; however, research shows that opioid pain medications are not an effective strategy for managing chronic low back pain long term, and many people prefer better, safer options to manage their pain; and

WHEREAS, clinical guidelines from leading healthcare organizations such as the Centers for Disease Control and Prevention and the American College of Physicians now encourage patients with common musculoskeletal pain to try non-drug treatments first; and

WHEREAS, research studies demonstrate that patients who receive chiropractic services first may significantly reduce or eliminate their reliance on prescription opioids; and

WHEREAS, doctors of chiropractic are experts in musculoskeletal health and offer a variety of non-drug approaches to treat musculoskeletal conditions, such as back pain, neck pain, joint pain, and tension headaches, along with advice on nutrition, injury prevention, ergonomics, and lifestyle modifications for optimal health and wellness; and

WHEREAS, with the theme "Get Started with Chiropractic," National Chiropractic Health Month 2025 reminds citizens of Missouri that chiropractors can help them maintain and improve their musculoskeletal health throughout their lifetime and may also help them reduce their need for prescription pain medications for common musculoskeletal conditions.

NOW, THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, do hereby proclaim October 2025 to be

CHIROPRACTIC HEALTH MONTH

in Missouri.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, this 22nd day of September 2025.

Mike Kehoe
GOVERNOR

ATTEST:

Denny Hoskins
SECRETARY OF STATE

AMERICAN CHIROPRACTIC ASSOCIATION REPORT

National Chiropractic Health Month to Raise Awareness of Non-drug Pain Management

Arlington, Va. – The American Chiropractic Association (ACA) and doctors of chiropractic nationwide will celebrate National Chiropractic Health Month this October with the theme “Get Started with Chiropractic.” The campaign will raise awareness of how taking a non-drug approach to pain initially may help you to avoid riskier treatments later.

When it comes to common musculoskeletal (MSK) conditions such as back, neck and joint pain, getting started with a non-drug approach to treatment may help reduce the need for prescription pain medications down the line. Research shows that people who start with chiropractic treatment for back pain have a significantly lower risk of requiring an opioid prescription later.

While opioid prescriptions are down nationwide, opioid overuse disorder remains a public health problem. The FDA announced in July that it was changing labeling requirements for opioid pain medications “to better emphasize and explain the risks associated with their long-term use.” Evidence-based clinical guidelines from the American College of Physicians, the Centers for Disease Control and Prevention, and the World Health Organization, among others, support using non-drug therapies for back pain and other MSK conditions before moving on to prescription opioid pain medications.

“People today want the option of non-drug treatments to manage their pain, and research and guidelines support that approach,” said ACA President Marc Nynas, DC. “Doctors of chiropractic offer patients evidence-based,

non-drug treatments as well as advice on health promotion and injury prevention to keep them moving in the right direction, back to their lives and the activities that matter most.”

Look for more information about chiropractic and musculoskeletal health at www.HandsDownBetter.org and follow the conversation on social media this October with the hashtag #GetStartedwithChiropractic.

About National Chiropractic Health Month

National Chiropractic Health Month (NCHM) is a nationwide observance held each October. The event helps to raise public awareness of the importance of musculoskeletal health and the benefits of chiropractic care and its evidence-based, patient-centered, and non-drug approach to health and wellness. Learn more at www.HandsDownBetter.org.

About the American Chiropractic Association

The American Chiropractic Association (ACA) is the largest professional chiropractic organization in the United States. ACA attracts the most principled and accomplished chiropractors, who understand that it takes more to be called an ACA chiropractor. We are leading our profession in the most constructive and far-reaching ways — by working hand in hand with other health care professionals, by lobbying for pro-chiropractic legislation and policies, by supporting meaningful research and by using that research to inform our treatment practices. We also provide professional and educational opportunities for all our members and are committed to being a positive and unifying force for the practice of modern chiropractic. Visit www.acatoday.org. ◀

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Submissions may be condensed in order to fit the allotted space. An address and telephone number where the author may be reached during normal business hours should also be included for verification purposes.

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