



POLITICS / GOVERNMENT / LEGISLATION

Acupuncture Legislation From Coast to Coast

WHAT'S IN STORE FOR THE AOM PROFESSION IN 2021?

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Bill Tracking 101

Searching on the www.Congress.gov website for federal acupuncture-related bills can be both simple and complex. Simple in that you can place the term *Acupuncture* in the search field, click on "legislation" and 71 bills will pop up [as of the time of this writing]. However, bills introduced back as far as 1974 may not be particularly pertinent to us today, so you can expand the left column, titled "Congress," and click those years of interest – which for our current discussion, will be 2019-2021. That filters out 61 outdated bills, leaving 10 remaining.

Let's take a look at the first two: HR 1182 and S 2914. The summaries are chock full of critical information:

- The letters in front of the bill numbers (HR and S, respectively) indicate where the bill was introduced (HR stands for House of Representatives; S for Senate).
- After the bill origination and number (the House began a sequential numbering system in 1817 and the Senate followed suit in 1847) is the session of Congress (in this example, 116th).
- The second line is the title of the bill.
- The third line includes the sponsor(s) of the bill and date the legislation was introduced.
- The fourth line indicates the committees involved.
- The fifth line provides the "latest action" and the final line shows where the bill is in the overall pro-cess of being passed.

BILL

1. H.R.1182 — 116th Congress (2019-2020)

Acupuncture for Our Heroes Act

Sponsor: Rep. Chu, Judy [D-CA-27] (Introduced 02/13/2019) Cosponsors: (10)

Committees: House - Veterans' Affairs

Latest Action: House - 02/13/2019 Referred to the House Committee on Veterans' Affairs. (All Actions)

Tracker: Introduced

BILL

2. S.2914 — 116th Congress (2019-2020)

Acupuncture for Our Heroes Act of 2019

Sponsor: Sen. Shaheen, Jeanne [D-NH] (Introduced 11/20/2019) Cosponsors: (0)

Committees: Senate - Veterans' Affairs

Latest Action: Senate - 11/20/2019 Read twice and referred to the Committee on Veterans' Affairs. (All Actions)

Tracker: Introduced

Federal Legislation: Recently Passed and Still in Progress

Of the 10 pieces of legislation, only two have passed into law thus far (H.R. 2359: Whole Veteran Act and S. 785: Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019); the remainder have been introduced.

H.R. 2359 simply requests that the VA write a report within six months of passage of the bill, summarizing the accessibility and availability of the following services at VA health centers:

- Massage
- Chiropractic services
- Whole-health clinician services
- Whole health coaching
- Acupuncture
- Healing touch
- Whole-health group services
- Guided imagery
- Meditation
- Hypnosis
- Yoga
- Tai chi or qi gong
- Equine-assisted therapy
- Any other service the [Secretary of the VA] determines appropriate

The second bill signed into law [as of press time], S. 785: Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, has a provision mandating a written report on "the feasibility and advisability of providing complementary and integrative health treatments, such as acupuncture, at all VA medical facilities."

The results of this report most certainly will have a positive effect on our profession, since the VA is the largest health care system in America, serving more than 9 million veterans annually at roughly 1,255 outpatient clinics and hospitals throughout the U.S. This should provide ample job

opportunities for our future graduates.

The remaining bills still under congressional review [as of press time] include H.R. 1183: Acupuncture for Heroes and Seniors Act of 2019; H.R. 8147: TREAT Act; S. 4242: Addiction Prevention and Responsible Opioid Practices Act; H.R. 7701: Addiction Prevention and Responsible Opioid Practices Act; and H.R. 2452: Medicare for America Act of 2019.

The bills that have the fewest cosponsors are the least likely to pass. Last year's annual ASA meeting in Washington, D.C., focused on garnering co-sponsor support for Judy Chu's two bills (Acupuncture for Our Heroes Act and Acupuncture for Heroes and Seniors Act), which now have 10 and four co-sponsors, respectively.

Active State Legislation

There are more than 100 acupuncture-related bills currently being legislated in 28 states, with the most clustered in New Jersey (18), New York (13), Virginia (10), Idaho (6) and Oregon (5). Below are a few to keep our eyes on as they progress through the legislature:

Arizona: S.B. 1255 - Adds auricular acupuncture and modifies acupuncture board membership. Status: In HHS Committee.

