

**Kentucky Department of Insurance**  
**Initial Cost Defrayal**  
**Statement**

After reviewing BR 2152 SB 190 as currently drafted, the Department's initial determination is that this bill contains a mandated health benefit that may result in the state being required to make payments to defray costs under 42 U.S.C sec 18031(d)(3) and 45 C.F.R. sec 155.170, as amended. The provisions of the bill that may trigger the requirement are on page 1, lines 9 & 11-13. Acupuncture and massage therapy are explicitly excluded from coverage in the KY benchmark plan. Additionally, it is unclear if chronic pain management, in its entirety, and hyperbaric oxygen therapy are covered under the KY benchmark plan. Therefore, in accordance with KRS 304.17A-099(2), if the bill is enacted this provision will not be effective until it no longer triggers cost defrayal under 42 U.S.C sec 18031(d)(3) and 45 C.F.R. sec 155.170, as amended.

Therefore, a cost defrayal analysis will be performed within the statutorily required timeframe.

*Sharon P. Clark*

2/24/2026

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(Signature of Commissioner/Date)

# **Fiscal Impact Report – BR2152/SB190**

## *Coverage for Various Chronic Pain Treatments*

PREPARED FOR THE KENTUCKY DEPARTMENT OF INSURANCE

FEBRUARY 24, 2026

## Table of Contents

Introduction..... 3

Administrative Expense Impact Analysis..... 3

Premium Impact Analysis..... 4

Total Cost of Health Care Impact Analysis ..... 9

Cost Defrayal Impact Analysis ..... 10

Certification of Accuracy..... 11

ASOP 41 Disclosures..... 12

Bibliography ..... 14

## Introduction

Lewis & Ellis, LLC (L&E) was engaged by the Kentucky Department of Insurance (KY DOI) to perform a fiscal impact analysis of BR2152/SB190, which would mandate that health benefit plans provide coverage, for 20 visits of chronic pain treatments per event when provided to an insured by a licensed professional specializing in any of the following: acupuncture, chiropractic services, chronic pain management, hyperbaric oxygen therapy, massage therapy, occupational therapy, osteopathic manipulation, physical therapy, or psychotherapy. Treatment shall not require a referral and cost sharing shall be no greater than cost-sharing required for a primary care visit.

Kentucky Revised Statute (KRS) 6.948<sup>a</sup> mandates that the sponsor of any bill proposing a health benefit mandate must request a financial impact statement from the Kentucky Department of Insurance (DOI). This statement must be completed within 30 days of the request and should include the following:

1. An assessment of the impact of the mandated health benefit on administrative expenses, premiums, and the overall cost of healthcare including any potential future cost savings.
2. Supporting documentation, including studies, written opinions, calculations, and citations that validate the findings and conclusions.
3. An estimate of any potential cost savings in the future, along with an explanation of why the bill would or would not lead to such savings, and
4. A certification confirming the accuracy of the information provided.

Additionally, KRS 6.948 mandates that the sponsor of any bill proposing a health benefit mandate must also request a federal cost defrayal impact statement from the Kentucky DOI. This statement must be completed within 30 days of the request. The federal defrayal cost impact statement shall:

1. Indicate whether a bill or amendment that contains a mandated health benefit may result in the state being required to make payments to defray costs.
2. If applicable, indicate which provision(s) of the bill or amendment may trigger the requirement to make payments to defray the costs.
3. If applicable, include an estimate of the payment amount that the state may be required to make if the bill or amendment is enacted into law.

L&E is tasked with performing the health mandate fiscal impact and federal cost defrayal impact analyses for the Kentucky insurance market, excluding the Kentucky Employee Health Plan (KEHP) and the Kentucky Medicaid programs. The fiscal impact analyses for these programs are performed by other entities. For this analysis, L&E reviewed literature, gathered statistics from public sources<sup>b</sup>, and used data from the KY DOI's 2024 Insurer Annual Data report.

## Administrative Expense Impact Analysis

The proposed bill is estimated to have **an immaterial (within +/- 0.05%) impact on administrative expenses** as a percentage of premium, based upon our analysis of the proposed

<sup>a</sup> As amended by 2024 House Bill 635.

<sup>b</sup> Including reports for other states who have considered or passed similar legislation.

mandate and our experience with similar health insurance benefits. It is our assumption that insurers either already provide coverage for the mandated benefits or the additional administrative requirements imposed by this mandate would not significantly impact the administrative costs relative to current levels.

