



POLITICS / GOVERNMENT / LEGISLATION

## AOM in America: Political Landscape Analysis

Bill Reddy, LAc, Dipl. Ac. | DIGITAL EXCLUSIVE

An increasingly positive tone continues within national discussions regarding the inclusion of acupuncture in our health care systems. The recent [Request for Information](#) from the Centers for Medicare and Medicaid Services (CMS) regarding non-pharmacologic pain management to avoid opioid addiction demonstrates this continued interest in acupuncture.

CMS is currently considering Medicare coverage of acupuncture for chronic low back pain, but requires further study in the senior population through the National Institutes of Health (NIH). On the bright side, Medicare will cover acupuncture services if they're part of a [chronic low back pain research](#) study.

Without boring you with the all of the details or including 60-plus references, here are a few recent advances in both private-sector and governmental efforts for acupuncture inclusion in an overall model of care. These documents, legislation and initiatives include the following [many of which are hyperlinked below for easy access and review]:

- [National Pain Strategy](#)
- [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#)
- [The President's Commission on Combating Drug Addiction and the Opioid Crisis](#)
- [CDC Guidelines for Prescribing Opioids for Chronic Pain](#)
- [American College of Physicians \(ACP\) Low Back Pain Clinical Guidelines](#)
- [Clinical Practice Guideline: Allergic Rhinitis](#)
- [FDA Education Blueprint for Health Care Providers Involved in the Management or Support of Patients With Pain](#)
- [21st Century Cures Act](#)
- [National Association of Attorneys General \(NAAG\) letter to the America's Health Insurance Plans](#)
- [Joint Commission Pain Management Standards for Accredited Organizations](#)
- [Comprehensive Addiction and Recovery Act of 2016 \(CARA\)](#)
- [Veterans Health Administration Whole Health for Life Initiative](#)
- [HHS Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and](#)

### *Recommendations*

- National Academy of Medicine special publication: *First Do No Harm - Marshaling Clinician Leadership to Counter the Opioid Epidemic*
- NIH National Center for Complementary and Integrative Health Request for Information (RFI): *Important Considerations for Potential Creation of an Open-Access Repository or Database for Physiological and Anatomical Ontology of Acupoints*
- CMS Request for Information for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment
- Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act
- Acupuncture for Our Heroes Act
- Acupuncture for Our Heroes and Seniors Act of 2019

### Trend #1: Nondrug Pain Management



What do all of these regulations, letters, bills, policy statements and guidelines have in common? The overwhelming push toward nonpharmacologic management of acute and chronic pain. Even more encouraging, most of these documents specifically call out acupuncture as one of the top recommendations for pain management.

The National Pain Strategy laid out a plan, but there was no mandate to follow the plan, and that's true for the FDA pain management blueprint, ACP clinical guidelines, NAAG letter and the HHS report.

A number of requests for information have been released by government agencies related to AOM. The Joint Commission pain management standard does, in fact, mandate that hospitals offer some form of nonpharmacologic approach to pain effective Jan. 1, 2015.

The 321-page 21st Century Cures Act of 2016 (CARA), which was signed into law in December of that year, basically provided \$6.3 billion in funding primarily to NIH for research (including opioids

study) and dozens of measures meant to streamline processes (i.e., lowering standards) at the FDA to accelerate drug and medical device approvals. Some of that funding may be used for acupuncture research.

Additional studies are recommended in the CARA act under "Expansion of research and education on and delivery of complementary and integrative health to veterans."

#### Trend #2: Giving Our Military and Vets Access to Acupuncture

Congresswoman Judy Chu introduced two pieces of legislation in early 2019 (H.R. 1182 and H.R. 1183, Acupuncture for our Heroes Act, and Acupuncture for our Heroes and Seniors Act, respectively) that recommend acupuncture through the military health system and TRICARE for 13 specific health conditions, as well as recommending Medicare coverage. The first has eight co-sponsors and the second has four co-sponsors, which does not look favorable for passage. Also, CMS must complete a full "National Coverage Determination" before moving forward to inclusion of acupuncture in their services provided.

The Veterans Health Administration has also embraced a paradigm shift from "What's the matter with you?" to "What matters to you?" and has included cognitive behavioral therapy, yoga, *tai chi*, chiropractic, massage, and acupuncture in its treatment regimes. More than 90 percent of VA clinics across the country offer some form of complementary or integrative health service, and have recently created a position description specific to "acupuncturist," requiring current NCCAOM board-certification. (There are currently 58 licensed acupuncturists working in the VA system.) As reported in Acupuncture Today last month, TRICARE may cover acupuncture services in the near future (2021 or 2022). The majority of U.S. Air Force health facilities offer acupuncture services, but typically from physicians vs. licensed acupuncturists.

#### Trend #3: Inclusion in Other Federal Systems

Some Federally Qualified Health Centers (FQHC) also offer acupuncture in addition to lifestyle counseling, nutrition, and social support. The exact numbers are not available at this time, but FQHCs comprise one of the largest health systems in the U.S., with more than 11,000 locations in urban, suburban and rural communities.

Medicaid covers acupuncture services in California, New Jersey, Ohio, Oregon, Massachusetts, New Mexico, and Minnesota, and is currently under consideration based on pilot studies in Maine and Vermont.

#### Trend #4: Acupuncture in Hospital Health Care

Currently the top five hospital systems in the U.S. (as rated by *US News and World Report*) offer inpatient or outpatient acupuncture services. This is true of the best oncology centers as well, such as MD Anderson, Johns Hopkins and Mayo Clinic.

Acupuncture is also gaining momentum in hospital emergency departments. Since 2017, Aurora healthcare system in Wisconsin has included acupuncture in its emergency department, and Bastyr University DAOM students have internships at a level 1 trauma center in Washington state.

In Minneapolis, the Penny George Institute within the Abbott Medical System, and the Allina Health System, have provided acupuncture services and conducted acupuncture research for over a decade. And the University of Minnesota Masonic Children's Hospital has hosted an acupuncture fellow to conduct research with its team of pediatricians.

## Steps in the Right Direction

Each individual step is a testimony to the value and popularity of acupuncture in the U.S., but the overall picture demonstrates an overwhelming move toward integrative health care with acupuncturists playing key roles.

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