

The American Society of Acupuncturists (ASA)
The Acupuncture Now Foundation (ANF)
The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)

February 14, 2018

Senate Finance Committee
Honorable Senator Orrin Hatch
Honorable Senator Ron Wyden
opioids@finance.senate.gov

Dear Senate Committee on Finance Chairman Orrin Hatch and Ranking Member Ron Wyden:

On behalf of the 34,000 person practitioner base of Licensed Acupuncturists, and in recognition of the approximately 10,000 trained MD physicians also prepared to practice acupuncture, we would ask for your consideration of the following in response to your call for comments regarding how to best use valuable funds to combat the opioid crisis. We would like to specifically respond to points 1, 2, 3, and 7.

1. *How can Medicare and Medicaid payment incentives be used to promote evidence-based care for beneficiaries with chronic pain that minimizes the risk of developing OUD or other SUDs?*

Without question, the best means of preventing opioid addiction is to never use opioids in the first place. Acupuncture presents a strongly evidence-based option for pain control that is vastly under-utilized in the United States. In the published paper, *Acupuncture's Role in Solving the Opioid Epidemic* (Fan, Miller, Bolash, Bauer et al, 2017), we have outlined the current published evidence as well as other considerations in the use of acupuncture for this purpose. The evidence includes information on preventing initial opioid usage, minimizing opioid dosing when these must be prescribed, and helping to treat addiction once addiction occurs. Extremely promising evidence shows acupuncture to not only be phenomenally safe and highly effective, but also to be a profoundly cost-effective choice. Please see¹²

<http://www.asacu.org/wp-content/uploads/2017/11/JIM-Acupunctures-Role-in-Solving-the-Opioid-Epidemic.pdf>.

A recent publication by the Pain Task Force of the Academic Consortium for Integrative Medicine and Health also outlines the evidence base for other top non-pharmacologic strategies, and we would urge coverage for these as well.³

¹ Fan AY , Miller DW, et al. *Acupuncture's Role in Solving the Opioid Epidemic: Evidence, Cost-Effectiveness, and Care Availability for Acupuncture as a Primary, Non-Pharmacologic Method for Pain Relief and Management—White Paper*. *J Integr Med*. 2017 Nov;15(6):411-425.

² Wu Slk Leung AW, Yew DT. Acupuncture for Detoxification in Treatment of Opioid Addiction. *East Asian Archives of Psychiatry*. 2016 Jun; 26(2): 70-6.

³ file:///C:/Users/David%20W%20Miller%20MD%20LA/Downloads/Evidence-BasedNonpharmacologicStrategiesforComprehensivePainCareWhitePaper12.15.17.pdf

2. *What barriers to non-pharmaceutical therapies for chronic pain currently exist in Medicare and Medicaid? How can those barriers be addressed to increase utilization of those non-pharmaceutical therapies when clinically appropriate?*

Neither licensed acupuncturists nor acupuncture itself is covered by Medicare. Acupuncturists received a unique occupational code from the Bureau of Labor Statistics as of January 1, 2018, and acupuncture could easily be added as a covered entity within the Medicare program. Covering acupuncture as a modality would also allow hospitals to incorporate this highly effective treatment into the current medical system allowing for a non-pharmacologic option for pain control. It is well known that many opioid addictions begin first with a doctor written prescription. Because of this fact, the Joint Commission mandated that hospitals offer non-pharmacologic pain control options to patients this past year.⁴

It is reasonable for the most evidence-based, non-pharmacologic choice for pain control to be covered. It is also appropriate that the licensure group most highly trained to provide this service be included as providers. States including Ohio, Minnesota, Oregon, Vermont, and California now have acupuncture under public aid services, have begun pilot coverage programs, and/or are researching the feasibility of adding coverage to Medicaid.⁵⁶ Federal government endorsement of such programs along with Medicare coverage for acupuncture and Acupuncturists could help guide and speed adoption nationwide. With the opioid burden leading to more than 50 billion dollars in direct and indirect losses to our economy each year, the adoption of cost-effective measures such as acupuncture could decrease these expenses. The investment in payment of services to Acupuncturists would likely cost significantly less than what is now being spent.

3. *How can Medicare and Medicaid payment incentives be used to remove barriers or create incentives for beneficiaries to access evidence-based prevention, screening, assessment, and treatment for OUD and other SUDs to improve patient outcomes?*

As noted above, incentives towards the adoption of acupuncture services by Licensed Acupuncturists could be used to establish programs of delivery both in hospitals and in treatment and recovery centers. Often, up-front costs in the creation of infrastructure towards these efforts is limiting, and grant funding or similar could solve this issue. Practitioners in private practice are already equipped to add patients now. Coverage and appropriate reimbursements are the primary obstacles.

⁴ Official Publication of Joint Commission Requirements New and Revised Standards Related to Pain Assessment and Management, Volume 37, Number 7, July 2017.
https://www.jointcommission.org/assets/1/18/Joint_Commission_Enhances_Pain_Assessment_and_Management_Requirements_for_Accredited_Hospitals1.PDF.

⁵ Weeks John. The Journal of Alternative and Complementary Medicine. 2017 Dec: 23(12): 901-902.
<https://doi.org/10.1089/acm.2017.29040.jiw>

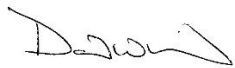
⁶ Davis R. Vermont Policy Makers Assess the Effectiveness of Acupuncture Treatment for Chronic Pain in Medicaid Enrollees. The Journal of Alternative and Complementary Medicine. 2017 July: 23(7): 499-501.

7. *What best practices employed by states through innovative Medicaid policies or the private sector can be enhanced through federal efforts or incorporated into Medicare?*

As noted above, numerous states have adopted or have pilot programs towards the adoption of acupuncture into Medicaid, and consider Licensed Acupuncturists to be a covered provider group. Further, Medicare often sets the standard for practices by private insurers. Currently, acupuncture and Licensed Acupuncturists are only sparsely part of policies in the private sector. Medicare changes could pave the way for the private insurance industry to adopt coverage, ultimately lowering the burden on public systems themselves. Recently, 37 Attorneys General sent an open letter to the private insurance industry urging coverage for non-pharmacologic solutions.⁷⁸ Medicare could set an example that amplifies this precedent. Patient access to care is a fundamental barrier to successful care, and changes in national funding and tone could open doors to patients nationwide.

Our organizations represent a triad of stakeholders in this conversation. The American Society of Acupuncturists is the primary national acupuncture professional membership association for Licensed Acupuncturists, the NCCAOM is the national certification organization for the field and assures baseline competency and safety, and the Acupuncture Now Foundation is a non-profit public educational organization and a valuable clearinghouse for data on acupuncture. We speak together on this issue, and offer ourselves for further support and information at your request. Please do not hesitate to contact us if we can be of assistance, and we are eager to assist in moving programs forward.

Sincerely,



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⁷ <https://www.propublica.org/article/attorneys-general-urge-insurance-industry-do-more-to-curb-opioid-epidemic>

⁸ https://ag.ny.gov/sites/default/files/final_naag_opioid_letter_to_ahip.pdf