## Premium Impact Analysis

To estimate BR2152/SB190's premium impact, L&E evaluated data from KY DOI's 2024 Insurer Annual Data report and publicly available sources. L&E used the collected information and data to estimate low-end and high-end assumptions for each variable that could impact cost or utilization. The ranges for each variable were then used to estimate the aggregate premium impact range.

While L&E selected specific assumptions to develop a range for the estimated premium impact, it is not intended to represent only the low- and high- scenarios illustrated. Each assumption range is intended to capture the various uncertainties inherent in each assumption and to provide an estimated range of resulting potential outcomes. Therefore, the final estimated aggregate premium impact range implicitly captures a wide range of scenarios and assumptions.

Each of the following sections discuss the data used to inform each assumption evaluated by L&E.

### CURRENT COVERAGE FOR PSYCHOTHERAPY

The proposed mandate includes coverage for 20 visits of psychotherapy, with cost-sharing no higher than that of a primary care visit. Based on our research, including a review of the KY benchmark plan and the Mental Health Parity and Addiction Equity Act (MHPAEA), it is assumed that all health plans provide the proposed mandated coverage for psychotherapy. Therefore, no mandate impact is estimated and the assumptions discussed below do not include psychotherapy.

### DEFINING CHRONIC PAIN MANAGEMENT

Based on our research<sup>1</sup>, we understand chronic pain management (CPM) to be a treatment plan that combines various alternative chronic pain treatments. While this can include the various treatments listed in the proposed mandate, it can also include additional alternative chronic pain treatments (e.g., biofeedback, meditations, etc.).

### ALTERNATIVE CHRONIC PAIN TREATMENT UTILIZATION

L&E used continuance tables from the L&E Medical Manual to calculate a weighted average utilization rate<sup>c</sup> for various alternative pain treatments, with the exception of hyperbaric oxygen therapy (HBOT), for which L&E used publicly available research<sup>23</sup>.

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<sup>c</sup>Frequency weighted by the total number of annual visits

Based on the data, the following utilization assumptions were used for each type of alternative pain treatment.

Utilization Rate		
	Low	High
<b>Chiropractic Care &amp; Osteopathic Manipulation</b>	37.1%	41.0%
<b>Physical &amp; Occupational Therapy</b>	39.3%	43.4%
<b>Acupuncture, Massage Therapy, and Other CPM<sup>d</sup></b>	12.4%	13.7%
<b>Hyperbaric Oxygen Therapy<sup>e</sup></b>	1.4%	3.5%

#### COVERAGE CHANGE INDUCED UTILIZATION

There is little data available regarding induced utilization<sup>f</sup> resulting from coverage of alternative chronic pain treatments. However, L&E believes it is reasonable to assume that increased utilization is possible due to added coverage and/or reduced cost-sharing for the insured. Based on L&E's experience and actuarial judgment, the following induced utilization assumption range was selected:

Assumed Induced Utilization	
Low	High
0.0%	3.0%

#### ALTERNATIVE CHRONIC PAIN TREATMENT UNIT COST

Based on the L&E Medical Manual, as well as publicly available research<sup>4,5,6,7,8</sup>, the following unit cost assumptions were used for each type of alternative pain treatment.

Unit Cost		
	Low	High
<b>Chiropractic Care &amp; Osteopathic Manipulation</b>	\$65	\$100
<b>Physical &amp; Occupational Therapy</b>	\$80	\$150
<b>Acupuncture, Massage Therapy, and Other CPM</b>	\$80	\$150
<b>Hyperbaric Oxygen Therapy</b>	\$250	\$600

#### INSURER COST-SHARING PRE- AND POST-MANDATE

Based on our research, including a review of the KY benchmark plan, health plans currently cover chiropractic care, osteopathic manipulation, physical and occupations therapy for at least 20 visits.

<sup>d</sup> The utilization continuance table used for this assumption, labeled as “alternative care visits” includes acupuncture, nutritional advice, herbal remedies, biofeedback, meditation training, spiritual healing, and hypnosis.

<sup>e</sup> The assumed utilization rate is for chronic pain treatment only, though it is used to treat other conditions such as severe anemia, osteomyelitis, compartment syndrome, radiation necrosis, decompression sickness, etc. L&E notes that the weighted utilization assumption includes an assumed average of 30 to 35 HBOT sessions per utilizing insured.