California: A.B. 918 - Amends acupuncture act to require the NCCAOM exam(s) for licensure. Status: Introduced. [Note: For more information on this legislation including a potential amendment that would give the applicant the option of taking the NCCAOM exam vs. the California Acupuncture Licensing Exam (CALE), rather than replacing CALE with the NCCAOM examination outright, read our feature news story, "California Exam Change in the Works," on page 3 of this issue.]

Florida: S. 0530 – Physicians and other health care providers must offer patients alternatives to opioids such as acupuncture, and discuss with the patient advantages and disadvantages of the alternative therapy, including whether the patient is at high risk, or has a history of, controlled substance abuse. Status: In Committee.

Maryland: S.B. 932 - Requires the Maryland Medical Assistance Program, subject to the limitations of the state budget, to provide coverage for acupuncture services administered by health care practitioners who are licensed under Title 1A of the Health Occupations Article and operating within the scope of practice of the practitioner. Status: Introduced.

Kentucky: H.B. 119 - Creates a new section of Subtitle 17A of KRS Chapter 304 to establish that any health benefit plan issued or renewed in the Commonwealth that provides coverage for hospital, medical or surgical expenses shall include coverage for chronic pain treatments provided by a licensed professional; creates a new section of KRS Chapter 205 to require Medicaid and Medicaid managed care organizations to include coverage for chronic pain treatments provided by a licensed professional; amends KRS 218A.172 to require that a health care practitioner discus and refer or prescribe alternative chronic pain treatments before initially prescribing or dispensing a controlled substance; effective January 1, 2022. (This act would essentially add acupuncture services for Medicaid.)

Minnesota: S.F. 1058 - Acupuncture services health plan coverage requirement. Status: Referred to Health and Human Services Finance and Policy Committee.

Montana: S.B. 121 - Revises definition of acupuncture to reflect modern techniques and standards. Status: Passed Senate and now in House Business and Labor Committee.

New Hampshire: H.B. 247 – This bill requires the Department of Health and Human Services to create a voluntary nonopioid directive form which may be used for nonopioid treatment options for pain. This bill also establishes insurance coverage for such treatment options. Status: In Committee.

New York: A.B. 1012 – Authorizes the care and treatment of injured employees by duly licensed or certified acupuncturists under the worker's compensation program. Status: In Labor Committee. <u>Also:</u> A.B. 3165 – Relates to mandatory health insurance coverage for acupuncture services. Status: In Insurance Committee.

Rhode Island: H.B. 5154 - Changes title of chapter 37.2 of title 5 and throughout, replacing the words "Oriental medicine" with "Chinese medicine." Allows individuals who are otherwise certified to practice acupuncture & Chinese medicine using Chinese medical diagnostic methods. Status: In Health and Human Services Committee.

Tennessee: H.B. 1275 – As introduced, makes certain changes to the practice of occupational therapy, including authorizing the practice of dry needling of the upper limb, authorizing the making of certain treatment diagnoses, and authorizing practice via telehealth; authorizes the practice of physical therapy via telehealth. Status: Passed Senate; in House Calendar & Rules Committee.

Washington: S.B. 5018 - Adds point injection therapy, and specifies laserpuncture, cupping, *quasha*, infrared therapy, moxibustion, etc. Status: Introduced.

Editor's Note: In general, you can check the progress of the above bills and other acupuncture-related legislation in your state by Googling the bill number (e.g., "S.B. 5018 acupuncture") and/or your state's legislative website (e.g., "Tennessee bill tracking").

Legislative Advocacy Moves Our Profession Forward

We have both state and federal pathways to move our profession forward and allow greater access to our medicine. The key is building relationships at a local level, which will eventually create meaningful change. The more acupuncturists engaged in this activity, the better off we'll be.

Remember that your local legislator is your *representative*. They work for the public. The magic words when meeting with your legislator are: "I am your constituent." Keep in mind, however, that access doesn't equate to utilization. We still have to educate the public and advocate who we are and what we do; and we need to connect with opioid prescribers to provide another avenue for acute and chronic pain management.

The Joint Commission requires nonpharmacologic approaches to pain management in hospital systems, but physicians aren't familiar with acupuncture, cognitive behavioral therapy, yoga therapy, *qigong*, *tai chi* or hypnotherapy as appropriate options. Please contact your state association to volunteer for various committee work, or learn the steps to take to identify your local representatives and appropriate conversations you can have with their staff members. You can find all state association contact information at www.asacu.org.