<sup>f</sup> An increase in demand for and utilization of health care services caused by a decrease in the level of cost-sharing that insureds are required to pay under their insurance coverage.

However, the cost-sharing for these services may be higher than the cost-sharing required for a primary care visit. The same research and review indicated that KY health plans do not currently cover acupuncture or massage therapy for any treatment, nor HBOT for chronic pain treatment. Based on the KY DOI's Annual data report, L&E selected the following assumptions for the Insurer Cost-Sharing Pre- and Post-Mandate:

<b>Assumed Insurer Cost-Sharing</b>		
	<b>Low</b>	<b>High</b>
<b>Chiro, OM, PT, OT Insurer Cost-Share Pre-Mandate</b>	60%	55%
<b>Chiro, OM, PT, OT Insurer Cost-Share Post-Mandate</b>	60%	65%
<b>Acupuncture, MT, &amp; Other CPM Insurer Cost-Share Post-Mandate</b>	60%	65%
<b>HBOT Insurer Cost-Share Post-Mandate</b>	60%	65%

L&E notes that a higher level of pre-mandate insurer cost-share results in a lower premium impact. Therefore, the higher pre-mandate cost-share percentage is listed for the low end.

### **RESULTING PREMIUM IMPACT ESTIMATE**

The following tables illustrate the range of assumptions selected by L&E and the resulting estimated premium impact range. The first four tables below show four calculations for the following grouped components of the mandate with a pricing impact: Chiropractic Care/Osteopathic Manipulation, Physical/Occupational Therapy, CPM/Acupuncture/Massage Therapy, Hyperbaric Oxygen Therapy. The final table aggregates these components, ungrouped, to show the final premium impact estimate for the mandate.

<b>Chiropractic Care/Osteopathic Manipulation: Gross Claim Cost Impact Calculation</b>		
<b>Assumption</b>	<b>Low</b>	<b>High</b>
<b>Weighted Average Utilization Pre-Mandate (a)</b>	37.1%	41.0%
<b>Mandate Induced Utilization (b)</b>	0.0%	3.0%
<b>Weighted Average Utilization Post- Mandate (c)=(a)*(1+b)</b>	37.1%	42.3%
<b>Unit Cost (d)</b>	\$65	\$100
<b>Insurer Cost-Share Pre- Mandate (e)</b>	60%	55%
<b>Insurer Cost-Share Post- Mandate (f)</b>	60%	65%
<b>Gross Claim Cost Impact PMPY (g)= [(c)*(d)*(f)] – [(a)*(d)*(e)]</b>	\$0.00	\$4.90
<b>Gross Claim Cost Impact PMPM (h)=(g)/12</b>	\$0.00	\$0.41

<b>Physical/Occupational Therapy: Gross Claim Cost Impact Calculation</b>		
<b>Assumption</b>	<b>Low</b>	<b>High</b>
<b>Weighted Average Utilization Pre-Mandate (a)</b>	39.3%	43.4%
<b>Mandate Induced Utilization (b)</b>	0.0%	3.0%
<b>Weighted Average Utilization Post- Mandate (c)=(a)*(1+b)</b>	39.3%	44.7%
<b>Unit Cost (d)</b>	\$80	\$150
<b>Insurer Cost-Share Pre- Mandate (e)</b>	60%	55%
<b>Insurer Cost-Share Post- Mandate (f)</b>	60%	65%
<b>Gross Claim Cost Impact PMPY (g)= [(c)*(d)*(f)] – [(a)*(d)*(e)]</b>	\$0.00	\$7.78
<b>Gross Claim Cost Impact PMPM (h)=(g)/12</b>	\$0.00	\$0.65

<b>Acupuncture/Massage Therapy/Other CPM: Gross Claim Cost Impact Calculation</b>		
<b>Assumption</b>	<b>Low</b>	<b>High</b>
<b>Weighted Average Utilization Pre-Mandate (a)</b>	12.4%	13.7%
<b>Mandate Induced Utilization (b)</b>	0.0%	3.0%
<b>Weighted Average Utilization Post- Mandate (c)=(a)*(1+b)</b>	12.4%	14.1%
<b>Unit Cost (d)</b>	\$80	\$150
<b>Insurer Cost-Share Pre- Mandate (e)</b>	0%	0%
<b>Insurer Cost-Share Post- Mandate (f)</b>	60%	65%
<b>Gross Claim Cost Impact PMPY (g)= [(c)*(d)*(f)] – [(a)*(d)*(e)]</b>	\$5.94	\$13.73
<b>Gross Claim Cost Impact PMPM (h)=(g)/12</b>	\$0.49	\$1.14

<b>Hyperbaric Oxygen Therapy: Gross Claim Cost Impact Calculation</b>		
<b>Assumption</b>	<b>Low</b>	<b>High</b>
<b>Weighted Average Utilization Pre-Mandate (a)</b>	1.4%	3.5%
<b>Mandate Induced Utilization (b)</b>	0.0%	3.0%
<b>Weighted Average Utilization Post- Mandate (c)=(a)*(1+b)</b>	1.4%	3.6%
<b>Unit Cost (d)</b>	\$250	\$600
<b>Insurer Cost-Share Pre- Mandate (e)</b>	0%	0%
<b>Insurer Cost-Share Post- Mandate (f)</b>	60%	65%
<b>Gross Claim Cost Impact PMPY (g)= [(c)*(d)*(f)] – [(a)*(d)*(e)]</b>	\$2.03	\$14.06
<b>Gross Claim Cost Impact PMPM (h)=(g)/12</b>	\$0.17	\$1.17

The four calculations above were added together, separating out the services that were grouped, in order to account for coverage of each service even when the estimated impacts for multiple services are equal. This approach resulted in the total claim cost impact of the mandate, as shown below.

<b>Gross Claim Cost Impact Calculation</b>		
<b>Assumption</b>	<b>Low</b>	<b>High</b>
<b>Chiropractic Care Claim Cost Impact PMPM (i)</b>	\$0.00	\$0.41
<b>Osteopathic Manipulation Claim Cost Impact PMPM (j)</b>	\$0.00	\$0.41
<b>Physical Therapy Claim Cost Impact PMPM (k)</b>	\$0.00	\$0.65
<b>Occupational Therapy Claim Cost Impact PMPM (l)</b>	\$0.00	\$0.65
<b>Acupuncture Claim Cost Impact PMPM (m)</b>	\$0.49	\$1.14
<b>Massage Therapy Claim Cost Impact PMPM (n)</b>	\$0.49	\$1.14
<b>Other Chronic Pain Management (o)</b>	\$0.49	\$1.14
<b>Hyperbaric Oxygen Therapy Claim Cost Impact PMPM (p)</b>	\$0.17	\$1.17
<b>Mandate Gross Claim Cost Impact PMPM (q)=(i)+(j)+(k)+(l)+(m)+(n)+(o)+(p)</b>	\$1.65	\$6.72

Additionally, as discussed in further detail in the ‘*Total Cost of Health Care Impact Analysis*’ section of this report, L&E estimates the impact of potential future net cost savings as a result of the BR2152/SB190 to be in the range of -0.2% to 0.0%. The table below incorporates the estimated potential cost savings as part of the net claim cost impact.

<b>Net Claim Cost Impact Calculation</b>		
<b>Assumption</b>	<b>Low</b>	<b>High</b>
<b>Mandate Gross Claim Cost Impact PMPM (q)</b>	\$1.65	\$6.72
<b>Potential Claim Cost Savings PMPM (r)</b>	(\$3.13)	\$0.00
<b>Mandate Net Claim Cost Impact PMPM (s)=(q)+(r)</b>	(\$1.46)	\$6.72
<b>Projected 2026 Total Claims Costs PMPM (t)</b>	\$626.28	\$626.28
<b>Mandate Claim Cost % Impact (u)=(s)/(t)</b>	-0.2%	1.1%

The following table illustrates the resulting estimated premium impact range.

Premium Impact Calculation		
Assumption	Low	High
<b>Projected 2026 KY Average Loss Ratio (v)<sup>g</sup></b>	91.1%	91.1%
<b>Projected 2026 KY Average Premium PMPM (w)=(t)/(v)</b>	\$687.81	\$687.81
<b>Mandate Premium Impact PMPM (x)=(s)/(v)</b>	<b>(\$1.60)</b>	<b>\$7.38</b>
<b>Mandate Premium % Impact (y)=(x)/(w)</b>	<b>-0.2%</b>	<b>1.1%</b>
<b>Projected 2026 KY Insured Members<sup>h</sup> (z)</b>	343,644	343,644
<b>Mandate Premium Total Annual Impact (aa) = (x)*(z)*12</b>	<b>(\$6.6M)</b>	<b>\$30.4M</b>

## Total Cost of Health Care Impact Analysis

L&E defines ‘Total Cost of Health Care’ as being equal to the sum of the Allowed Cost (i.e., the amount paid by the insurer plus the amount paid by the insured) and the insurer Non-Benefit Expenses. Additionally, as required by KRS 6.948, L&E considered the impact of potential future cost savings.

### POTENTIAL FOR FUTURE COST SAVINGS

A study<sup>9</sup> performed on behalf of the State of Colorado found that up to 1.2% of net cost savings may be achievable for patients with chronic pain that utilize alternative treatments. Based on a 20% prevalence of chronic pain reported by the Centers for Disease Control and Prevention (CDC)<sup>10</sup>, that translates to an overall net cost savings of up to 0.2%<sup>i</sup>. The study indicates that this potential savings could be achieved in the short-term. This potential short-term cost savings is included in the estimated total cost of health care impact provided below.

L&E also recognizes the potential for long-term savings through enhanced affordability and accessibility to non-opioid treatment for chronic pain. Improved access to this type of care could decrease opioid-use and substance-use disorder (SUD) that may be triggered by prescribed opioid-use. To the extent SUD is prevented, costly SUD treatment would be avoided in the long-term. However, quantifying such potential long-term savings is challenging, as it requires estimating the counterfactual scenario—what would have occurred without improved access to alternative chronic pain treatment (i.e., would SUD still surface due to other circumstances).

Based on this information and actuarial judgment, L&E estimates the impact of potential future net cost savings as a result of the BR2152/SB190 to be in the range of -0.2% to 0.0%.

<sup>g</sup> Based on 2024 Insurer Annual Data report provided by the KY DOI. Excludes KEHP and Medicaid.

<sup>h</sup> Excluding the Kentucky Employee Health Plan (KEHP) and the Kentucky Medicaid programs.

<sup>i</sup> 1.2% \* 20% = 0.2%

### RESULTING TOTAL COST OF HEALTH CARE IMPACT ESTIMATE

The table below shows the estimated total cost of health care (TCoHC) impact range. This impact considers the following:

- The TCoHC impact for chiropractic, osteopathic manipulation, physical therapy, and occupations therapy is equal to the claim cost impact on an allowed basis, reduced to only capture induced utilization. The remaining claim cost impact, resulting from the reduced cost-sharing, is merely a cost shift from the insured to the insurer and therefore does not impact TCoHC.
- The TCoHC impact for acupuncture, massage therapy, other chronic pain management, and hyperbaric oxygen therapy is equal to the claim cost impact on an allowed basis, and also includes an assumed range of zero to fifteen percent of insured that are currently paying for the utilization of these services out-of-pocket (i.e., services currently fully paid for out-of-pocket by the insured shift to a cost shared by the insurer and the insured and therefore does not impact TCoHC). The impact for this set of services is not limited to induced utilization since the estimate assumes carriers do not currently provide coverage for these services.
- The TCoHC include the estimated impact range for claims cost savings on an allowed basis.

<b>Total Cost of Health Care (TCoHC) Calculation</b>		
<b>Assumption</b>	<b>Low</b>	<b>High</b>
<b>TCoHC Impact PMPM (ab)</b>	(\$1.47)	\$7.61
<b>Projected 2026 KY TCoHC PMPM (ac)</b>	\$828.33	\$828.33
<b>Mandate TCoHC % Impact (ad)=(ab)/(ac)</b>	<b>-0.2%</b>	<b>0.9%</b>
<b>Projected 2026 KY Insured Members (z)</b>	343,644	343,644
<b>Mandate TCoHC Total Annual Impact (ae) = (ab)*(z)*12</b>	<b>(\$6.0M)</b>	<b>\$31.4M</b>

### Cost Defrayal Impact Analysis

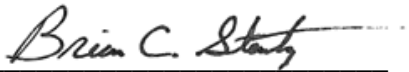
Based on L&E's research and actuarial judgment, L&E determined that this bill contains a mandated health benefit that may result in the state being required to make payments to defray costs under 42 U.S.C sec 18031(d)(3) and 45 C.F.R. sec 155.170, as amended. The provisions of the bill that may trigger the requirement are on page 1, lines 9 & 11-13. Acupuncture and massage therapy are explicitly excluded from coverage in the KY benchmark plan. Additionally, it is unclear if chronic pain management, in its entirety, and hyperbaric oxygen therapy are covered under the KY benchmark plan.

The estimated annual cost defrayal payment that the state may be required to make is between \$2.5M and \$7.0M, which is based on the portion of the mandate claims cost estimate that is attributed to the individual and small group markets, as well as the benefit listed in the prior paragraph which may trigger defrayal (acupuncture, massage therapy, hyperbaric oxygen therapy, and chronic pain management).

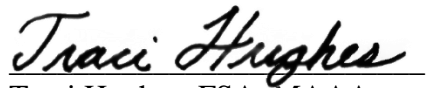
L&E has disclosed its defrayal determination based on its earnest interpretation of federal guidance available as of the date of this report. However, determination of defrayal is ultimately under the regulatory purview of Centers for Medicare and Medicaid Services (CMS).

## Certification of Accuracy

L&E believes the estimates are accurate based on the information disclosed in the report. To the extent that there are material inaccuracies, misrepresentations, or lack of adequate disclosure in the data, the results may be accordingly affected. Several of the assumptions made in this analysis are subject to uncertainty and it is expected that actual results could differ from the calculated estimates.



Brian Stentz, ASA, MAAA, FCA  
Vice President & Principal  
Lewis & Ellis, LLC



Traci Hughes, FSA, MAAA  
Vice President & Principal  
Lewis & Ellis, LLC



2/24/2026

(Signature of Commissioner/Date)

## ASOP 41 Disclosures

The Actuarial Standards Board (ASB), vested by the U.S.-based actuarial organizations<sup>j</sup>, promulgates actuarial standards of practice (ASOPs) for use by actuaries when providing professional services in the United States.

Each of these organizations requires its members, through its Code of Professional Conduct<sup>k</sup>, to observe the ASOPs of the ASB when practicing in the United States. ASOP 41 provides guidance to actuaries with respect to actuarial communications and requires certain disclosures which are contained in the following.

### Identification of the Responsible Actuary

The responsible actuaries are:

- Brian Stentz, ASA, MAAA, FCA Vice President & Principal
- Traci Hughes, FSA, MAAA, Vice President & Principal

These actuaries are available to provide supplementary information and explanation.

### Identification of Actuarial Documents

The date of this document is February 24, 2026. The date (a.k.a. “latest information date”) through which data or other information has been considered in performing this analysis is February 24, 2026.

### Disclosures in Actuarial Reports

- The contents of this report are intended for the use of the Kentucky Department of Insurance. The authors of this report are aware that it may be distributed to third parties. Any third party with access to this report acknowledges, as a condition of receipt, that they cannot bring suit, claim, or action against L&E, under any theory of law, related in any way to this material.
- Lewis & Ellis, LLC is financially and organizationally independent from the health insurers and providers involved in this analysis. There is nothing that would impair or seem to impair the objectivity of the work.
- The purpose of this report is to assist the Kentucky Department of Insurance in assessing the financial impact and federal cost defrayal impact of proposed legislation that includes a proposed health benefit mandate.
- The responsible actuaries identified above are qualified as specified in the Qualification Standards of the American Academy of Actuaries.
- L&E has reviewed the data provided by the insurers and Kentucky Department of Insurance for reasonableness, but the data has not been audited. L&E nor the responsible actuaries assume responsibility for these items that may have a material impact on the analysis. To the extent that there are material inaccuracies in, misrepresentations in, or lack of adequate disclosure by the data, the results may be accordingly affected.

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<sup>j</sup> The American Academy of Actuaries (Academy), the American Society of Pension Professionals and Actuaries, the Casualty Actuarial Society, the Conference of Consulting Actuaries, and the Society of Actuaries.

<sup>k</sup> These organizations adopted identical *Codes of Professional Conduct* effective January 1, 2001.

- Several of the assumptions made in this analysis are subject to uncertainty and it is not unexpected that actual results could differ from the calculated estimates.
- L&E is not aware of any subsequent events that may have a material effect on the findings.
- There are no other documents or files that accompany this report.

**Actuarial Findings**

The actuarial findings of the report can be found in the body of this report.

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- <sup>5</sup> Thervo. (2024, November 6). *How much does physical therapy cost?* Thervo. <https://thervo.com/costs/physical-therapy-cost>
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